

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>NETWRIX CORPORATION 401(K) 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>01/01/2018</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>20-8429021</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>949-407-5125</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>511210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2018</u>		2b Employer Identification Number (EIN) <u>20-8429021</u>		2c Plan Sponsor's telephone number <u>949-407-5125</u>		2d Business code (see instructions) <u>511210</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2018</u>											
2b Employer Identification Number (EIN) <u>20-8429021</u>											
2c Plan Sponsor's telephone number <u>949-407-5125</u>											
2d Business code (see instructions) <u>511210</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>NETWRIX CORPORATION</u> <u>300 SPECTRUM CENTER DRIVE, STE. 200</u> <u>SUITE 200</u> <u>IRVINE, CA 92618</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.	10/12/2022	JACOB YARVIL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	JACOB YARVIL
	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	277
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)	242
a(2) Total number of active participants at the end of the plan year		6a(2)	230
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	57
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	179
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: 2E 2F 2G 2J 2K 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) ☒ 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>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NETWRIX CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NETWRIX CORPORATION	D Employer Identification Number (EIN) 20-8429021

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-KW3U		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1040	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN INVESTMENT PLANNING, LLC 601 OFFICE CENTER DRIVE STE 300
FORT WASHINGTON, PA 19034-1595

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1040			1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 236736**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 302065**c** Additions: (1) Contributions deposited during the year **7c(1)** 31485
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 2526
(4) Transferred from separate account..... **7c(4)** 284734
(5) Other (specify below)..... **7c(5)** 163591

▶ TRANSFERS

(6) Total additions **7c(6)** 482336**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 784401**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 9326(2) Administration charge made by carrier..... **7e(2)** 732(3) Transferred to separate account..... **7e(3)** 537607(4) Other (specify below)..... **7e(4)**

▶

(5) Total deductions **7e(5)** 547665**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 236736

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 NETWRX CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NETWRX CORPORATION	D Employer Identification Number (EIN) 20-8429021	

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
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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 28 52		48002	Yes ☒ No ☐	Yes ☐ No ☒	958	Yes ☐ No ☒

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

LINCOLN INVESTMENT PLANNING, LLC

601 OFFICE CENTER DR STE 300
FORT WASHINGTON, PA 19034-1595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		0	Yes ☒ No ☐	Yes ☐ No ☒	20698	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
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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
(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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>NETWRIX CORPORATION 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NETWRIX CORPORATION</u>	D Employer Identification Number (EIN) <u>20-8429021</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	210	0
(2) Participant contributions.....	1b(2)	5059	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1831	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1547067	5796936
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	302065	236736
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1856232	6033672

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
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	1856232	6033672
---	-----------	---------	---------

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)	76172	
(B) Participants	2a(1)(B)	1227049	
(C) Others (including rollovers).....	2a(1)(C)	2803746	
(2) Noncash contributions.....	2a(2)		4106967
(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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		462565
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4569532
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	344090	
(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)		344090
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	48002	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		48002
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		392092
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4177440
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: GBQ PARTNERS,LLC

(2) EIN: 20-2122306

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		4897

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

A Name of plan NETRIX CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NETRIX CORPORATION	D Employer Identification Number (EIN) 20-8429021

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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

• **Financial Statements**
• with Supplementary Information

• **Netwrix Corporation**
• **401(K) Profit Sharing**
• **Plan**

• December 31, 2021 and 2020



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To the Plan Administrator
Netwrix Corporation
401(K) Profit Sharing Plan
Columbus, Ohio

Independent Auditor's Report

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of the Netwrix Corporation 401(K) 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 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 2021 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 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 audit. 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 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 2021 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 — 2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2021 are presented for purposes of additional analysis and is not a required part of the 2021 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 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, 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 schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter — Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 14, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GBQ Partners LLC

Columbus, Ohio
October 14, 2022

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020



	2021	2020
Assets		
Investments:		
Mutual funds	\$ 5,796,936	\$ 1,547,067
Fixed select option, contract value	236,736	302,065
Total investments	<u>6,033,672</u>	<u>1,849,132</u>
Notes receivable from participants	-	1,831
Employee contribution receivable	-	5,059
Employer contribution receivable	-	210
	<u>-</u>	<u>5,269</u>
Net Assets Available for Benefits	<u><u>\$ 6,033,672</u></u>	<u><u>\$ 1,856,232</u></u>

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

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021 and 2020

	2021	2020
Additions to Net Assets Attributed to		
Investment income:		
Net appreciation in fair value of investments	\$ 462,565	\$ 214,901
Interest income on notes receivable from participants	-	446
Total investment income	462,565	215,347
Contributions:		
Participant	1,227,049	411,253
Employer	76,172	29,121
Rollover	2,803,747	1,920
Total contributions	4,106,968	442,294
Total additions	4,569,533	657,641
Deductions from Net Assets Attributed to		
Benefits paid	344,091	66,751
Administrative expenses	48,002	15,891
Total deductions	392,093	82,642
Net increase	4,177,440	574,999
Net Assets Available for Plan Benefits		
Beginning of year	1,856,232	1,281,233
End of year	\$ 6,033,672	\$ 1,856,232

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

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Plan Description

The following description of the Netwrix Corporation (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of the Company who have worked at least two months of service and are age 20 or older. Eligible employees may enroll in the Plan on the first day of the month following the date when eligibility requirements have been met. The Plan excludes employees covered by a collective bargaining agreement, non-resident aliens, leased employees and part-time, temporary or seasonal employees. The plan was amended and restated effective on January 1, 2021 to permit employees of Stealthbits, as related to an acquisition, participation to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 100% of pre-tax annual compensation, as defined in the plan document. The Plan also offers a Roth 401(k) option to participants. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

At the option of the Company, a matching contribution equal to a uniform percentage of each participant's contribution to the Plan may be made. The Company matched 10% of employee's deferrals up to 6% of compensation in 2021 and 2020. The Company may also make a discretionary contribution to the Plan at the option of management; however, no profit sharing contributions were made in 2021 or 2020.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) the participant's share of plan earnings and charged with an allocation of administrative expense. Allocations are based on participant earnings or account balances, as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are immediately vested in the Company matching and profit sharing contribution portions of their accounts plus earnings thereon.

NETWRIX CORPORATION
401(K) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2021 and 2020

.....

Plan Description (continued)

Notes Receivable from Participants

Participants may borrow from their individual accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loans must be repaid within five years unless the loan is granted to allow the participant to purchase his or her principal residence. The loans are secured by the balance in the participant's account and bear interest commensurate with prime rates plus 1 percent. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant's vested account balance shall be distributed pursuant to elections determined by the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also provides for in-service distributions of a participant's vested interest in his or her account for employees who reach age 59 ½ while still employed with the Company. Financial hardship withdrawals are permitted under plan provisions.

Administrative Expenses

Expenses incurred in connection with the administration of the Plan are paid by the Plan to the extent not paid by the Company.

Forfeited Accounts

Forfeitures are held in a suspense account and may be used to reinstate previously forfeited account balances of former participants, used to pay administrative expenses of the Plan or used to offset employer contributions. Forfeitures of \$1,880 and \$3,099 were forfeited and used to offset employer contributions during 2021 and 2020, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the investment options offered by the Plan.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (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 could differ from those estimates.

Contributions

Participant contributions are recognized when due through salary withholding. Employer contributions are recognized at the time the related employee contributions are recognized.

Investment Valuation and Income Recognition

The Plan's 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. For additional disclosure regarding fair value of investments, see the *Fair Value Measurements* footnote herein.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recognized on the ex-dividend date and interest is recognized on the accrual basis. Net appreciation 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 principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements December 31, 2021 and 2020

Information Prepared and Certified by the Investment Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified as complete and accurate by Nationwide Trust Company (Nationwide), the trustee of the Plan as of December 31:

	2021	2020
Mutual funds	\$ 5,796,936	\$ 1,547,067
Fixed select option	236,736	302,065
Total	\$ 6,033,672	\$ 1,849,132

The trustee also certified the completeness and accuracy of \$462,565 and \$214,901 of net appreciation in fair value of investments related to the aforementioned assets for the year ended December 31, 2021 and 2020, respectively.

Fair Value Measurements

U.S. GAAP established a fair value hierarchy that prioritizes the inputs to measure the fair value of the assets or liabilities being measured. Fair value is defined as the exchange value that would be received on the measurement date to sell an asset or to value the amount paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that the entity has the ability to access at the measurement date. Level 1 inputs provide the most reliable measure of fair value as of the measurement date.
- Level 2 Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.
- Level 3 Inputs are significant unobservable inputs for the asset or liability.

The level of the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

NETRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements December 31, 2021 and 2020

Fair Value Measurements (continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2020.

Mutual Funds: Valued at the net asset value, determined based on unadjusted quoted prices in active markets for identical assets, of shares held by the Plan at year-end.

Nationwide Fixed Select Option: Valued at fair value as reported by Nationwide, which approximates contract value, plus interest credited thereon.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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 net assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds in the fair value hierarchy	\$ 5,796,936	\$ -	\$ -	\$ 5,796,936
Fixed select option	-	-	236,736	236,736
Total assets at fair value	\$ 5,796,936	\$ -	\$ 236,736	\$ 6,033,672

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds in the fair value hierarchy	\$ 1,547,067	\$ -	\$ -	\$ 1,547,067
Fixed select option	-	-	302,065	302,065
Total assets at fair value	\$ 1,547,067	\$ -	\$ 302,065	\$ 1,849,132

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Fair Value Measurements (continued)

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	2021	2020
Fixed Select Option:		
Balance, beginning of year	\$ 302,065	\$ 13,419
Contributions	195,076	21,365
Exchanges, net	(252,873)	267,329
Distributions	(10,058)	(500)
Investment income	2,526	452
Balance, end of year	<u>\$ 236,736</u>	<u>\$ 302,065</u>

Fixed Select Option

The Plan has entered into a guaranteed insurance contract that guarantees a return of principal plus interest. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates. The effective rate was 1.23% and 2.05% for 2021 and 2020, respectively. This contract is fully benefit responsive and is reported at contract value, which approximates fair value. The crediting rate is reviewed on a quarterly basis of resetting. The fair market value is equal to the contract value less any Contingent Deferred Sales Charge (CDSC), if applicable, and Market Value Adjustment.

Plan Termination

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

Tax Status

The Plan has adopted a Prototype Non-Standardized Pre-approved Profit Sharing Plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020. The opinion letter stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan was qualified and the related trust was tax exempt as of December 31, 2021 and 2020, and no provision for income taxes has been included in the Plan's financial statements.

NETWRIX CORPORATION

401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

Tax Status (continued)

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

Party-in-Interest Transactions

Certain plan investments are shares of mutual funds managed by Nationwide Trust Company. Nationwide Trust Company is the trustee as defined by the plan agreement and, therefore, these transactions qualify as party-in-interest. Pension Design Group is the record keeper of the Plan and therefore, these transactions qualify as party-in-interest. Administrative expenses totaled \$48,002 and \$15,891 during 2021 and 2020, respectively.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market 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 change could materially affect participants' account balances and the amounts reported in the accompanying 2021 statement of net assets available for benefits.

Prohibited Transactions

During 2019, the Company failed to remit to the plan's custodian certain employee contributions and loan repayments totaling approximately \$4,900 within the period prescribed by the Department of Labor regulations. These missed deferrals were not remitted until 2021.

Subsequent Events

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

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NETWRIX CORPORATION

401(k) PROFIT SHARING PLAN

EIN #20-8429021 - PLAN #001

Schedule H, Line 4a – Schedule Delinquent Participant Contributions December 31, 2021



Participant Contributions Transferred Late to the Plan			Total that Constitutes Nonexempt Prohibited Transactions as of December 31, 2021				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 4,897	11/20/2019	N/A	N/A	\$ -	\$ 4,897	\$ -	\$ -

See Independent Auditor's Report.

NETRIX CORPORATION
401(k) PROFIT SHARING PLAN
EIN #20-8429021 - PLAN #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issue, Borrower, (b) Lessor, or Similar Party	Date, Rate of Interest, Collateral, (c) Par or Maturity Value	Current (e) Value
	<i>Fixed Select Option:</i>		
*	Nationwide Life Insurance	Nationwide Fixed Select Option	\$ 236,736
	<i>Mutual Funds:</i>		
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2045 Fund Institutional Class	799,600
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2030 Fund Institutional Class	628,825
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2050 Fund Institutional Class	530,808
*	Nationwide Life Insurance	Fidelity 500 Index Fund	441,812
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2040 Fund Institutional Class	275,036
*	Nationwide Life Insurance	Vanguard Total Stock Market Index Fund	241,831
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2055 Fund Institutional Class	183,189
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2035 Fund Institutional Class	172,179
*	Nationwide Life Insurance	Ptmn Gr Oppr Y	152,076
*	Nationwide Life Insurance	JPMorgan Equity Income Fund Class R5	139,342
*	Nationwide Life Insurance	Victory Sycamore Established Value Fund Class 1	122,346
*	Nationwide Life Insurance	Fidelity International Index Fund	114,344
*	Nationwide Life Insurance	DFA U.S. Large Cap Value Portfolio Institutional Class	100,242
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2060 Fund Institutional Class	99,490
*	Nationwide Life Insurance	Dodge & Cox International Stock Fund	99,158
*	Nationwide Life Insurance	Goldman Sachs GQG Partner Opputrunty R6	98,659
*	Nationwide Life Insurance	Nationwide Geneva Small Cap Growth Fund Institutional SVC	89,906
*	Nationwide Life Insurance	Nationwide Loomis All Cap Growth Fund Class R6	82,316
*	Nationwide Life Insurance	Vanguard International Growth Fund Admiral Shares	81,797
*	Nationwide Life Insurance	Fidelity U.S. Bond Index Fund	79,883
*	Nationwide Life Insurance	DFA Emerging Markets Core Equity	76,980
*	Nationwide Life Insurance	Columbia Select Large Cap Growth Inst2	72,962
*	Nationwide Life Insurance	Nationwide International Small Cap Fund Class R6	67,633
*	Nationwide Life Insurance	American Funds New World Fund Class R-6	67,005
*	Nationwide Life Insurance	Black Rock Mid-Cap Growth Equity Fund	60,071
*	Nationwide Life Insurance	Artisan International Value Fund Institutional Class	55,343
*	Nationwide Life Insurance	Vanguard Balanced Index Fund Admiral Shares	55,217
*	Nationwide Life Insurance	Vanguard Total International Stock Index Fund Admiral Shares	52,145
*	Nationwide Life Insurance	Diamond Hill Mid Cap Fund	47,112
*	Nationwide Life Insurance	Black Rock High Yield Bond Portfolio	46,579
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2025 Fund Institutional Class	45,258
*	Nationwide Life Insurance	PGIM Total Return Bond Fund Class R6	44,222
*	Nationwide Life Insurance	Columbia Convertible Securities Inst2	40,724
*	Nationwide Life Insurance	PIMCO Real Return Fund Institutional Class	38,157
*	Nationwide Life Insurance	Brown Advisory Sustainable Growth Institutional Class	35,845
*	Nationwide Life Insurance	AB Global Bond Fund	31,429
*	Nationwide Life Insurance	DFA U.S. Small Cap Value Portfolio Institutional Class	30,347
*	Nationwide Life Insurance	Principal Global Real Estate R6	28,658
*	Nationwide Life Insurance	PIMCO Comdy Real Teturn Strat Institutional Class	27,126
*	Nationwide Life Insurance	Federated Hermes ShInstdRtBD Institutional Class	26,849
*	Nationwide Life Insurance	Vanguard Explorer Fund Admiral Shares	26,070
*	Nationwide Life Insurance	Federated Hermes Institutional High Yield Bond Fund	23,683
*	Nationwide Life Insurance	Avnts US Small Cap Value Institutional Class	23,661

See Independent Auditor's Report.

NETRIX CORPORATION

401(k) PROFIT SHARING PLAN

EIN #20-8429021 - PLAN #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued) December 31, 2021



(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Nationwide Life Insurance	Cohen & Steers Real Estate Securities Institutional Class	23,657
*	Nationwide Life Insurance	BlackRock Strategic Income Opportunities Portfolio	22,552
*	Nationwide Life Insurance	Baird Core Plus Bond Fund Class Institutional	22,349
*	Nationwide Life Insurance	T. Rowe Price Spectrum Moderate Growth Allocation	21,292
*	Nationwide Life Insurance	Vanguard GNMA Fund Admiral Shares	19,199
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2010 Fund Institutional Class	18,183
*	Nationwide Life Insurance	Fidelity Inflation-Protected Bond Index Fund	17,517
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2020 Fund Institutional Class	16,157
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2015 Fund Institutional Class	15,799
*	Nationwide Life Insurance	Black Rock Total Return Fund Class K	15,098
*	Nationwide Life Insurance	PIMCO International Bond Fund (US Dollar-Hedged) INST	14,596
*	Nationwide Life Insurance	Vanguard Total International Bond Index Fund Admiral Shares	10,948
*	Nationwide Life Insurance	Vanguard Wellesley Income Fund Admiral Shares	6,251
*	Nationwide Life Insurance	Harbor International Growth Fund Institutional Class	4,525
*	Nationwide Life Insurance	American Beacon International Equity Fund R5	3,988
*	Nationwide Life Insurance	DFA U.S. Targeted Value Portfolio Institutional Class	2,552
*	Nationwide Life Insurance	Delaware Ivy Pictet Emerging Markets Local Currency Debt Fund	2,286
*	Nationwide Life Insurance	DFA Global Real Estate Securities Portfolio	2,182
*	Nationwide Life Insurance	Morgan Stanley Insight Fund Class A	976
*	Nationwide Life Insurance	Clvrt International Eq I	914
		Total Mutual Funds	5,796,936
			<u>\$ 6,033,672</u>

* Denotes party-in-interest

See Independent Auditor's Report.

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
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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.)

☒ 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 Netwrix Corporation 401(k) Profit Sharing Plan	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2018</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2018	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2018					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Netwrix Corporation 300 Spectrum Center Drive, Ste. 200 Suite 200 US Irvine CA 92618	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 20-8429021</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (949) 407-5125</td> </tr> <tr> <td>2d Business code (see instructions) 511210</td> </tr> </table>	2b Employer Identification Number (EIN) 20-8429021	2c Plan Sponsor's telephone number (949) 407-5125	2d Business code (see instructions) 511210	
2b Employer Identification Number (EIN) 20-8429021					
2c Plan Sponsor's telephone number (949) 407-5125					
2d Business code (see instructions) 511210					

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	 Signature of plan administrator	SIGN HERE Date	<u>10/12/22</u> 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. 201209

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 and 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	5 277
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) 242
a(2) Total number of active participants at the end of the plan year	6a(2) 230
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 57
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 179
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: 2E 2F 2G 2J 2K 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) ☒ 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) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Netwrix Corporation 401(k) Profit Sharing Plan

Employer Identification Number

20-8429021

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk MdCap Gr Eq Inst		60,071
	Nationwide Life Insurance	AmBcn Intl Eq R5		3,988
	Nationwide Life Insurance	Ptnm Gr Oppr Y		152,076
	Nationwide Life Insurance	Vic Syc Estblshd Val I		122,346
	Nationwide Life Insurance	BlkRk Hi Yld Bd Port K		46,579
	Nationwide Life Insurance	BlkRk Ttl Rtn K		15,098
	Nationwide Life Insurance	PIMCO Intl BdUSDLrHdgInst		14,596
	Nationwide Life Insurance	DFA Emrg Mkt Cor Eq Inst		76,980
	Nationwide Life Insurance	DFA Glbl RealEst Sec Inst		2,182
	Nationwide Life Insurance	NW Geneva SmCapGr Inst Svc		89,906
	Nationwide Life Insurance	BlkRk Strat Inc Oppr I		22,552
	Nationwide Life Insurance	AB Glbl Bd I		31,429
	Nationwide Life Insurance	Col Conv Sec Inst2		40,724
	Nationwide Life Insurance	Col Sel LgCap Gr Inst2		72,962
	Nationwide Life Insurance	Diamond Hill MdCap I		47,112
	Nationwide Life Insurance	Vngrd Bal Indx Adml		55,217
	Nationwide Life Insurance	Vngrd Ttl IntlStkIndx Adml		52,145
	Nationwide Life Insurance	TRowePr SpctrmModGrAlloc		21,292
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		241,831
	Nationwide Life Insurance	Vngrd Explr Adml		26,070
	Nationwide Life Insurance	Vngrd GNMA Adml		19,199
	Nationwide Life Insurance	Vngrd Intl Gr Adml		81,797
	Nationwide Life Insurance	Clvrt Intl Eq I		914
	Nationwide Life Insurance	Vngrd Wlsly Inc Adml		6,251
	Nationwide Life Insurance	Vngrd Ttl Intl Bd Idx Adml		10,948
	Nationwide Life Insurance	DFA US LgCap Val Inst		100,242
	Nationwide Life Insurance	DFA US SmCap Inst		30,347
	Nationwide Life Insurance	DFA US Trgt Val Inst		2,552
	Nationwide Life Insurance	DodgeCox Intl Stk		99,158
	Nationwide Life Insurance	CohenStrs RealEst Sec Inst		23,657
	Nationwide Life Insurance	Baird Cor Pls Bd Inst		22,349
	Nationwide Life Insurance	TIAACRF LfCycInd 2010 Inst		18,183
	Nationwide Life Insurance	TIAACRF LfCycInd 2015 Inst		15,799
	Nationwide Life Insurance	TIAACRF LfCycInd 2020 Inst		16,157
	Nationwide Life Insurance	TIAACRF LfCycInd 2025 Inst		45,258
	Nationwide Life Insurance	TIAACRF LfCycInd 2030 Inst		628,825
	Nationwide Life Insurance	TIAACRF LfCycInd 2035 Inst		172,179
	Nationwide Life Insurance	TIAACRF LfCycInd 2040 Inst		275,036
	Nationwide Life Insurance	TIAACRF LfCycInd 2045 Inst		799,600

[illegible]

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2021 and Ending 12/31/2021

Name of Plan: Netwrix Corporation 401(k) Profit Sharing Plan

Employer Identification Number: 20-8429021 Three-digit plan number: 001

[illegible]

NETWRIX CORPORATION
401(k) PROFIT SHARING PLAN
EIN #20-8429021 - PLAN #001

Schedule H, Line 4a – Schedule Delinquent Participant Contributions
December 31, 2021



Participant Contributions Transferred Late to the Plan			Total that Constitutes Nonexempt Prohibited Transactions as of December 31, 2021				
Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 4,897	11/20/2019	N/A	N/A	\$ -	\$ 4,897	\$ -	\$ -

See Independent Auditor's Report.

NETRIX CORPORATION
401(k) PROFIT SHARING PLAN
EIN #20-8429021 - PLAN #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	(c) Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	<i>Fixed Select Option:</i>		
*	Nationwide Life Insurance	Nationwide Fixed Select Option	\$ 236,736
	<i>Mutual Funds:</i>		
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2045 Fund Institutional Class	799,600
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2030 Fund Institutional Class	628,825
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2050 Fund Institutional Class	530,808
*	Nationwide Life Insurance	Fidelity 500 Index Fund	441,812
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2040 Fund Institutional Class	275,036
*	Nationwide Life Insurance	Vanguard Total Stock Market Index Fund	241,831
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2055 Fund Institutional Class	183,189
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2035 Fund Institutional Class	172,179
*	Nationwide Life Insurance	Ptmn Gr Oppr Y	152,076
*	Nationwide Life Insurance	JPMorgan Equity Income Fund Class R5	139,342
*	Nationwide Life Insurance	Victory Sycamore Established Value Fund Class 1	122,346
*	Nationwide Life Insurance	Fidelity International Index Fund	114,344
*	Nationwide Life Insurance	DFA U.S. Large Cap Value Portfolio Institutional Class	100,242
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2060 Fund Institutional Class	99,490
*	Nationwide Life Insurance	Dodge & Cox International Stock Fund	99,158
*	Nationwide Life Insurance	Goldman Sachs GQG Partner Opputrunty R6	98,659
*	Nationwide Life Insurance	Nationwide Geneva Small Cap Growth Fund Institutional SVC	89,906
*	Nationwide Life Insurance	Nationwide Loomis All Cap Growth Fund Class R6	82,316
*	Nationwide Life Insurance	Vanguard International Growth Fund Admiral Shares	81,797
*	Nationwide Life Insurance	Fidelity U.S. Bond Index Fund	79,883
*	Nationwide Life Insurance	DFA Emerging Markets Core Equity	76,980
*	Nationwide Life Insurance	Columbia Select Large Cap Growth Inst2	72,962
*	Nationwide Life Insurance	Nationwide International Small Cap Fund Class R6	67,633
*	Nationwide Life Insurance	American Funds New World Fund Class R-6	67,005
*	Nationwide Life Insurance	Black Rock Mid-Cap Growth Equity Fund	60,071
*	Nationwide Life Insurance	Artisan International Value Fund Institutional Class	55,343
*	Nationwide Life Insurance	Vanguard Balanced Index Fund Admiral Shares	55,217
*	Nationwide Life Insurance	Vanguard Total International Stock Index Fund Admiral Shares	52,145
*	Nationwide Life Insurance	Diamond Hill Mid Cap Fund	47,112
*	Nationwide Life Insurance	Black Rock High Yield Bond Portfolio	46,579
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2025 Fund Institutional Class	45,258
*	Nationwide Life Insurance	PGIM Total Return Bond Fund Class R6	44,222
*	Nationwide Life Insurance	Columbia Convertible Securities Inst2	40,724
*	Nationwide Life Insurance	PIMCO Real Return Fund Institutional Class	38,157
*	Nationwide Life Insurance	Brown Advisory Sustainable Growth Institutional Class	35,845
*	Nationwide Life Insurance	AB Global Bond Fund	31,429
*	Nationwide Life Insurance	DFA U.S. Small Cap Value Portfolio Institutional Class	30,347
*	Nationwide Life Insurance	Principal Global Real Estate R6	28,658
*	Nationwide Life Insurance	PIMCO Comdy Real Teturn Strat Institutional Class	27,126
*	Nationwide Life Insurance	Federated Hermes ShInstdRtBD Institutional Class	26,849
*	Nationwide Life Insurance	Vanguard Explorer Fund Admiral Shares	26,070
*	Nationwide Life Insurance	Federated Hermes Institutional High Yield Bond Fund	23,683
*	Nationwide Life Insurance	Avnts US Small Cap Value Institutional Class	23,661

See Independent Auditor's Report.

NETWRIX CORPORATION
401(k) PROFIT SHARING PLAN
EIN #20-8429021 - PLAN #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
December 31, 2021



(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Nationwide Life Insurance	Cohen & Steers Real Estate Securities Institutional Class	23,657
*	Nationwide Life Insurance	BlackRock Strategic Income Opportunities Portfolio	22,552
*	Nationwide Life Insurance	Baird Core Plus Bond Fund Class Institutional	22,349
*	Nationwide Life Insurance	T. Rowe Price Spectrum Moderate Growth Allocation	21,292
*	Nationwide Life Insurance	Vanguard GNMA Fund Admiral Shares	19,199
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2010 Fund Institutional Class	18,183
*	Nationwide Life Insurance	Fidelity Inflation-Protected Bond Index Fund	17,517
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2020 Fund Institutional Class	16,157
*	Nationwide Life Insurance	TIAA-CREF Lifecycle Index 2015 Fund Institutional Class	15,799
*	Nationwide Life Insurance	Black Rock Total Return Fund Class K	15,098
*	Nationwide Life Insurance	PIMCO International Bond Fund (US Dollar-Hedged) INST	14,596
*	Nationwide Life Insurance	Vanguard Total International Bond Index Fund Admiral Shares	10,948
*	Nationwide Life Insurance	Vanguard Wellesley Income Fund Admiral Shares	6,251
*	Nationwide Life Insurance	Harbor International Growth Fund Institutional Class	4,525
*	Nationwide Life Insurance	American Beacon International Equity Fund R5	3,988
*	Nationwide Life Insurance	DFA U.S. Targeted Value Portfolio Institutional Class	2,552
*	Nationwide Life Insurance	Delaware Ivy Pictet Emerging Markets Local Currency Debt Fund	2,286
*	Nationwide Life Insurance	DFA Global Real Estate Securities Portfolio	2,182
*	Nationwide Life Insurance	Morgan Stanley Insight Fund Class A	976
*	Nationwide Life Insurance	Clvrt International Eq I	914
		Total Mutual Funds	5,796,936
			\$ 6,033,672

* Denotes party-in-interest

See Independent Auditor's Report.