

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 <u>SIXAXIS LLC.</u> c Plan Name <u>SIXAXIS, LLC RETIREMENT PLAN</u>		4b EIN <u>20-0173105</u> 4d PN <u>001</u>	
5 Total number of participants at the beginning of the plan year		5	<u>351</u>
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)	<u>287</u>
a(2) Total number of active participants at the end of the plan year		6a(2)	<u>314</u>
b Retired or separated participants receiving benefits.....		6b	<u>0</u>
c Other retired or separated participants entitled to future benefits		6c	<u>47</u>
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	<u>361</u>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	<u>0</u>
f Total. Add lines 6d and 6e		6f	<u>361</u>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	<u>327</u>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	<u>26</u>
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: <u>2E 2F 2G 2J 2K 2S 2T 3D</u>			
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SIXAXIS, LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIXAXIS, LLC	D Employer Identification Number (EIN) 45-4607633	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	44480	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MMA SECURITIES LLC

PO BOX 9497
NEW YORK, NY 10087

(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?
27	INVESTMENT ADVISOR	24081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan SIXAXIS, LLC RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SIXAXIS, LLC				D Employer Identification Number (EIN) 45-4607633	
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: PUTNAM STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS					
c EIN-PN 04-3159710-202		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682286	
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)	
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	

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SIXAXIS, LLC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SIXAXIS, LLC	D Employer Identification Number (EIN) 45-4607633	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	16322
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	149005	314486
(9) Value of interest in common/collective trusts	1c(9)	637227	682286
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	7931046	10290877
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	8717278	11303971

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8717278	11303971
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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)	466849	
(B) Participants	2a(1)(B)	1433999	
(C) Others (including rollovers).....	2a(1)(C)	267212	
(2) Noncash contributions.....	2a(2)	0	2168060
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	9179	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9179
(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)	197222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		197222
(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)		14091
(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)		1320711
c Other income.....	2c		24081
d Total income. Add all income amounts in column (b) and enter total.....	2d		3733344
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1069936	
(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)		1069936
f Corrective distributions (see instructions).....	2f		5658
g Certain deemed distributions of participant loans (see instructions).....	2g		1899
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	45077	
(3) Investment advisory and management fees.....	2i(3)	24081	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		69158
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1146651
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2586693
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: FRAZIER & DEETER, LLC

(2) EIN: 58-1433845

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		5000000
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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><div>SCHEDULE R</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>SIXAXIS, LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIXAXIS, LLC</u>	D Employer Identification Number (EIN) <u>45-4607633</u>

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	<u>0</u>
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): <u>84-1455663</u>		
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
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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.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

SIXAXIS, LLC RETIREMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

SIXAXIS, LLC RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
SixAxis, LLC
Andrews, SC

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the SixAxis, LLC Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020 and the related statements of changes in net assets available for benefits for the year ended December 31, 2021 and for the period from November 13, 2020 (inception) to December 31, 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) Audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021 and period from November 13, 2020 to December 31, 2020, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) Audit opinion on the financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) Audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) Audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

October 13, 2022
Atlanta, Georgia

Frazier + Dexter, LLC

SIXAXIS, LLC RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2021</i>	<i>2020</i>
Assets:		
Investments at fair value	\$ 10,973,163	\$ 8,568,273
Notes receivable from participants	314,486	149,005
Employer contribution receivable	16,322	-
Total assets	11,303,971	8,717,278
Liabilities:		
Excess contributions payable	48,625	5,658
Total liabilities	48,625	5,658
Net assets available for benefits	\$ 11,255,346	\$ 8,711,620

See notes to financial statements.

SIXAXIS, LLC RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

	<i>For the Year Ended December 31, 2021</i>	<i>For the Period November 13, 2020 to December 31, 2020</i>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,320,711	\$ 277,976
Interest and dividends	211,313	82,213
Other (Note 1)	24,081	1,110
	<u>1,556,105</u>	<u>361,299</u>
Contributions:		
Employer	466,849	-
Participants	1,433,999	185,817
Rollover	267,212	-
	<u>2,168,060</u>	<u>185,817</u>
Interest income on notes receivable from participants	<u>9,179</u>	<u>1,741</u>
Total additions	<u>3,733,344</u>	<u>548,857</u>
Deductions:		
Benefits paid to participants	1,118,561	153,466
Deemed distributed loans	1,899	13,910
Administrative expenses	69,158	1,399
Total deductions	<u>1,189,618</u>	<u>168,775</u>
Net increase	2,543,726	380,082
Net assets transferred into the Plan	-	8,331,538
Net assets available for benefits, beginning of year	<u>8,711,620</u>	<u>-</u>
Net assets available for benefits, end of year	<u>\$ 11,255,346</u>	<u>\$ 8,711,620</u>

See notes to financial statements.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Note 1 - Description of plan:

The following description of the SixAxis Retirement 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 sponsor is SixAxis, LLC (the Company, Plan Sponsor, or Plan Administrator). The Plan is a defined contribution plan covering substantially all employees of the Company who have completed two months of service and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was formed effective November 13, 2020 as a result of a \$8,331,538 transfer-in consisting of participant accounts and notes receivable from participants, from a multiple employer plan, Strovis Payroll & HR, Inc. Retirement Savings Plan, a qualified plan. The Plan adopted a non-standardized prototype plan provided by Great-West Trust Company, LLC (Great-West), the Plan's trustee and service provider, effective November 13, 2020.

Contributions

Each year, participants may contribute up to 100% of eligible compensation, as defined in the Plan document on a pre-tax or Roth after-tax basis, subject to Internal Revenue Code (IRC or Code) limits. In addition, participants who have attained age 50 before the end of the Plan year are permitted to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Company may make a discretionary matching contribution equal to a uniform percentage of participant's elective deferrals. The formula for the discretionary matching contribution is determined each Plan year. During the year ended December 31, 2021, the Company made discretionary matching contributions equal to 100% of the first 2% of eligible compensation that a participant contributed to the Plan. The Company did not make a discretionary matching contributions during the period from November 13, 2020 to December 31, 2020.

The Company may also make discretionary non-elective contributions. To be eligible for the discretionary non-elective contributions the participant must be employed on the last day of the Plan year regardless of the amount of service during the Plan year. The Company did not declare additional discretionary non-elective contributions for 2021 or 2020.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 1 - Description of plan - continued:

Contributions - continued

Upon enrollment in the Plan, a participant may direct employee and employer contributions to any of the Plan's investment options. Participants may change their investment options daily.

Participant accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings and expenses. Allocations are based on the participant's investment portfolio, earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. The Company contributions and earnings thereon vest at 100% upon completion of one year of service.

Participants are immediately vested upon termination of the Plan, upon reaching the normal retirement age of 65, or upon disability or death while an employee of the Plan Sponsor.

Forfeitures

Forfeitures of terminated participants' non-vested accounts may be used to reduce future Company contributions or applied to payment of administrative expenses. At December 31, 2021 and 2020, forfeited non-vested/unallocated accounts were \$5,463 and \$83, respectively. No forfeitures were used to offset administrative expenses or Company contributions in 2021 or 2020.

Payment of benefits

A participant is entitled to receive a lump-sum amount equal to the vested value of his or her account upon termination of service, retirement, disability, or death. A participant may request a withdrawal from the Plan while still under the employment of the Company for reasons of financial hardship or upon attainment of age 59½. During 2020, in-service coronavirus-related distributions (CRD) up to 100% of the participant's vested account balance, not to exceed \$100,000, were permitted for qualified individuals as defined under IRS Notice 2020-50.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 1 - Description of plan - continued:

Notes receivable from participants

Participants may borrow from the Plan a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Note terms are for a period not exceeding 5 years unless for the purchase of a principal residence, in which case the note repayment period may not extend beyond 10 years. Notes are secured by the balance in the participant's account and bear interest at an agreed-upon percentage based on prevailing market rates. Principal and interest is paid ratably through payroll deduction.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Company reserves the right to elect to pay, or have the Plan pay, administrative costs in the future. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

The Plan was credited with revenue sharing income from Great-West of \$24,081 and \$1,110, respectively, for the year ended December 31, 2021 and for the period from November 13, 2020 to December 31, 2020. These funds are recorded as other investment income on the statements of changes in net assets available for benefits and were used to pay certain administrative expenses of the Plan.

Note 2 - Summary of significant accounting policies:

Basis of accounting

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

Stable value fund

Investments in the stable value fund are required to be reported at fair value. The stable value fund, at the fund level, is composed primarily of fully benefit-responsive investment contracts held by the fund's trustee. These contracts are not considered fully benefit-responsive to the Plan as the underlying contracts are not direct investments between the Plan and the issuer.

The Plan has elected to value the stable value fund using net asset value (NAV) as a practical expedient to determine fair value.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 2 - Summary of significant accounting policies - continued:

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by Great-West.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make note repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reduced and a deemed distribution is recorded.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding entry to benefits paid to participants. The Plan distributed 2021 and 2020 excess contributions to the applicable participants subsequent to March 15, 2022 and 2021, respectively.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 2 - Summary of significant accounting policies - continued:

Recent accounting pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, Fair Value Measurement (Topic 820) Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement (ASU 2018-13).

ASU 2018-13 changes the fair value measurement disclosure requirements of Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820). Applicability of the provisions in ASU 2018-13 can depend on whether the reporting entity is a non-public entity. New disclosure requirements under ASU 2018-13 are applicable only to other than non-public entities and not applicable to this Plan. Eliminated and modified disclosure requirements under ASU 2018-13 impact the reporting of transfers between Level 1 and Level 2 assets (defined in Note 4), Level 3 asset disclosures, and disclosures about investments in certain entities valued at net asset value. ASU 2018-13 was effective for all entities for fiscal years beginning after December 15, 2019. Management adopted ASU 2018-13 effective November 13, 2020. The adoption of ASU 2018-13 did not have a material impact on the Plan's financial statements.

Risks and uncertainties

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

Recent legislative developments

In December 2019, Congress passed the SECURE Act which included numerous reforms to existing retirement law and allows plan sponsors to make certain immediate plan operational changes without formal amendment of the plan document. If adopted, plan documents are required to be formally amended in accordance with IRS guidelines.

In March 2020, Congress passed the CARES Act which included optional immediate changes to distribution and loan provisions without formal amendment of the plan document. If adopted, plan documents are required to be formally amended in accordance with IRS guidelines.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 2 - Summary of significant accounting policies - continued:

Recent legislative developments - continued

The Plan provided CRDs to certain participants during the period from November 13, 2020 to December 31, 2020. Effective September 21, 2021, the Plan was amended and restated to adopt all legislative required amendments.

Subsequent events

On May 28, 2021, the Company acquired 100% ownership interest in Upside Innovation, LLC (Upside). As a result of the acquisition, the Company assumed Upside Innovations, LLC Retirement Plan, which is sponsored by Upside. In 2022, the Company's board of directors approved a resolution to merge the acquired 401k plan into the Plan effective January 1, 2023.

The Plan has evaluated subsequent events through October 13, 2022, which is the date these financial statements were available to be issued. There are no additional subsequent events requiring recognition or disclosure in these financial statements.

Note 3 - Investments and information certified by Great-West:

As of December 31, 2021 and 2020, and for the year then ended December 31, 2021 and for the period from November 13, 2020 to December 31, 2020, Great-West holds the Plan's investment assets and executes investment transactions. Management has determined that Great-West is a qualified institution and the information prepared by Great-West meets the requirements of ERISA Section 103(a)(3)(C). Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, dividends and interest, other income and interest on notes receivable from participants for the year ended December 31, 2021 and for the period from November 13, 2020 to December 31, 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Great-West.

Note 4 - Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 4 - Fair value measurements - continued:

(Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification No. 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used at December 31, 2021 and 2020.

- Mutual funds are valued at the net asset value of shares held by the Plan at year-end by obtaining quoted prices on nationally recognized securities exchanges.

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 4 - Fair value measurements - continued:

- Units of participation of the stable value fund are valued at the NAV provided by the fund's trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the stable value fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	As of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,290,877	\$ -	\$ -	\$ 10,290,877
Total assets in the fair value hierarchy	<u>\$ 10,290,877</u>	<u>\$ -</u>	<u>\$ -</u>	10,290,877
Investments measured at NAV:				
Stable value fund				<u>682,286</u>
Investments at fair value				<u>\$ 10,973,163</u>

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 4 - Fair value measurements - continued:

	As of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,931,046	\$ -	\$ -	\$ 7,931,046
Total assets in the fair value hierarchy	\$ 7,931,046	\$ -	\$ -	7,931,046
Investments measured at NAV:				
Stable value fund				637,227
Investments at fair value				\$ 8,568,273

The following table summarizes Plan's investments in the stable value fund measured at fair value based on NAV per share:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2021	\$ 682,286	None	Daily	Daily
December 31, 2020	\$ 637,227	None	Daily	Daily

Note 5 - Party-in-interest transactions:

Plan investments as of December 31, 2021 and 2020 and for the year ended December 31, 2021 and for the period from November 13, 2020 to December 31, 2020, are managed by Great-West. Transactions in such investments qualify as party in interest transactions and were exempt from the prohibited transaction rules.

Note 6 - Plan termination:

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

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 7 - Tax status:

The underlying non-standardized prototype plan (see Note 1), has received an opinion letter from the IRS dated June 30, 2020, stating that the form of the Plan is qualified under Section 401(a) of the Code, and therefore, the related trust is tax-exempt. The Plan Administrator has determined that it is eligible to and has chosen to rely on the IRS opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Reconciliation of financial statements to Form 5500:

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

	December 31	
	2021	2020
Net assets available for benefits per the financial statements	\$ 11,255,346	\$ 8,711,620
Add: excess contributions payable	48,625	5,658
Net assets available for benefits per the Form 5500	<u>\$ 11,303,971</u>	<u>\$ 8,717,278</u>

SIXAXIS, LLC RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2021 and 2020

Note 8 - Reconciliation of financial statements to Form 5500 - continued:

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

	December 31,	
	2021	2020
Benefits paid to participants per the financial statements	\$ 1,118,561	\$ 153,466
Less: change in excess contributions payable	(42,967)	(5,658)
Net assets available for benefits per the Form 5500	<u>\$ 1,075,594</u>	<u>\$ 147,808</u>

SUPPLEMENTAL INFORMATION

SIXAXIS, LLC RETIREMENT PLAN

EIN: 45-4607633

Plan: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
			**	
	Identity of Issuer	Description of Investment	Cost	Current Value
Mutual Funds:				
	AB Large Cap Growth Z	Mutual Fund	\$	292,992
	American Century Emerging Markets R6	Mutual Fund		10,925
	American Century Small Cap Value R6	Mutual Fund		102,426
	Fidelity 500 Index	Mutual Fund		3,888,752
	Fidelity Advisor International Cap App Z	Mutual Fund		782,068
	Fidelity Advisor Total Bond Z	Mutual Fund		1,040,793
	Fidelity Freedom Index 2020 Instl Prem	Mutual Fund		3,768
	Fidelity Freedom Index 2025 Instl Prem	Mutual Fund		528,975
	Fidelity Freedom Index 2030 Instl Prem	Mutual Fund		472,304
	Fidelity Freedom Index 2035 Instl Prem	Mutual Fund		661,870
	Fidelity Freedom Index 2040 Instl Prem	Mutual Fund		139,645
	Fidelity Freedom Index 2045 Instl Prem	Mutual Fund		241,302
	Fidelity Freedom Index 2050 Instl Prem	Mutual Fund		105,273
	Fidelity Freedom Index 2055 Instl Prem	Mutual Fund		55,625
	Fidelity Freedom Index 2060 Instl Prem	Mutual Fund		99,154
	Fidelity Freedom Index 2065 Instl Prem	Mutual Fund		23,409
	Fidelity Freedom Index Inc Instl Prem	Mutual Fund		9,707
	Fidelity Global Ex US Index	Mutual Fund		173,298
	Fidelity Mid Cap Index	Mutual Fund		773,356
	Fidelity Real Estate Index Institutional	Mutual Fund		141,786
	Fidelity Small Cap Index	Mutual Fund		252,442
	Fidelity US Bond Index	Mutual Fund		143,198
	Janus Henderson Triton N	Mutual Fund		854
	Lord Abbett Bond Debenture R6	Mutual Fund		4,709
	MFS Value R6	Mutual Fund		342,246
		Total Mutual Funds		10,290,877
	Putnam Stable Value Fund	Stable Value Fund		682,286
*	Participant Loans	Maturity dates 2022 - 2026 interest rates from 4.25% to 6.00%		314,486
			\$	11,287,649

Note: The above data is based upon information that has been certified as complete and accurate by Great-West.

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

SIXAXIS, LLC RETIREMENT PLAN

EIN: 45-4607633

Plan: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d) **	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
Mutual Funds:				
	AB Large Cap Growth Z	Mutual Fund	\$	217,628
	American Century Emerging Markets R6	Mutual Fund		4,143
	American Century Small Cap Value R6	Mutual Fund		3,980
	Fidelity Advisor International Cap App Z	Mutual Fund		667,751
	Fidelity Advisor Total Bond Z	Mutual Fund		1,033,761
	Janus Henderson Triton N	Mutual Fund		601
	MFSValue R6	Mutual Fund		205,985
	Vanguard 500 Index Admiral	Mutual Fund		2,854,908
	Vanguard Ftse All-Wld Ex-US Inx Admiral	Mutual Fund		94,484
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund		690,647
	Vanguard Real Estate Index Admiral	Mutual Fund		19,966
	Vanguard Small Cap Growth Index Admiral	Mutual Fund		256,236
	Vanguard Target Retirement 2015 Inv	Mutual Fund		2,594
	Vanguard Target Retirement 2020 Inv	Mutual Fund		93,272
	Vanguard Target Retirement 2025 Inv	Mutual Fund		430,251
	Vanguard Target Retirement 2030 Inv	Mutual Fund		162,388
	Vanguard Target Retirement 2035 Inv	Mutual Fund		453,138
	Vanguard Target Retirement 2040 Inv	Mutual Fund		100,202
	Vanguard Target Retirement 2045 Inv	Mutual Fund		245,649
	Vanguard Target Retirement 2050 Inv	Mutual Fund		94,453
	Vanguard Target Retirement 2055 Inv	Mutual Fund		40,751
	Vanguard Target Retirement 2060 Inv	Mutual Fund		84,872
	Vanguard Target Retirement 2065 Inv	Mutual Fund		21,412
	Vanguard Target Retirement Income Inv	Mutual Fund		12,746
	Vanguard Total Bond Market Index Admiral	Mutual Fund		139,228
		Total Mutual Funds		7,931,046
	Putnam Stable Value Fund	Stable Value Fund		637,227
*	Participant Loans	Maturity dates from 2021 - 2025 interest rates from 4.25% to 6.00%		149,005
			\$	<u>8,717,278</u>

Note: The above data is based upon information that has been certified as complete and accurate by Great-West.

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3PCSV25	4,701.15	4,701.150000	52	0.00	0.000000	0	0.00	SERIES
4PCSV25	1,011.68	1,011.680000	24	(333.32)	(333.320000)	27	(333.32)	SERIES
1VTINX	1,272.30	84.611591	19	(14,421.32)	(938.310293)	34	(13,993.32)	SERIES
1VTXXV	1,073.88	66.097225	104	(3,845.36)	(230.971624)	38	(3,778.22)	SERIES
1VTWNX	6,729.70	191.087348	418	(104,951.44)	(2,911.181943)	72	(102,097.18)	SERIES
1VTTVX	83,615.88	3,643.192651	1762	(557,872.64)	(23,617.687549)	321	(513,987.31)	SERIES
1VTHRX	337,833.77	8,019.072583	2505	(540,134.61)	(12,023.696349)	544	(498,595.03)	SERIES
1VTHX	163,989.34	6,002.223277	3855	(683,234.97)	(23,969.647969)	695	(607,943.63)	SERIES
1VFORX	39,896.28	826.363899	2881	(155,693.13)	(3,089.799265)	519	(138,213.58)	SERIES
1VTVX	50,826.40	1,637.546592	3551	(333,083.64)	(10,351.602230)	603	(290,010.33)	SERIES
1VFIFX	32,525.99	643.624570	2363	(142,837.59)	(2,721.790877)	535	(124,410.87)	SERIES
1VFFVX	18,319.22	337.782745	1509	(66,345.60)	(1,163.714656)	316	(57,775.42)	SERIES
1VTTSX	23,508.24	486.827082	1972	(121,335.13)	(2,433.867238)	345	(105,147.19)	SERIES
1VLXXV	16,919.30	550.927541	1439	(41,457.40)	(1,329.555409)	228	(37,573.71)	SERIES
1FFGZX	9,820.32	766.116335	44	0.00	0.000000	0	0.00	SERIES
1FIWTX	5,161.50	292.880470	48	(1,314.73)	(74.573129)	2	(1,315.47)	SERIES
1FFEDX	566,752.71	28,432.066064	323	(28,220.34)	(1,415.972918)	14	(28,234.48)	SERIES
1FFEGX	487,924.69	23,153.955447	447	(6,875.61)	(326.322106)	8	(6,878.87)	SERIES
1FFFEZX	695,682.55	29,452.400364	663	(21,213.54)	(898.904739)	36	(21,240.79)	SERIES
1FFIZX	148,919.37	6,172.278359	468	(6,513.05)	(270.138773)	12	(6,521.15)	SERIES
1FFOLX	266,056.67	10,621.453866	546	(20,035.60)	(800.462889)	22	(20,059.60)	SERIES
1FFOPX	117,110.40	4,668.258210	429	(9,792.50)	(390.605976)	23	(9,804.21)	SERIES
1FFLDX	67,164.66	3,255.658088	285	(10,462.07)	(507.375482)	18	(10,471.91)	SERIES
1FFLEX	108,759.94	6,228.250130	327	(7,735.52)	(443.297650)	20	(7,744.41)	SERIES
1FFIKX	35,420.89	2,512.835013	336	(11,590.92)	(822.633595)	36	(11,607.36)	SERIES
1AEDMX	13,474.04	893.145742	2054	(5,958.15)	(397.199287)	534	(6,057.22)	SERIES
1FIDZX	170,373.20	5,459.674418	20090	(111,487.12)	(3,563.644703)	3683	(100,115.46)	SERIES
1FSGGX	173,071.52	11,334.087754	186	0.00	0.000000	0	0.00	SERIES
1VFWAX	88,961.15	2,329.006630	2885	(187,744.25)	(4,928.298174)	904	(178,543.86)	SERIES
1FSRNX	139,398.43	7,033.043464	91	0.00	0.000000	0	0.00	SERIES
1VGS LX	103,860.26	710,743,225	2022	(141,322.69)	(876.604482)	1134	(123,923.21)	SERIES
1ASVDX	88,003.16	9,102.286137	2218	(3,753.25)	(339.397090)	930	(3,204.38)	SERIES
1FSSNX	254,176.94	9,159.736454	115	0.00	0.000000	0	0.00	SERIES
1JGMNX	6,225.48	155.117015	743	(5,987.52)	(145.859144)	328	(5,861.33)	SERIES
1VSGAX	70,119.71	704.228609	2356	(339,949.64)	(3,429.852874)	1111	(301,495.26)	SERIES
1FSMDX	773,115.73	24,174.933678	157	0.00	0.000000	0	0.00	SERIES
1VIMAX	110,885.50	384.863290	3298	(942,915.63)	(3,078.495723)	1341	(763,442.12)	SERIES
1APGZX	88,844.82	1,003.662597	1825	(62,233.40)	(674.809541)	623	(55,225.57)	SERIES
1FXAIX	3,911,468.02	23,540.490507	1009	(2,978.75)	(17.919449)	4	(2,977.49)	SERIES
1MEIKX	118,401.70	2,308.293502	2796	(31,249.56)	(604.730099)	1257	(27,295.68)	SERIES
1VFIAX	723,376.51	1,855.689077	22199	(4,399,738.72)	(10,093.297686)	4724	(3,456,928.61)	SERIES
1FBKWX	274,325.74	24,692.268820	27244	(243,535.29)	(21,986.161366)	3512	(245,695.84)	SERIES
1FXNAX	143,197.48	11,953.093891	156	0.00	0.000000	0	0.00	SERIES
1LBNVX	6,000.18	711.669640	114	(1,235.81)	(146.422874)	10	(1,237.02)	SERIES
1VBTLX	38,968.88	3,445.816417	2539	(173,355.60)	(15,427.534181)	681	(177,728.92)	SERIES
1PCSV25	170,554.47	170,554.470000	17987	(130,875.36)	(130,875.350000)	2232	(130,875.36)	SERIES

5% TRANSACTIONS

1VTTVX	1,002.76	42,328407	40	(529,099.64)	(22,334.302062)	69	(486,252.01)	27-DEC-21
1VTHRX	3,534.08	78.118486	62	(472,412.53)	(10,442.364048)	99	(434,152.61)	27-DEC-21
1VTTX	3,830.60	134.218645	92	(662,585.69)	(23,216.037385)	138	(588,710.88)	27-DEC-21
1FFEDX	529,099.64	26,534.585757	69	0.00	0.000000	0	0.00	27-DEC-21

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IFEGX	472,412.53	22,410.461576	99	0.00	0.000000	0	0.00	27-DEC-21
IFFEZX	662,585.69	28,040.020736	138	0.00	0.000000	0	0.00	27-DEC-21
IFSMDX	771,674.32	24,129.903687	100	0.00	0.000000	0	0.00	27-DEC-21
IVIMAX	682.98	2,163.448	46	(771,674.32)	(2,444.405320)	100	(604,718.21)	27-DEC-21
IFXAIX	3,903,283.82	23,491.115911	647	0.00	0.000000	0	0.00	27-DEC-21
IVFIAX	8,209.23	18.569982	379	(3,903,283.82)	(8,829.560619)	647	(3,032,198.81)	27-DEC-21

LEGEND

INVESTMENT OPTION:

3PCSV25	Putnam Stable Value Fund	4PCSV25	Putnam Stable Value Fund
IVTINX	Vanguard Target Retirement Income Inv	IVTXVX	Vanguard Target Retirement 2015 Inv
IVTWNX	Vanguard Target Retirement 2020 Inv	IVTTVX	Vanguard Target Retirement 2025 Inv
IVTHRX	Vanguard Target Retirement 2030 Inv	IVTTHX	Vanguard Target Retirement 2035 Inv
IVFORX	Vanguard Target Retirement 2040 Inv	IVTIVX	Vanguard Target Retirement 2045 Inv
IVFIFX	Vanguard Target Retirement 2050 Inv	IVFFVX	Vanguard Target Retirement 2055 Inv
IVTTSX	Vanguard Target Retirement 2060 Inv	IVLVXX	Vanguard Target Retirement 2065 Inv
IFFGZX	Fidelity Freedom Index Inc Instl Prem	IFWIWX	Fidelity Freedom Index 2020 Instl Prem
IFFEDX	Fidelity Freedom Index 2025 Instl Prem	IFFEGX	Fidelity Freedom Index 2030 Instl Prem
IFFEZX	Fidelity Freedom Index 2035 Instl Prem	IFFIZX	Fidelity Freedom Index 2040 Instl Prem
IFFOLX	Fidelity Freedom Index 2045 Instl Prem	IFFOPX	Fidelity Freedom Index 2050 Instl Prem
IFFLDX	Fidelity Freedom Index 2055 Instl Prem	IFFLEX	Fidelity Freedom Index 2060 Instl Prem
IFFIKX	Fidelity Freedom Index 2065 Instl Prem	IAEDMX	American Century Emerging Markets R6
IFIDZX	Fidelity Advisor International Cap App Z	IFSGGX	Fidelity Global ex US Index
IVFWAX	Vanguard FTSE All-World ex-US Inx Admiral	IFSRNX	Fidelity Real Estate Index Institutional
IVGSLX	Vanguard Real Estate Index Admiral	IASVDX	American Century Small Cap Value R6
IFSSNX	Fidelity Small Cap Index	IJGMNX	Janus Henderson Triton N
IVSGAX	Vanguard Small Cap Growth Index Admiral	IFSMDX	Fidelity Mid Cap Index
IVIMAX	Vanguard Mid Cap Index Fund - Admiral	IAPGZX	AB Large Cap Growth Z
IFXAIX	Fidelity 500 Index	IMEIKX	MFS Value R6
IVFIAX	Vanguard 500 Index Admiral	IFBKWX	Fidelity Advisor Total Bond Z
IFXNAX	Fidelity US Bond Index	ILBNVX	Lord Abbett Bond Debuture R6
IVBTLX	Vanguard Total Bond Market Index Admiral	IPCSV25	Putnam Stable Value Fund

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IFFGZX			9,820.32	9,706.69
IFWITX			3,846.03	3,767.98
IFFEDX			538,518.23	528,975.09
IFFEGX			481,045.82	472,303.74
IFFEZX			674,441.76	661,870.07
IFFIZX			142,398.22	139,644.64
IFFOLX			245,997.07	241,301.76
IFFOPX			107,306.19	105,273.02
IFFLDX			56,692.75	55,625.22
IFFLEX			101,015.53	99,154.08
IFFIKX			23,813.53	23,409.29
IAEDMX			11,374.49	10,925.42
IFIDZX			699,668.12	782,068.42
IFSGGX			173,071.52	173,298.22
IFSRNX			139,398.43	141,786.14
IASVDX			88,708.44	102,426.05
IFSSNX			254,176.94	252,442.32
IJGMNX			973.51	853.78
IFSMDX			773,115.73	773,356.10
IAPGZX			245,543.74	292,992.39
IFXAIX			3,908,490.41	3,888,751.45
IMEIKX			293,371.05	342,245.74
IFBKWX			1,051,677.82	1,040,792.82
IFXNAX			143,197.46	143,198.05
ILBNVX			4,763.15	4,708.52
IPCSV25			676,822.81	676,822.81
			10,849,249.07	10,967,699.81
PARTICIPANT LOANS				
	VARIOUS	4.250-6.000	308,626.51	308,679.48
FORFEITURES			5,462.98	5,462.98

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

IFFGZX Fidelity Freedom Index Inc Instl Prem
IFFEDX Fidelity Freedom Index 2025 Instl Prem
IFFEZX Fidelity Freedom Index 2035 Instl Prem
IFFOLX Fidelity Freedom Index 2045 Instl Prem
IFFLDX Fidelity Freedom Index 2055 Instl Prem
IFFIKX Fidelity Freedom Index 2065 Instl Prem
IFIDZX Fidelity Advisor International Cap App Z
IFSRNX Fidelity Real Estate Index Institutional
IFSSNX Fidelity Small Cap Index
IFSMDX Fidelity Mid Cap Index
IFXAIX Fidelity 500 Index
IFBKWX Fidelity Advisor Total Bond Z
ILBNVX Lord Abbett Bond Debenture R6

IFIWTX Fidelity Freedom Index 2020 Instl Prem
IFFEGX Fidelity Freedom Index 2030 Instl Prem
IFFIZX Fidelity Freedom Index 2040 Instl Prem
IFFOPX Fidelity Freedom Index 2050 Instl Prem
IFFLEX Fidelity Freedom Index 2060 Instl Prem
1AEDMX American Century Emerging Markets R6
IFSGGX Fidelity Global ex US Index
1ASVDX American Century Small Cap Value R6
IJGMNX Janus Henderson Triton N
1APGZX AB Large Cap Growth Z
1MEIKX MFS Value R6
1FXNAX Fidelity US Bond Index
1PCSV25 Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year