

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>GA TELESIS, LLC PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-3625920</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>954-676-3111</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>488100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>		2b Employer Identification Number (EIN) <u>04-3625920</u>		2c Plan Sponsor's telephone number <u>954-676-3111</u>		2d Business code (see instructions) <u>488100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2002</u>											
2b Employer Identification Number (EIN) <u>04-3625920</u>											
2c Plan Sponsor's telephone number <u>954-676-3111</u>											
2d Business code (see instructions) <u>488100</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GA TELESIS, LLC</u> <u>1850 NW 49TH STREET</u> <u>FORT LAUDERDALE, FL 33309</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2022	ALVIN KHOO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	361
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)	301
a(2) Total number of active participants at the end of the plan year		6a(2)	294
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	80
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	376
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	376
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	336
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	54
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: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GA TELESIS, LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GA TELESIS, LLC	D Employer Identification Number (EIN) 04-3625920	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVEST MANAGEMENT
94-3106735

(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)

GREAT WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	107020	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CHARLES SCHWAB & CO, INC.

94-1737782

(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?
33	BROKERAGE SERVICES	269	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB & CO., INC.	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE	RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON 43-1804048	RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK 52-2257782	RATE OF 0.34% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
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(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 GA TELESIS, LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GA TELESIS, LLC	D Employer Identification Number (EIN) 04-3625920	

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	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)	0	0
(2) U.S. Government securities		1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)	0	0
(B) All other.....		1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)	0	0
(B) Common		1c(4)(B)	0	0
(5) Partnership/joint venture interests		1c(5)	0	0
(6) Real estate (other than employer real property)		1c(6)	0	0
(7) Loans (other than to participants).....		1c(7)	0	0
(8) Participant loans		1c(8)	278273	412036
(9) Value of interest in common/collective trusts		1c(9)	0	0
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts.....		1c(11)	0	0
(12) Value of interest in 103-12 investment entities		1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	13777260	16156247
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other.....		1c(15)	1184484	2069375

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	15240017	18637658

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15240017	18637658
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	538663	
(B) Participants	2a(1)(B)	1485212	
(C) Others (including rollovers).....	2a(1)(C)	76066	
(2) Noncash contributions.....	2a(2)	0	2099941
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	17615	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17615
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	746305
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	746305	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		746305
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		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)		1328917
c Other income.....	2c		271587
d Total income. Add all income amounts in column (b) and enter total.....	2d		4464365
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	959502	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		959502
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		-67
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	107289	
(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)		107289
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1066724
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3397641
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 GA TELESIS, LLC PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GA TELESIS, LLC		D Employer Identification Number (EIN) 04-3625920
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 0
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): 84-1455663		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

GA Telesis, LLC Profit Sharing Plan

Financial Statements and
ERISA-Required Supplemental Schedule
As of December 31, 2021 and 2020 and
for the Year Ended December 31, 2021

The report accompanying these financial statements was issued by

BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of
BDO International Limited, a UK company limited by guarantee.



GA Telesis, LLC Profit Sharing Plan

Financial Statements and ERISA-Required Supplemental Schedule
As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

GA Telesis, LLC Profit Sharing Plan

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Independent Auditor's Report

To the Plan Administrator of
GA Telesis, LLC Profit Sharing Plan
Fort Lauderdale, Florida

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

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

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

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

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



In performing an audit in accordance with GAAS, we:

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

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

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

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.

Other Matter –Supplemental Schedule Required by ERISA

The supplemental schedule Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, LLP

Boca Raton, Florida
October 11, 2022

Financial Statements

GA Telesis, LLC Profit Sharing Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Assets		
Investments, at fair value:		
Mutual funds	\$ 16,156,247	\$ 13,777,260
Self-directed brokerage accounts	2,069,375	1,184,484
Total investments, at fair value	18,225,622	14,961,744
Receivables:		
Notes receivable from participants	412,036	278,273
Employer contribution receivable	-	31,078
Total receivables	412,036	309,351
Net assets available for benefits	\$ 18,637,658	\$ 15,271,095

See accompanying notes to the financial statements.

GA Telesis, LLC Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, **2021**

Additions:

Investment income:

Net appreciation in the fair value of investments	\$ 1,584,618
Dividend and interest	762,191

Total investment income	2,346,809
-------------------------	-----------

Interest income on notes receivable from participants	17,615
---	--------

Contributions:

Employer	507,585
Participants	1,485,212
Rollovers	76,066

Total Contributions	2,068,863
---------------------	-----------

Total Additions	4,433,287
------------------------	------------------

Deductions:

Benefits paid to participants	959,435
Administrative expenses	107,289

Total Deductions	1,066,724
-------------------------	------------------

Net Increase	3,366,563
---------------------	------------------

Net assets available for benefits, beginning of year	15,271,095
---	-------------------

Net assets available for benefits, end of year	\$ 18,637,658
---	----------------------

See accompanying notes to the financial statements.

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of GA Telesis, LLC Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 2002. On October 3, 2021, the Plan was amended and restated to conform to certain Internal Revenue Service ("IRS") regulatory requirements. The Plan covers substantially all employees of GA Telesis, LLC (the "Company" and "Plan Sponsor") who have at least three months of service and are age 18 or older. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan also includes employees of GA Telesis Component Repair Group Southeast, LLC; GA Telesis Composite Repair Group, LLC; GA Telesis Logistics Solutions Group, LLC.

Contributions

Participants may elect to contribute to the plan a portion of their eligible compensation, as defined by the plan, subject to IRS limitations. Participants may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Catch-up contributions are permitted for participants who are 50 or older during the Plan year.

The Company may elect to make discretionary matching and discretionary non-elective contributions. For the year ended December 31, 2021, the Company elected to match 50% of participant contributions up to a maximum match of 3% of salary. Company contributions are subject to certain additional limitations. The Company may also make an optional profit-sharing contribution at its discretion for employees who have obtained at least 1,000 hours during the Plan year and are employed on the last day of the Plan year. There were no discretionary non-elective or profit-sharing contributions in 2021.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution, if applicable, and Plan earnings thereon, and charged with benefit payments and allocation of the Plan's losses and administrative expenses. Plan earnings and losses are allocated based on account balances while contributions are credited based upon elective deferrals and compensation, as defined. Administrative expenses for participant requested transactions are charged directly to the accounts of the participants who incur those fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

A participant may direct their contributions into any of several investment options, including mutual funds, money market funds and self-directed brokerage accounts. Participants may change their investment options at their discretion.

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

Vesting

Participants are immediately vested in their voluntary contributions (elective deferral and rollover accounts). When the Company elects to make discretionary contributions, that portion of the participant's account balance becomes 100% vested after 5 years of credited service in accordance with the schedule presented below. A participant will also be fully vested upon death or disability or attainment of normal retirement age, as defined.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Forfeitures

In accordance with the Plan document, forfeitures of terminated participants' nonvested accounts can be used to pay Plan expenses and then to reduce the Company's matching contribution. Forfeitures are created when participants terminate employment before becoming entitled to their full benefit under the vesting provisions of the Plan. Forfeited nonvested accounts totaled \$40,190 and \$30,530 as of December 31, 2021 and 2020, respectively. During the year ended December 31, 2021, the plan applied forfeitures in the amount of \$29,567 to reduce Company contributions.

Payment of Benefits

On termination of service due to death, disability or normal retirement, a participant may elect to receive a lump-sum amount equal to the vested portion of the participant's account or annual installments over a period of time not to exceed their (or their beneficiaries) assumed life expectancy. In-service withdrawals are permitted from pre-tax contributions account balances or upon demonstration of financial hardship. Participants may elect to rollover their vested balance to another qualified retirement plan or IRA. Upon termination, account balances that do not exceed \$1,000 are automatically distributed.

Notes Receivable from Participants

A participant may borrow from the Plan an aggregate amount not to exceed the lesser of: (a) \$50,000 or (b) 50% of the participant's vested account balance. Interest on participant loans is based on comparable market rates. Participants may only have two outstanding loans at any given time. Loan terms range from one to five years or fifteen years for loans used for the purchase of a primary residence. The notes are secured by the vested balance in the participant's account and principal and interest are paid according to the note agreements through payroll deductions. Interest rates range from 5.25% to 7.50% as of December 31, 2021 and 2020.

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

Administrative Expenses

The Company absorbs a significant part of the administrative costs for the Plan, including professional fees for accounting, auditing and Plan administration, contract charges and servicing fees. Administrative fees paid by the Company are excluded from these financial statements. Participant requested transaction fees such as loan origination and distribution fees and plan advisory fees are paid by the participants of the Plan. Investment management fees charged to the Plan are deducted from income earned and are reflected as a component of net appreciation (depreciation) of investments on the Statement of Changes in Net Assets Available for Benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

3. Certified Investment Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Fifth Third Bank and Great-West Trust Company, LLC.

The Plan has self-directed brokerage assets held with Charles Schwab Bank totaling \$2,069,375 and \$1,184,484 as of December 31, 2021 and 2020, respectively. The self-directed brokerage assets were certified by Great-West Trust Company, LLC and Fifth Third Bank as of December 31, 2021 and 2020, respectively.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

4. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides for 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 the FASB ASC 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. Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used during the years ended December 31, 2021 and 2020.

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

Mutual Funds: Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Self-directed brokerage accounts primarily consist of common stocks, money market funds, mutual funds and U.S treasury notes that are valued based on quoted prices in active markets for identical securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value for the years ended December 31, 2021 and 2020:

December 31, 2021				
Description	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 16,156,247	\$ 16,156,247	\$ -	\$ -
Self-directed brokerage accounts	2,069,375	2,069,375	-	-
Total investments at fair value	\$ 18,225,622	\$ 2,069,375	\$ -	\$ -
December 31, 2020				
Description	Total	Level 1	Level 2	Level 3
Money market funds	\$ 13,777,260	\$ 13,777,260	\$ -	\$ -
Self-directed brokerage accounts	1,184,484	1,184,484	-	-
Total investments at fair value	\$ 14,961,744	\$ 14,961,744	\$ -	\$ -

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GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

5. Reconciliation of Financial Statements to Form 5500

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

<i>December 31,</i>	2021	2020
Net assets available for benefits per the financial statements	\$ 18,637,658	\$ 15,271,095
Less: Employer contribution receivable	-	(31,078)
Net assets available for benefits per the Form 5500	\$ 18,637,658	\$ 15,240,017

The following is a reconciliation of total contributions per the financial statements to the Form 5500 for the year ended December 31, 2021:

<i>For the year ended December 31,</i>	2021
Total contributions per the financial statements	\$ 2,068,863
Add: Prior year employer contribution receivable	31,078
Total contributions per the Form 5500	\$ 2,099,941

6. Plan Termination

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

7. 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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

8. Party-In-Interest Transactions

Fifth Third Bank and Great-West Trust Company, LLC served as the custodians of the Plan, and as such, fees and expenses paid to the custodians qualify as party-in-interest transactions. Great-West Life and Annuity Insurance Company serves as the record-keeper of the Plan, and as such, fees paid for loan origination and distribution services qualify as party-in-interest transactions. Charles Schwab, the Plan's brokerage company, administers the Plan's self-directed investments, and as such, fees paid to them qualify as party-in-interest transactions. The Plan also issues loans to participants which are secured by the vested balance of the participants' accounts and qualify as

GA Telesis, LLC Profit Sharing Plan

Notes to Financial Statements

party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. Tax Status

The Plan adopted a non-standardized pre-approved profit-sharing plan of Fifth Third Bank which had obtained a favorable IRS opinion letter as of March 31, 2014. On October 3, 2021, the Plan adopted the current non-standardized pre-approved profit-sharing plan of Great-West Trust Company, LLC which has obtained a favorable IRS opinion letter as of June 30, 2020. For both pre-approved plans, the IRS stated that the form of the underlying non-standardized plans was acceptable under provisions of the Internal Revenue Code (IRC) and that any employer adopting this form of the Plan will be considered to have a plan qualified under the IRC.

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

10. Subsequent Events

The Plan has evaluated subsequent events through October 11, 2022, which is the date the financial statements were available to be issued. There have been no subsequent events requiring adjustment to the financial statements or disclosures.

ERISA-Required Supplemental Schedule

GA Telesis, LLC Profit Sharing Plan

Form 5500, Schedule H, Line 4i Schedule of Assets (Held at End of Year) December 31, 2021 Plan Number: 001 EIN: 04-3625920

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost **	Current Value
Mutual Funds				
	American Funds	American Funds American Balanced R6	\$	6,300,379
	T.Rowe Price	T. Rowe Price Retirement I 2030 I		1,547,080
	Vanguard	Vanguard 500 Index Fund - Admiral		1,292,081
	T.Rowe Price	T. Rowe Price Retirement I 2040 I		919,910
	Harbor Capital	Harbor Capital Appreciation Retirement		820,620
	T.Rowe Price	T. Rowe Price Retirement I 2025 I		579,583
	T.Rowe Price	T. Rowe Price Retirement I 2020 I		399,157
	T.Rowe Price	T. Rowe Price Retirement I 2060 I		387,947
	T.Rowe Price	T. Rowe Price Retirement I 2035 I		381,193
	Federated Hermes	Federated Hermes Govt Obligations Fd Prat		416,890
	Vanguard	Vanguard Small Cap Index Fund - Admiral		370,046
	Vanguard	Vanguard Mid Cap Index Adm		358,458
	T.Rowe Price	T. Rowe Price Retirement I 2050 I		348,438
*	Great West	Great-West T. Rowe Price Mid Cap Gr Inst		247,286
	American Funds	American Funds EuroPacific Gr R6		230,593
	T.Rowe Price	T. Rowe Price QM US Small-Cap Gr Eq		198,066
	Vanguard	Vanguard Inflation-Protected Secs Adm		178,338
	Vanguard	Vanguard Total Bond Market Index Admiral		171,254
	MFS	MFS ValueR6		157,820
	All Spring	Allspring Special Small Cap Value R6		146,329
	Vanguard	Vanguard Developed Markets Index Admiral		132,488
	Invesco	Invesco Developing Markets R6		131,461
	T.Rowe Price	T. Rowe Price Retirement I 2045 I		114,431
	T.Rowe Price	T. Rowe Price Retirement I 2055 I		111,991
	Vanguard	Vanguard Real Estate Index Admiral		103,579
	Dodge & Cox	Dodge & Cox Income Fund		70,340
	Nuance Investments	Nuance Mid Cap Value Institutional		28,470
	Principal Funds	Principal Short-Term Income Inst		12,019
Self-directed brokerage accounts				
	Charles Schwab	Glenmede Large Cap Gwth ADV		235,103
	Charles Schwab	Janus Henderson Enterprise FD		167,675
	Charles Schwab	Glenmede Large Cap Core ADV		140,125
	Charles Schwab	Glenmede Small-Cap Equity Fund ADV		103,445
	Charles Schwab	Southwest Airls Co		85,680

GA Telesis, LLC Profit Sharing Plan

Form 5500, Schedule H, Line 4i Schedule of Assets (Held at End of Year) December 31, 2021 Plan Number: 001 EIN: 04-3625920

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost **	Current Value
	Charles Schwab	Cash and Cash Equivalents		78,271
	Charles Schwab	Apple Inc		72,455
	Charles Schwab	Delta Air Lines Inc		58,620
	Charles Schwab	Microsoft Corp		51,793
	Charles Schwab	Amazon Com Inc		50,015
	Charles Schwab	Science Applications		42,316
	Charles Schwab	Oakmark Intl Fd Inv		39,217
	Charles Schwab	Alphabet Inc.		31,867
	Charles Schwab	Textron Inc		30,880
	Charles Schwab	A S M L Holding Nv New		27,069
	Charles Schwab	Morgan Stanley B		26,356
	Charles Schwab	US Treasury NT		25,391
	Charles Schwab	Parsons Corp		25,238
	Charles Schwab	Goldman Sachs BA		24,980
	Charles Schwab	Eli Lilly & Company		24,860
	Charles Schwab	Capital One Financial Cp		22,924
	Charles Schwab	Netflix Inc		22,893
	Charles Schwab	Adobe Systems Inc		21,548
	Charles Schwab	Facebook Inc		21,190
	Charles Schwab	Salesforce Com		20,585
	Charles Schwab	Paypal Hldgs Inc		20,555
	Charles Schwab	Advanced Micro Devices		19,858
	Charles Schwab	Kering SA ADR		17,471
	Charles Schwab	Taiwan Semiconductor Mfg		16,362
	Charles Schwab	Costco Whsl Corp New		15,896
	Charles Schwab	Boeing Co		15,099
	Charles Schwab	Lam Resh Corp		14,383
	Charles Schwab	Thermo Fisher Scientific Corp		14,012
	Charles Schwab	Visa Inc CL A		13,869
	Charles Schwab	Tencent Holdings ADR		13,759
	Charles Schwab	Tokyo Electron Ltd A		12,663
	Charles Schwab	Home Depot Inc		12,450
	Charles Schwab	3M Company		12,387
	Charles Schwab	Oracle Corporation		12,035
	Charles Schwab	Goldman Sachs Group Inc		11,477
	Charles Schwab	Union Pacific Corp		11,085
	Charles Schwab	Intuitive Surgical		10,779

GA Telesis, LLC Profit Sharing Plan

Form 5500, Schedule H, Line 4i Schedule of Assets (Held at End of Year) December 31, 2021 Plan Number: 001 EIN: 04-3625920

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost **	Current Value
	Charles Schwab	Caterpillar Inc		10,544
	Charles Schwab	Mastercard Inc		10,420
	Charles Schwab	Bhp Billiton ADR New		9,743
	Charles Schwab	Edwards Lifesciences Cp		9,711
	Charles Schwab	Sandvik AB		9,559
	Charles Schwab	The Trade Desk Inc		9,164
	Charles Schwab	Abb Ltd ADR		9,046
	Charles Schwab	Vanguard Real Estate ETF		8,898
	Charles Schwab	Johnson & Johnson		8,890
	Charles Schwab	Nextera Energy Inc		8,776
	Charles Schwab	Novartis AG		8,660
	Charles Schwab	Toyota Motor CP ADR New		8,524
	Charles Schwab	Total Fina S A ADR F		8,309
	Charles Schwab	Freeport Mcmoran Inc		7,845
	Charles Schwab	Nike Inc		7,833
	Charles Schwab	Alibaba Group Holdin		7,721
	Charles Schwab	Crown Castle Intl Co Reit		7,515
	Charles Schwab	Bnp Paribas ADR		7,375
	Charles Schwab	J P Morgan Chase & Co		7,284
	Charles Schwab	Autodesk		7,030
	Charles Schwab	Square Inc		6,622
	Charles Schwab	Intuit		6,432
	Charles Schwab	I N G Groep N V F		6,361
	Charles Schwab	Walt Disney Co		6,196
	Charles Schwab	Crowdstrike Hldgs In		6,143
	Charles Schwab	Roche Hldg Ltd Spon ADR		6,048
	Charles Schwab	Royal Dutch Shell		6,033
	Charles Schwab	Broadcom Limited		5,989
	Charles Schwab	S A P AG ADR		5,885
	Charles Schwab	Uber Technologies In		5,661
	Charles Schwab	Unilever PLC ADR New		5,271
	Charles Schwab	Abbott Laboratories		5,207
	Charles Schwab	Service Now Inc		5,193
	Charles Schwab	Fanuc Corporation		5,024
	Charles Schwab	Astrazeneca Plc		5,010
	Charles Schwab	Verizon Communicatn		4,988
	Charles Schwab	Medtronic Plc		4,862
	Charles Schwab	Zoom Video Communica		4,782
	Charles Schwab	Staar Surgical Co		4,565
	Charles Schwab	Stryker Corp		4,546
	Charles Schwab	Grayscale Ethereum T		4,466

GA Telesis, LLC Profit Sharing Plan

Form 5500, Schedule H, Line 4i Schedule of Assets (Held at End of Year) December 31, 2021 Plan Number: 001 EIN: 04-3625920

(A)	(B)	(C)	(D)	(E)
Identity of issuer, borrower, lessor, or similar party		Description of investment	Cost **	Current Value
Charles Schwab		II-VI Incorporated		4,441
Charles Schwab		Invesco Dynamic Pharmaceuticals		4,262
Charles Schwab		Banco Santander Sa F		4,126
Charles Schwab		Intesa Sanpaolo Spa ADR		4,110
Charles Schwab		Anheuser Busch Inbev SA/NV		4,057
Charles Schwab		Rio Tinto Plc Sponsored ADR		3,883
Charles Schwab		Atlassian Corp Plc		3,813
Charles Schwab		Glaxosmithkline Plc ADRf		3,572
Charles Schwab		Sea Limited		3,356
Charles Schwab		Danaher Corporation Delaware		3,290
Charles Schwab		Raytheon Technologies Co		3,270
Charles Schwab		Merck & Co Inc		3,142
Charles Schwab		Gevo Inc		3,094
Charles Schwab		Nestle S A		3,088
Charles Schwab		Docusign Inc		2,894
Charles Schwab		Csx Corp		2,820
Charles Schwab		Chevron Corporation		2,816
Charles Schwab		Murata Mfg Co ADR		2,813
Charles Schwab		Schlumberger Ltd		2,785
Charles Schwab		Hess Corporation		2,739
Charles Schwab		Boston Scientific Corp		2,591
Charles Schwab		Banco Bilbao Argen F		2,553
Charles Schwab		Cummins Engine Inc		2,377
Charles Schwab		Telus Corp New		2,310
Charles Schwab		Enbridge Inc		2,110
Charles Schwab		Future Fintech Group		1,549
Charles Schwab		Nano Dimension Ltd		1,288
Charles Schwab		Graphene Mfg Group L		1,181
Charles Schwab		Tattooed Chef Inc		1,026
Charles Schwab		Wal-Mart Stores Inc		723
Charles Schwab		Nasdaq 100 Covered Call ETF		524
				18,225,622
* Notes receivable from participants		Interest rate 5.25% - 7.50%, various	-	412,036
				\$ 18,637,658

* Party-in-interest as defined by ERISA

** Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets (held at end of year).

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

GA Telesis, LLC Profit Sharing Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 13:41:49

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRBRX			347,926.58	399,157.19
1TRPHX			494,694.13	579,583.40
1TRPCX			1,282,090.46	1,547,079.80
1TRPJX			328,962.41	381,193.25
1TRPDX			742,279.13	919,909.51
1TRPKX			100,424.79	114,431.01
1TRPMX			282,861.18	348,437.80
1TRPNX			93,143.10	111,990.93
1TRPLX			298,514.50	387,947.41
1RERGX			202,605.55	230,592.73
1ODVIX			121,655.19	131,460.56
1VTMGX			112,623.81	132,488.24
1VGSLX			75,045.71	103,578.91
1TQAIX			172,110.29	198,065.93
1VSMAX			279,446.71	370,046.45
1ESPRX			130,562.69	146,329.35
1MXYKX			254,577.44	247,285.89
1NMVLX			28,405.20	28,469.87
1VIMAX			243,967.73	358,458.48
1HNACX			722,836.24	820,619.53
1MEIKX			119,342.07	157,820.14
1VFIAx			915,048.49	1,292,080.73
1RLBGX			5,335,188.64	6,300,379.42
1DC-INC			70,149.26	70,340.23
1PSHIX			12,029.72	12,018.80
1VAIPX			174,078.13	178,337.62
1VBTLX			168,634.26	171,254.22
1GOFXX			376,699.38	376,699.38
1SDBSCH			2,056,487.73	2,056,487.73
1SDBSCR			12,886.82	12,886.82
			15,555,277.34	18,185,431.33
PARTICIPANT LOANS	VARIOUS	5.250-7.500	411,902.52	412,035.89
FORFEITURES			40,190.35	40,190.35

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

GA Telesis, LLC Profit Sharing Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 13:41:49

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

INVESTMENT OPTION:

1TRBRX	T. Rowe Price Retirement I 2020 I	1TRPHX	T. Rowe Price Retirement I 2025 I
1TRPCX	T. Rowe Price Retirement I 2030 I	1TRPJX	T. Rowe Price Retirement I 2035 I
1TRPDX	T. Rowe Price Retirement I 2040 I	1TRPKX	T. Rowe Price Retirement I 2045 I
1TRPMX	T. Rowe Price Retirement I 2050 I	1TRPNX	T. Rowe Price Retirement I 2055 I
1TRPLX	T. Rowe Price Retirement I 2060 I	1RERGX	American Funds EuroPacific Gr R6
1ODVIX	Invesco Developing Markets R6	1VTMGX	Vanguard Developed Markets Index Admiral
1VGSLX	Vanguard Real Estate Index Admiral	1TQAIX	T. Rowe Price QM US Small-Cap Gr Eq I
1VSMAX	Vanguard Small Cap Index Fund - Admiral	1ESPRX	Allspring Special Small Cap Value R6
1MXYKX	Great-West T. Rowe Price Mid Cap Gr Inst	1NMVLX	Nuance Mid Cap Value Institutional
1VIMAX	Vanguard Mid Cap Index Adm	1HNACX	Harbor Capital Appreciation Retirement
1MEIKX	MFS Value R6	1VFIAX	Vanguard 500 Index Fund - Admiral
1RLBGX	American Funds American Balanced R6	1DC-INC	Dodge & Cox Income Fund
1PSHIX	Principal Short-Term Income Inst	1VAIPX	Vanguard Inflation-Protected Secs Adm
1VBT LX	Vanguard Total Bond Market Index Admiral	1GOFXX	Federated Hermes Govt Obligations Fd Prm
1SDBSCH	Schwab SDB	1SDBSCR	Schwab SDB Roth

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year