Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SYSINTELLI INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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

9466 BLACK MOUNTAIN RD STE 200
SAN DIEGO, CA 92126-4550

2b Employer Identification Number (EIN) 20-2345291

2c Plan Sponsor's telephone number 858-271-1600

2d Business code (see instructions) 541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	RAVINDRA HANUMARA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	RAVINDRA HANUMARA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	178
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)**	172
a(2) Total number of active participants at the end of the plan year	**6a(2)**	177
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	6
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	183
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	183
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	35
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
SYSINTELLI INC 401(K) PROFIT SHARING PLAN & TRUST	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SYSINTELLI INC	20-2345291

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
SYSINTELLI INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-2345291

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	326918	383353
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	41022	53315
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1114460	1633066
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1482400	2069734
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1482400	2069734

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)	0	
	(B) Participants	2a(1)(B)	361039	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		361039
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3216	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2875	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6091
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	95936	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		95936
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		134883
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		597949
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10330	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10330
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	285	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		285
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10615
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		587334
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [X] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HARSHWAL COMPANY LLP **(2)** EIN: 27-0741376

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		148240
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
SYSINTELLI INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-2345291

Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements and Supplemental Schedule Including Independent Auditor's Report

As of December 31, 2021 and 2020
and for the Year Ended December 31, 2021



SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

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HARSHWAL® & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan administrator and trustee
Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust
San Diego, California

Opinion

We have audited the financial statements of Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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.

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 for at least one year following 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

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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule H, Line 4i - schedule of assets (held at end of year), as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Harshwal & Company LLP

San Diego, California
October 13, 2022

FINANCIAL STATEMENTS

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Investments at fair value:		
Interest bearing cash	$ 383,353	$ 326,918
Value of interest in registered investment companies	1,630,066	1,114,460
Total investments	2,013,419	1,441,378
Receivables:		
Participant loans	56,315	41,022
Total receivables	56,315	41,022
Total assets	2,069,734	1,482,400
Net assets available for benefits	$ 2,069,734	$ 1,482,400

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

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income:	
Net appreciation in fair value of investments	$ 134,883
Interest	3,216
Dividends	95,936
Total investment income	234,035
Interest from participant loans	2,875
Contributions:	
Participants	361,039
Total contributions	361,039
Total additions	597,949
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	10,330
Administrative expenses	285
Total deductions	10,615
Net increase in net assets available for benefits	587,334
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,482,400
End of year	$ 2,069,734

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

NOTE 1 - DESCRIPTION OF PLAN

The Plan adopted by Sysintelli, Inc. (the "Employer") is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The following description of the Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all full-time employees of Sysintelli, Inc. Employees aged 21 and older are eligible to participate in the Plan. 500 Hours of Service shall be required to constitute a year of eligibility service. The Plan was originally effective on January 01, 2007. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

B. Plan Administration

The Employer is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Employer has delegated certain responsibilities for the operation and administration of the Plan. Third party Administrator and recordkeeping services are provided by the Paychex.

Certain administrative expenses of the Plan including recordkeeping were paid directly by the Employer for the year ended December 31, 2021. Investment fees which may vary according to the individual funds selected, are paid out of the assets of the Plan. Participants should refer to the prospectus of the individual investment funds for further details on individual investment fees.

C. Contributions

Each year participants may contribute up to 96% of annual compensation in an increment of 1% as defined in the Plan. The law limits the amount of 401(k) elective deferral contributions in any tax year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Sysintelli, Inc. contributes additional profit-sharing amounts at the option of the board of directors. Contributions are subject to certain limitations. The limits include:

	2021	2020
Dollar limit on IRC Sec. 401(k) pre-tax contributions	$ 19,500	$ 19,500
Dollar limit on IRC Sec. 414(v) catch-up contributions	$ 6,500	$ 6,500
Maximum covered compensation [IRC 401(a)(17)]	$ 290,000	$ 285,000

D. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer Profit Sharing Contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

E. Vesting

Participants are vested in the range of 20%-100% progressively on completing two years of service. A participant is 100% vested after six years of credited service. 1000 Hours of Service shall be required to constitute a Year of Vesting Service.

NOTE 1 - DESCRIPTION OF PLAN - CONT'D

F. Participant Loans

The Plan provides that participants can borrow funds of at least $1,000 up to a maximum equal to the lesser of 95% of their vested account balance or $50,000. The Plan allows for one outstanding loan per participant. The loans are secured by the balance in the participant's account and bear interest at fixed rates equal to the published prime rate, plus one percent. The term of the loan cannot exceed five years, except if the loan proceeds are used to finance the purchase of a primary residence, in which case the loan term may not exceed ten years. Principal and interest are paid ratably through payroll deductions.

G. Payment of Benefits

A Participant's Elective Deferrals, Qualified Nonelective Contributions, and earnings attributable to these contributions shall be distributed on account of the Participant's severance from employment. A Participant who has not incurred a Severance from Employment is entitled to request an in-service withdrawal from the Plan of that portion of the Participant's Individual Account attributable to Elective Deferrals, Qualified Nonelective Contributions, and Qualified Matching Contributions if the participant has attained age 59½. In-service distributions will be available from Pre-Tax and/or Roth Elective Deferrals.

H. Forfeited Accounts

Forfeitures from non-vested participant accounts are used to reduce the Plan's future Plan contribution obligations and pay certain administrative expenses of the Plan. At December 31, 2021, there were no forfeited nonvested accounts.

I. Tax Status

The Plan is defined contribution plan that qualifies under Internal Revenue Code (IRC), which stated that the Plan then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan was amended later, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan Administrator intends to apply for a determination letter on the Plan.

The Plan management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax position that requires disclosure or adjustment to the financial statements. Therefore, no provision for Income tax has been included in the Plan's financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting. Investment contracts held by a defined-contribution Plan are required to be reported at fair value. However, the contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONT'D

B. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

C. Payment of Benefits

Benefits are recorded when paid.

D. Investment Valuation and Income Recognition

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

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

E. Loans to participants

Loans to participants are measured at their unpaid principal balance. As of December 31, 2021, and 2020, the outstanding balances are $56,315 and $41,022, respectively, with no defaulted loan.

F. Operating Expenses

Certain expenses of maintaining are paid by the Employer. A portion of the administrative cost is distributed amongst participants.

NOTE 3 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Mid-Atlantic Trust Company and therefore, those transactions qualify as exempt party-in-interest transactions.

NOTE 4 - INVESTMENTS

The Plan's investments are held in a mutual fund by the Mid-Atlantic Trust Company. During the fiscal year ended 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $134,883.

Moreover, changes in net assets during the year ended December 31, 2021, are as follows:

	Beginning Balance	Contributions & Earnings	Distributions & Fee	Transfers	Ending Balance
Interest-bearing cash	$ 326,918	$ 18,125	$ (12)	$ 38,322	$ 383,353
Registered Investment Co. & Loan	1,155,482	579,824	(10,603)	(38,322)	1,686,381
Total	$ 1,482,400	$ 597,949	$ (10,615)	$ -	$ 2,069,734

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820-10-3539 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 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:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are classified as level 1 investments in the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets as of December 31, 2021 and 2020:

	Fair value of investments at December 31, 2021			
Category	Level 1	Level 2	Level 3	Total
Equity Fund	$ 895,271	$ -	$ -	$ 895,271
Fixed Income Fund	93,338	-	-	93,338
Money Market Fund	383,353	-	-	383,353
Balanced Fund	641,457	-	-	641,457
Total investments at fair value	$ 2,013,419	$ -	$ -	$ 2,013,419

NOTE 5 - FAIR VALUE MEASUREMENTS - CONT'D

	Fair value of investments at December 31, 2020			
Category	Level 1	Level 2	Level 3	Total
Equity Fund	$ 629,445	$ -	$ -	$ 629,445
Fixed Income Fund	25,922	-	-	25,922
Money Market Fund	326,918	-	-	326,918
Balanced Fund	459,093	-	-	459,093
Total investments at fair value	$ 1,441,378	$ -	$ -	$ 1,441,378

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the risk associated with investment securities that changes in near term could materially affect a participant's account balance and the amounts reported in the financial statements.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the employer 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.

NOTE 8 - SUBSEQUENT EVENTS

The management has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued and have determined that no adjustments are necessary to the amounts reported in the accompanying financial statements, nor have any subsequent events occurred, the nature of which would require disclosure.

SUPPLEMENTAL SCHEDULE

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

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

EIN: 20-2345291, PLAN # 001

DECEMBER 31, 2021

(a) Identity of Issuer, borrower, lessor or similar party*	(b) Description of investment including maturity date, rate of interest; collateral, par, or maturity value	(c) Category	(d) Cost	(e) Current Value
Interest bearing cash:				
Mid-Atlantic Capital Corporation	Fed Us Tr Cs Res Ins	Interest bearing cash	**	$ 14,363
Mid-Atlantic Capital Corporation	Vangrd Fed Res Mmk	Interest bearing cash	**	345,855
Mid-Atlantic Capital Corporation	Fh Intl Leaders C	Interest bearing cash	**	23,135
Total interest bearing cash				383,353
Registered investment companies:				
Mid-Atlantic Capital Corporation	Fed Glb Alloc C	Registered Investment Companies	**	63,922
Mid-Atlantic Capital Corporation	Fed Kaufmann C	Registered Investment Companies	**	1,087
Mid-Atlantic Capital Corporation	Fed Bond C	Registered Investment Companies	**	10,803
Mid-Atlantic Capital Corporation	Fed Eq Income C	Registered Investment Companies	**	1,911
Mid-Atlantic Capital Corporation	Vangrd Divers Eq Inv	Registered Investment Companies	**	17,935
Mid-Atlantic Capital Corporation	Vangrd Dividend Gr	Registered Investment Companies	**	99,205
Mid-Atlantic Capital Corporation	Vangrd Equity Inc	Registered Investment Companies	**	77,764
Mid-Atlantic Capital Corporation	Vangrd Global Equity	Registered Investment Companies	**	3,502
Mid-Atlantic Capital Corporation	Vangrd Gnma	Registered Investment Companies	**	2,106
Mid-Atlantic Capital Corporation	Vangrd Gr & Inc	Registered Investment Companies	**	16,223
Mid-Atlantic Capital Corporation	Vangrd Lifest Growth	Registered Investment Companies	**	192
Mid-Atlantic Capital Corporation	Vangrd Lg Tm Inv Gr	Registered Investment Companies	**	7,076
Mid-Atlantic Capital Corporation	Vangrd Shttm Fed	Registered Investment Companies	**	180
Mid-Atlantic Capital Corporation	Vangrd Shtm Inv Gr	Registered Investment Companies	**	1,631
Mid-Atlantic Capital Corporation	Vangrd Star	Registered Investment Companies	**	2,605
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2015 Inv	Registered Investment Companies	**	186
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2035 Inv	Registered Investment Companies	**	125,801
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2045 Inv	Registered Investment Companies	**	87,779
Mid-Atlantic Capital Corporation	Vangrd Us Gr	Registered Investment Companies	**	61,636
Mid-Atlantic Capital Corporation	Vangrd Wellesley Inc	Registered Investment Companies	**	238,075
Mid-Atlantic Capital Corporation	Vangrd Windsor	Registered Investment Companies	**	1,367
Mid-Atlantic Capital Corporation	Vangrd Windsor II	Registered Investment Companies	**	2,730
Mid-Atlantic Capital Corporation	Vangrd St Treas Inv	Registered Investment Companies	**	179
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2050 Inv	Registered Investment Companies	**	101,196
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2040 Inv	Registered Investment Companies	**	3,929
Mid-Atlantic Capital Corporation	Vangrd Lg Tm Us Try	Registered Investment Companies	**	7,692
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2030 Inv	Registered Investment Companies	**	2,135
Mid-Atlantic Capital Corporation	Vngrd Bal Ind Adml	Registered Investment Companies	**	8,207
Mid-Atlantic Capital Corporation	Vngrd Ext Mkt Adml	Registered Investment Companies	**	3,202
Mid-Atlantic Capital Corporation	Vngrd Smcp Val Adml	Registered Investment Companies	**	25,122
Mid-Atlantic Capital Corporation	Vngrd Mcp Vl Idx Adml	Registered Investment Companies	**	25,538
Mid-Atlantic Capital Corporation	Vngrd Mdp Gr Idx Adml	Registered Investment Companies	**	38,892
Mid-Atlantic Capital Corporation	Vngrd Sm Cp Idx Adml	Registered Investment Companies	**	15,855
Mid-Atlantic Capital Corporation	Vngrd Mdcp Idx Adml	Registered Investment Companies	**	19,963
Mid-Atlantic Capital Corporation	Vngrd 500 Idx Adml	Registered Investment Companies	**	158,447
Mid-Atlantic Capital Corporation	Vngrd To Mk Inx Adml	Registered Investment Companies	**	66,882
Mid-Atlantic Capital Corporation	Vngrd To Bd Mk Adml	Registered Investment Companies	**	17,275
Mid-Atlantic Capital Corporation	Vngrd Gro Ind Adml	Registered Investment Companies	**	153,647
Mid-Atlantic Capital Corporation	Vngrd St Bd In Adml	Registered Investment Companies	**	1,387
Mid-Atlantic Capital Corporation	Vngrd Lc Idx Adml	Registered Investment Companies	**	83,043
Mid-Atlantic Capital Corporation	Vgd Ftse Soc Idx Adm	Registered Investment Companies	**	15,434

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 20-2345291, PLAN # 001
DECEMBER 31, 2021

(a) Identity of Issuer, borrower, lessor or similar party*	(b) Description of investment including maturity date, rate of interest; collateral, par, or maturity value	(c) Category	(d) Cost	(e) Current Value
Mid-Atlantic Capital Corporation	Vngrd Int Tm Bd Idx Fund	Registered Investment Companies	**	181
Mid-Atlantic Capital Corporation	Vangrd Int-Tm Us Trs	Registered Investment Companies	**	180
Mid-Atlantic Capital Corporation	Vangrd Infl-Prot Sec	Registered Investment Companies	**	22,236
Mid-Atlantic Capital Corporation	Vangrd Inttm Inv-Gr	Registered Investment Companies	**	182
Mid-Atlantic Capital Corporation	Vangrd Lifest Income	Registered Investment Companies	**	4,546
Mid-Atlantic Capital Corporation	Vangrd Lifest Con Gr	Registered Investment Companies	**	187
Mid-Atlantic Capital Corporation	Vangrd Lifest Mod Gr	Registered Investment Companies	**	189
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2025 Inv	Registered Investment Companies	**	2,134
Mid-Atlantic Capital Corporation	Vngrd Tr Rt Inc Inv	Registered Investment Companies	**	186
Mid-Atlantic Capital Corporation	Vngrd Val Indx	Registered Investment Companies	**	3,487
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2020 Inv	Registered Investment Companies	**	188
Mid-Atlantic Capital Corporation	Fh Mdt All Cp Core C	Registered Investment Companies	**	210
Mid-Atlantic Capital Corporation	Fh Strategic Incom C	Registered Investment Companies	**	22,052
Mid-Atlantic Capital Corporation	Fh Max-Cap Index C	Registered Investment Companies	**	2,189
Mid-Atlantic Capital Corporation	Fh Fund Us Gvt Sec C	Registered Investment Companies	**	178
Total registered investment companies				1,630,066
Mid-Atlantic Capital Corporation	Loan	Interest rates ranging from 4.25% to 6.50% maturing through 2026	**	56,315
				$ 2,069,734

*All are Party-in-interest as defined by ERISA.
**Not applicable as all investments are participant-directed.

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

Financial Statements and Supplemental Schedule Including Independent Auditor's Report

As of December 31, 2021 and 2020
and for the Year Ended December 31, 2021



SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

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HARSHWAL® & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan administrator and trustee
Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust
San Diego, California

Opinion

We have audited the financial statements of Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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.

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 for at least one year following 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

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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule H, Line 4i - schedule of assets (held at end of year), as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Harshwal & Company LLP

San Diego, California
October 13, 2022

FINANCIAL STATEMENTS

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Investments at fair value:		
Interest bearing cash	$ 383,353	$ 326,918
Value of interest in registered investment companies	1,630,066	1,114,460
Total investments	2,013,419	1,441,378
Receivables:		
Participant loans	56,315	41,022
Total receivables	56,315	41,022
Total assets	2,069,734	1,482,400
Net assets available for benefits	$ 2,069,734	$ 1,482,400

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

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income:	
Net appreciation in fair value of investments	$ 134,883
Interest	3,216
Dividends	95,936
Total investment income	234,035
Interest from participant loans	2,875
Contributions:	
Participants	361,039
Total contributions	361,039
Total additions	597,949
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	10,330
Administrative expenses	285
Total deductions	10,615
Net increase in net assets available for benefits	587,334
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,482,400
End of year	$ 2,069,734

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

NOTE 1 - DESCRIPTION OF PLAN

The Plan adopted by Sysintelli, Inc. (the "Employer") is acceptable under section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The following description of the Sysintelli, Inc. 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all full-time employees of Sysintelli, Inc. Employees aged 21 and older are eligible to participate in the Plan. 500 Hours of Service shall be required to constitute a year of eligibility service. The Plan was originally effective on January 01, 2007. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

B. Plan Administration

The Employer is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Employer has delegated certain responsibilities for the operation and administration of the Plan. Third party Administrator and recordkeeping services are provided by the Paychex.

Certain administrative expenses of the Plan including recordkeeping were paid directly by the Employer for the year ended December 31, 2021. Investment fees which may vary according to the individual funds selected, are paid out of the assets of the Plan. Participants should refer to the prospectus of the individual investment funds for further details on individual investment fees.

C. Contributions

Each year participants may contribute up to 96% of annual compensation in an increment of 1% as defined in the Plan. The law limits the amount of 401(k) elective deferral contributions in any tax year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Sysintelli, Inc. contributes additional profit-sharing amounts at the option of the board of directors. Contributions are subject to certain limitations. The limits include:

	2021	2020
Dollar limit on IRC Sec. 401(k) pre-tax contributions	$ 19,500	$ 19,500
Dollar limit on IRC Sec. 414(v) catch-up contributions	$ 6,500	$ 6,500
Maximum covered compensation [IRC 401(a)(17)]	$ 290,000	$ 285,000

D. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer Profit Sharing Contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

E. Vesting

Participants are vested in the range of 20%-100% progressively on completing two years of service. A participant is 100% vested after six years of credited service. 1000 Hours of Service shall be required to constitute a Year of Vesting Service.

NOTE 1 - DESCRIPTION OF PLAN - CONT'D

F. Participant Loans

The Plan provides that participants can borrow funds of at least $1,000 up to a maximum equal to the lesser of 95% of their vested account balance or $50,000. The Plan allows for one outstanding loan per participant. The loans are secured by the balance in the participant's account and bear interest at fixed rates equal to the published prime rate, plus one percent. The term of the loan cannot exceed five years, except if the loan proceeds are used to finance the purchase of a primary residence, in which case the loan term may not exceed ten years. Principal and interest are paid ratably through payroll deductions.

G. Payment of Benefits

A Participant's Elective Deferrals, Qualified Nonelective Contributions, and earnings attributable to these contributions shall be distributed on account of the Participant's severance from employment. A Participant who has not incurred a Severance from Employment is entitled to request an in-service withdrawal from the Plan of that portion of the Participant's Individual Account attributable to Elective Deferrals, Qualified Nonelective Contributions, and Qualified Matching Contributions if the participant has attained age 59½. In-service distributions will be available from Pre-Tax and/or Roth Elective Deferrals.

H. Forfeited Accounts

Forfeitures from non-vested participant accounts are used to reduce the Plan's future Plan contribution obligations and pay certain administrative expenses of the Plan. At December 31, 2021, there were no forfeited nonvested accounts.

I. Tax Status

The Plan is defined contribution plan that qualifies under Internal Revenue Code (IRC), which stated that the Plan then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan was amended later, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan Administrator intends to apply for a determination letter on the Plan.

The Plan management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax position that requires disclosure or adjustment to the financial statements. Therefore, no provision for Income tax has been included in the Plan's financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting. Investment contracts held by a defined-contribution Plan are required to be reported at fair value. However, the contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONT'D

B. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

C. Payment of Benefits

Benefits are recorded when paid.

D. Investment Valuation and Income Recognition

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

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

E. Loans to participants

Loans to participants are measured at their unpaid principal balance. As of December 31, 2021, and 2020, the outstanding balances are $56,315 and $41,022, respectively, with no defaulted loan.

F. Operating Expenses

Certain expenses of maintaining are paid by the Employer. A portion of the administrative cost is distributed amongst participants.

NOTE 3 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Mid-Atlantic Trust Company and therefore, those transactions qualify as exempt party-in-interest transactions.

NOTE 4 - INVESTMENTS

The Plan's investments are held in a mutual fund by the Mid-Atlantic Trust Company. During the fiscal year ended 2021, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $134,883.

Moreover, changes in net assets during the year ended December 31, 2021, are as follows:

	Beginning Balance	Contributions & Earnings	Distributions & Fee	Transfers	Ending Balance
Interest-bearing cash	$ 326,918	$ 18,125	$ (12)	$ 38,322	$ 383,353
Registered Investment Co. & Loan	1,155,482	579,824	(10,603)	(38,322)	1,686,381
Total	$ 1,482,400	$ 597,949	$ (10,615)	$ -	$ 2,069,734

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820-10-3539 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 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:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are classified as level 1 investments in the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets as of December 31, 2021 and 2020:

	Fair value of investments at December 31, 2021			
Category	Level 1	Level 2	Level 3	Total
Equity Fund	$ 895,271	$ -	$ -	$ 895,271
Fixed Income Fund	93,338	-	-	93,338
Money Market Fund	383,353	-	-	383,353
Balanced Fund	641,457	-	-	641,457
Total investments at fair value	$ 2,013,419	$ -	$ -	$ 2,013,419

NOTE 5 - FAIR VALUE MEASUREMENTS - CONT'D

	Fair value of investments at December 31, 2020			
Category	Level 1	Level 2	Level 3	Total
Equity Fund	$ 629,445	$ -	$ -	$ 629,445
Fixed Income Fund	25,922	-	-	25,922
Money Market Fund	326,918	-	-	326,918
Balanced Fund	459,093	-	-	459,093
Total investments at fair value	$ 1,441,378	$ -	$ -	$ 1,441,378

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the risk associated with investment securities that changes in near term could materially affect a participant's account balance and the amounts reported in the financial statements.

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Although it has not expressed any intent to do so, the employer 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.

NOTE 8 - SUBSEQUENT EVENTS

The management has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued and have determined that no adjustments are necessary to the amounts reported in the accompanying financial statements, nor have any subsequent events occurred, the nature of which would require disclosure.

SUPPLEMENTAL SCHEDULE

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST

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

EIN: 20-2345291, PLAN # 001

DECEMBER 31, 2021

(a) Identity of Issuer, borrower, lessor or similar party*	(b) Description of investment including maturity date, rate of interest; collateral, par, or maturity value	(c) Category	(d) Cost	(e) Current Value
Interest bearing cash:				
Mid-Atlantic Capital Corporation	Fed Us Tr Cs Res Ins	Interest bearing cash	**	$ 14,363
Mid-Atlantic Capital Corporation	Vangrd Fed Res Mmk	Interest bearing cash	**	345,855
Mid-Atlantic Capital Corporation	Fh Intl Leaders C	Interest bearing cash	**	23,135
Total interest bearing cash				383,353
Registered investment companies:				
Mid-Atlantic Capital Corporation	Fed Glb Alloc C	Registered Investment Companies	**	63,922
Mid-Atlantic Capital Corporation	Fed Kaufmann C	Registered Investment Companies	**	1,087
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Mid-Atlantic Capital Corporation	Vangrd Gr & Inc	Registered Investment Companies	**	16,223
Mid-Atlantic Capital Corporation	Vangrd Lifest Growth	Registered Investment Companies	**	192
Mid-Atlantic Capital Corporation	Vangrd Lg Tm Inv Gr	Registered Investment Companies	**	7,076
Mid-Atlantic Capital Corporation	Vangrd Shttm Fed	Registered Investment Companies	**	180
Mid-Atlantic Capital Corporation	Vangrd Shtm Inv Gr	Registered Investment Companies	**	1,631
Mid-Atlantic Capital Corporation	Vangrd Star	Registered Investment Companies	**	2,605
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2015 Inv	Registered Investment Companies	**	186
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2035 Inv	Registered Investment Companies	**	125,801
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2045 Inv	Registered Investment Companies	**	87,779
Mid-Atlantic Capital Corporation	Vangrd Us Gr	Registered Investment Companies	**	61,636
Mid-Atlantic Capital Corporation	Vangrd Wellesley Inc	Registered Investment Companies	**	238,075
Mid-Atlantic Capital Corporation	Vangrd Windsor	Registered Investment Companies	**	1,367
Mid-Atlantic Capital Corporation	Vangrd Windsor II	Registered Investment Companies	**	2,730
Mid-Atlantic Capital Corporation	Vangrd St Treas Inv	Registered Investment Companies	**	179
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2050 Inv	Registered Investment Companies	**	101,196
Mid-Atlantic Capital Corporation	Vangrd Tr Rt 2040 Inv	Registered Investment Companies	**	3,929
Mid-Atlantic Capital Corporation	Vangrd Lg Tm Us Try	Registered Investment Companies	**	7,692
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2030 Inv	Registered Investment Companies	**	2,135
Mid-Atlantic Capital Corporation	Vngrd Bal Ind Adml	Registered Investment Companies	**	8,207
Mid-Atlantic Capital Corporation	Vngrd Ext Mkt Adml	Registered Investment Companies	**	3,202
Mid-Atlantic Capital Corporation	Vngrd Smcp Val Adml	Registered Investment Companies	**	25,122
Mid-Atlantic Capital Corporation	Vngrd Mcp Vl Idx Adml	Registered Investment Companies	**	25,538
Mid-Atlantic Capital Corporation	Vngrd Mdp Gr Idx Adml	Registered Investment Companies	**	38,892
Mid-Atlantic Capital Corporation	Vngrd Sm Cp Idx Adml	Registered Investment Companies	**	15,855
Mid-Atlantic Capital Corporation	Vngrd Mdcp Idx Adml	Registered Investment Companies	**	19,963
Mid-Atlantic Capital Corporation	Vngrd 500 Idx Adml	Registered Investment Companies	**	158,447
Mid-Atlantic Capital Corporation	Vngrd To Mk Inx Adml	Registered Investment Companies	**	66,882
Mid-Atlantic Capital Corporation	Vngrd To Bd Mk Adml	Registered Investment Companies	**	17,275
Mid-Atlantic Capital Corporation	Vngrd Gro Ind Adml	Registered Investment Companies	**	153,647
Mid-Atlantic Capital Corporation	Vngrd St Bd In Adml	Registered Investment Companies	**	1,387
Mid-Atlantic Capital Corporation	Vngrd Lc Idx Adml	Registered Investment Companies	**	83,043
Mid-Atlantic Capital Corporation	Vgd Ftse Soc Idx Adm	Registered Investment Companies	**	15,434

SYSINTELLI, INC. 401(K) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 20-2345291, PLAN # 001
DECEMBER 31, 2021

(a) Identity of Issuer, borrower, lessor or similar party*	(b) Description of investment including maturity date, rate of interest; collateral, par, or maturity value	(c) Category	(d) Cost	(e) Current Value
Mid-Atlantic Capital Corporation	Vngrd Int Tm Bd Idx Fund	Registered Investment Companies	**	181
Mid-Atlantic Capital Corporation	Vangrd Int-Tm Us Trs	Registered Investment Companies	**	180
Mid-Atlantic Capital Corporation	Vangrd Infl-Prot Sec	Registered Investment Companies	**	22,236
Mid-Atlantic Capital Corporation	Vangrd Inttm Inv-Gr	Registered Investment Companies	**	182
Mid-Atlantic Capital Corporation	Vangrd Lifest Income	Registered Investment Companies	**	4,546
Mid-Atlantic Capital Corporation	Vangrd Lifest Con Gr	Registered Investment Companies	**	187
Mid-Atlantic Capital Corporation	Vangrd Lifest Mod Gr	Registered Investment Companies	**	189
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2025 Inv	Registered Investment Companies	**	2,134
Mid-Atlantic Capital Corporation	Vngrd Tr Rt Inc Inv	Registered Investment Companies	**	186
Mid-Atlantic Capital Corporation	Vngrd Val Indx	Registered Investment Companies	**	3,487
Mid-Atlantic Capital Corporation	Vngrd Tr Rt 2020 Inv	Registered Investment Companies	**	188
Mid-Atlantic Capital Corporation	Fh Mdt All Cp Core C	Registered Investment Companies	**	210
Mid-Atlantic Capital Corporation	Fh Strategic Incom C	Registered Investment Companies	**	22,052
Mid-Atlantic Capital Corporation	Fh Max-Cap Index C	Registered Investment Companies	**	2,189
Mid-Atlantic Capital Corporation	Fh Fund Us Gvt Sec C	Registered Investment Companies	**	178
Total registered investment companies				1,630,066
Mid-Atlantic Capital Corporation	Loan	Interest rates ranging from 4.25% to 6.50% maturing through 2026	**	56,315
				$ 2,069,734

*All are Party-in-interest as defined by ERISA.
**Not applicable as all investments are participant-directed.