

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ATARAXIS, INC. RETIREMENT SAVINGS 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>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</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>ATARAXIS, INC.</u> <u>600 NORTH CURTIS ROAD</u> <u>SUITE 101</u> <u>BOISE, ID 83706</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-4786697</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>208-906-2636</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-4786697</u>	2c Plan Sponsor's telephone number <u>208-906-2636</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>26-4786697</u>					
2c Plan Sponsor's telephone number <u>208-906-2636</u>					
2d Business code (see instructions) <u>541214</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.	12/20/2022	STEPHEN CILLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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	5 994
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 934 6a(2) 863 6b 8 6c 118 6d 989 6e 0 6f 989 6g 542 6h 29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 3B 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)** ☐ 0 **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ATARAXIS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATARAXIS, INC.	D Employer Identification Number (EIN) 26-4786697	

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)

BLUESTAR RETIREMENT SERVICES

59-3092339

(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?
13 15 37 38 50	NONE	57724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRIVE WEALTH & PROTECTION PLANNING

46-5392613

(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 27 50	NONE	37292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(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?
19 50	NONE	5138	Yes ☒ No ☐	Yes ☐ No ☒	0	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
TD AMERITRADE TRUST CO 20-0937408	19	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TD BANK USA, N.A. 13-3732274	TDATC RECEIVES FEE FROM TD BNK. FORMULA: (PE - BF - SA - I) - RS = TDATC MRKTNG FEE (PE = PORTFOLIO EARNINGS, BF = TD BNK FEE, SA = PERIODIC SPECIAL ASSESSMNTS CHARGED BY FDIC, I = INT PD TO PLAN & RS = 35 BPS OF REV SHARING PD TO THE PLAN)	
(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

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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ATARAXIS, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATARAXIS, INC.	D Employer Identification Number (EIN) 26-4786697	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	63680	34289
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	52454	86444
(2) Participant contributions.....	1b(2)	62441	175028
(3) Other.....	1b(3)	38343	165551
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	174610	93776
(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)	108385	91836
(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)	5616533	9442607
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	178973	337352

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	6295419	10426883

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	112849	127509
k Total liabilities (add all amounts in lines 1g through 1j)	1k	112849	127509

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6182570	10299374
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	851858	
(B) Participants	2a(1)(B)	2095297	
(C) Others (including rollovers)	2a(1)(C)	243122	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3190277
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	253	
(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)	5849	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6102
(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)	219504	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		219504
(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)		1373433
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4789316

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	551361	
(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)		551361
f Corrective distributions (see instructions)	2f		368
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)	62862	
(3) Investment advisory and management fees	2i(3)	37292	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		100154
j Total expenses. Add all expense amounts in column (b) and enter total	2j		651883

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4137433
l Transfers of assets:			
(1) To this plan	2l(1)		14587
(2) From this plan	2l(2)		35216

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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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.)

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.)

	Yes	No	Amount
4a	X		2287167
4b		X	

	Yes	No	Amount
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	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?.....		X	
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?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OFF SPEC SOLUTIONS 401(K) PLAN	80-0526684	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ATARAXIS, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATARAXIS, INC.		D Employer Identification Number (EIN) 26-4786697
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): 42-1558009 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
a	The current year	14a
b	The plan year immediately preceding the current plan year	14b
c	The second preceding plan year	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
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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 _____

**ATARAXIS, INC. RETIREMENT SAVINGS
PLAN**

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2019 and 2018 and for the year ended
December 31, 2019

ATARAXIS, INC. RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Ataraxis, Inc. Retirement Savings Plan

We were engaged to audit the accompanying financial statements of the Ataraxis, Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TD Ameritrade Trust Company, former custodian of the Plan, as of December 31, 2018 and for the year ended December 31, 2019 and Charles Schwab Bank, the current custodian of the Plan, as of December 31, 2019 and for the period November 18, 2019 to December 31, 2019, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2019, and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodians is complete and accurate.

To the Participants and Plan Administrator of the
Ataraxis, Inc. Retirement Savings Plan
Page Two

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, sans-serif font.

Sterling Heights, Michigan
December 20, 2022

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
ASSETS		
Cash	\$ 34,289	\$ 63,680
Investments at fair value	9,873,735	5,970,116
Receivables		
Notes receivable from participants	91,836	108,385
Employer contributions	86,444	52,454
Participant contributions	175,028	62,441
Other employer contributions	165,551	38,343
Total receivables	518,859	261,623
Total assets	10,426,883	6,295,419
LIABILITIES		
Excess contributions payable	127,509	81,755
Other	-	31,094
Total liabilities	127,509	112,849
Net assets available for benefits	\$ 10,299,374	\$ 6,182,570

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2019

ADDITIONS:

Investment income:

Net appreciation in the fair value of investments	\$	1,373,433
Interest		253
Dividends		219,504

Total investment income		1,593,190
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Interest income on notes receivable from participants		5,849
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Contributions:

Employer		724,650
Participants		2,095,297
Rollovers		243,122
Other employer		127,208

Total contributions		3,190,277
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Total additions		4,789,316
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DEDUCTIONS:

Benefits paid to participants		551,729
Administrative expenses		100,154

Total deductions		651,883
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NET INCREASE IN NET ASSETS		4,137,433
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TRANSFERS FROM OTHER PLANS		14,587
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TRANSFERS TO OTHER PLANS		(35,216)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		6,182,570
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End of year	\$	10,299,374
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ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Ataraxis, Inc. Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Ataraxis, Inc. (the “Company”) and its adopting employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each Company’s adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

TD Ameritrade was the Plan’s custodian for the years ended December 31, 2018, for the year ended December 31, 2019. Charles Schwab Bank was the Plan’s custodian for the period November 18, 2019 to December 31, 2019. The Plan had two custodians from November 18, 2019, to December 31, 2029, due to TD Ameritrade making additional transfers throughout the remainder of the plan year. BlueStar provides recordkeeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the Plan. Plan management determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Contributions

Participants may contribute 100% of annual eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby adopting employers may elect to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a pre-determined contribution rate and their contribution invested in a designated fund until changed by the participant. In addition, the Plan has adopting employers that have a contribution accelerator feature which automatically increases participant deferral rates to a pre-determined rate annually, with a pre-determined ceiling, unless a participant opts out. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

If elected, each adopting employer may make matching contributions that are discretionary and determined as a percentage of participant elected deferrals for that employer. For the year ended December 31, 2019, adopting employers contributed a discretionary match at various rates.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2019, adopting employers could contribute from 100% of employee deferrals up to the first 3% and 50% of the next 2% of employee deferrals up to 5% of compensation under the traditional basic matching contribution, or 100% of the employee's deferrals, up to 3% of compensation under the traditional enhanced matching contribution.

Each adopting employers discretionary profit-sharing contributions, if elected, are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer or if the "rate group" allocation method is chosen, contributions can be allocated to each participant based on a flat dollar amount. There were no profit-sharing contributions for the year ended December 31, 2019.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company safe harbor matching or non-elective contributions and discretionary matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions, employer safe harbor matching and safe harbor non-elective contributions, plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loans bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Vested Benefits

On termination of service, participants may elect to receive an amount equal to the value of the vested interest in their accounts in a lump-sum amount. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

The regulations of the Bipartisan Budget Act of 2018 for hardship distributions are scheduled to take effect January 1, 2020, but the plan sponsor may choose to implement the changes beforehand. During the year ended December 31, 2019, the Plan operated under the regulations of the Bipartisan Budget Act of 2018 by no longer suspending employee deferrals for 6 months following a hardship distribution or requiring participants to exhaust all available options prior to taking a hardship distribution.

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce employer contributions. For the year ended December 31, 2019, forfeitures in the amount of \$7,127 were used to pay Plan expenses, and \$9,092 were used to reduce employer contributions. Unallocated forfeitures were \$15,657 and \$18,960 at December 31, 2019 and 2018, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation 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. As of December 31, 2019, and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants by March 15, 2020. The excess contributions related to the 2016 and 2017 plan years were distributed in January 2022, and the plan sponsor paid in the required excise tax for not refunding these amounts timely.

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of the fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The Plan Sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through December 20, 2022, the date the financial statements were available to be issued and has determined that there are no material events that have occurred during the period, except as described in Note 11.

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2019 and 2018, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TD Ameritrade Trust Company, the custodian of the Plan as of December 31, 2018 and for the year ended December 31, 2019 and Charles Schwab Bank, the custodian of the Plan as of December 31, 2019 and for the period November 18, 2019 to December 31, 2019.

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market deposit account: Valued at the daily closing price as reported by the bank. The money market fund is an interest-bearing savings account, that is insured by the Federal Deposit Insurance Company (FDIC).

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission (SEC). This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of common stocks, EFTs, and a money market account that are valued on the basis of readily determinable market prices.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018.

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market deposit account	\$ 93,776	\$ -	\$ -	\$ 93,776
Mutual funds	9,442,607	-	-	9,442,607
Self-directed brokerage account	337,352	-	-	337,352
Total assets at fair value	<u>\$ 9,873,735</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,873,735</u>

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ -	\$ 174,610	\$ -	\$ 174,610
Mutual funds	5,616,533	-	-	5,616,533
Self-directed brokerage account	178,973	-	-	178,973
Total assets at fair value	<u>\$ 5,795,506</u>	<u>\$ 174,610</u>	<u>-</u>	<u>\$ 5,970,116</u>

For the years ended December 31, 2019 and 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 5 – PARTIES-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2019, there were direct fees of \$100,154 paid to BlueStar Retirement Services, Strive Wealth & Protection Planning, and TD Ameritrade Trust Company, parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2019 and 2018, there were transactions involving the investment of plan assets in investment funds maintained by TD Ameritrade Trust Company and Charles Schwab Bank, parties-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Plan is a volume submitter document plan for which the Internal Revenue Service has issued an advisory letter dated March 31, 2014, stating that while they do not issue a determination as to whether a specific employer's plan is qualified, any employer who adopts this plan document will be considered to have a plan qualified under code section 401(a) provided all the terms are not more favorable for officers, owners, or highly compensated employees than for other employees. Although the Plan has been amended, management believes that the Plan is operating in accordance with the terms provided in the volume submitter document.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

NOTE 8 – 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9 – TIMELY REMITTANCE OF CONTRIBUTIONS

During the year ended December 31, 2019, there were instances of noncompliance in remitting participant contributions as soon as they could be reasonably segregated. The untimely remittance of participant contributions constitutes a prohibited transaction under ERSIA section 406. Lost earnings in the amounts of \$865 and \$791 were paid to Plan participants on July 29, 2020, and October 24, 2022, respectively.

NOTE 10 – OPERATIONAL ERRORS

The plan sponsor allowed participants to defer catch up contributions prior to meeting the age requirement, which constitutes an operational error. Subsequent to the year ended December 31, 2019, the plan sponsor corrected this error.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 10 – OPERATIONAL ERRORS (Continued)

The plan sponsor did not withhold elective deferrals during multiple payroll periods as elected by a participant. Failure to withhold participant elective deferrals in accordance with their election constitutes an operational error. Subsequent to the year ended December 31, 2019, the plan sponsor corrected this error.

The plan sponsor did not properly calculate and fund the employer match for a participant using correct compensation as defined in the Plan. Subsequent to the year ended December 31, 2019, the plan sponsor corrected this error.

NOTE 11 – SUBSEQUENT EVENTS

The Plan was restated July 31, 2022, to comply with the Cycle 3 Restatement deadline. There were no other changes to the plan other than to comply with the required law changes. The non-standardized pre-approved document received an opinion letter from the Internal Revenue Service dated June 30, 2020.

COVID 19

Subsequent to December 31, 2019, the stock market has fluctuated. However, as the values of individual investments fluctuate with market conditions, the amount of losses that will be eventually realized, if any, cannot be determined. These conditions could materially impact participant account balances and the amounts reported in the Plan's financial statements.

In response to the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid Relief and Economic Security (CARES) Act was passed by congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000
- Suspended required minimum distributions for 2020
- Increase loan limit to a maximum of \$100,000 or 100% of the participant's vested account balance
- Extend the period for loan repayments, if applicable, up to one year

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 11 – SUBSEQUENT EVENTS (Continued)

IRS/DOL Correspondence

Subsequent to December 31, 2019, the Department of Labor (DOL) has made both informal and formal inquiries related to the incomplete filing of Form 5500 for the 2017, 2018, 2019, 2020 and 2021 plan years, specifically that the required audited financial statements were not included with the initial 5500 filings. Penalties have been assessed by the DOL for 2018, 2019, and 2020. The 2018 penalties have been paid in full as of May 2022. For 2019, the DOL has agreed to a 24-month payment plan that started in June 2022. For the 2020 plan year, the plan administrator received a notice from the DOL assessing a \$100,000 penalty, which has not been paid as of the date of these financial statements. Ataraxis is working with an ERISA attorney on this matter.

SUPPLEMENTARY INFORMATION

ATARAXIS, INC. RETIREMENT SAVINGS PLAN**EIN # 26-4786697, Plan # 001****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions****Year ended December 31, 2019**

Participant Contributions		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
Transferred Late to Plan			Contributions	Contributions	Corrected Under
Check Here if Late Participant			Corrected Outside	Pending Correction	VFCP and
Loan Repayments		Contributions Not	VFCP	in VFCP	PTE 2002-51
are Included		Corrected			
☒	\$ 2,287,167	\$ 2,287,167	\$ -	\$ -	\$ -

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
EIN # 26-4786697, Plan # 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Alger	Small Cap Focus Fund Z	\$ 55,533
	BlackRock	Ishares Russell 1000 LG-Cap In	23,254
	BlackRock	Ishares Russell Mid-Cp Index F	33,456
	DFA	Inflation Protected Securities	47,205
	Fidelity	Emerging Markets Index Fund	90,278
	Fidelity	International Index Fund	73,077
	Invesco Oppenheimer	Gold & Special Minerals R6	17,726
*	Charles Schwab Bank	Money Market Deposit Account	93,776
*	Charles Schwab Bank	Small Cap Index Fund Select Share	71,025
*	Charles Schwab Bank	Self-Directed Brokerage Accounts	337,352
	TIAA-CREF	Equity Index Institutional	26,382
	TIAA-CREF	International Equity Index Ins	56,415
	TIAA-CREF	Large-Cap GR Idx Instl	271,074
	TIAA-CREF	Large-Cap Value Idx Inst	56,161
	Vanguard	500 Index Fund	241,033
	Vanguard	Balanced Index Admiral Class	96,221
	Vanguard	Developed Markets Index Fund Ad	163,567
	Vanguard	Energy Index Admiral Class	4,828
	Vanguard	Financials Index Admiral Class	42,334
	Vanguard	Health Care Index Fund Admiral	46,976
	Vanguard	Industrials Index Admiral Class	5,638
	Vanguard	Information Technology Index Ad	205,981
	Vanguard	Intermediate Term Treasury Inde	66,352
	Vanguard	Life Strategy Conservative Grow	1,441
	Vanguard	Life Strategy Growth Fund	290,531
	Vanguard	Life Strategy Income Fund	2,613
	Vanguard	Life Strategy Moderate Growth	67,560
	Vanguard	Mid Cap Growth Index Fund Admir	58,818
	Vanguard	Mid Cap Index Admiral Shares	28,536
	Vanguard	Mid Cap Value	50,220
	Vanguard	Real Estate Index Fund Admiral	15,443
	Vanguard	Short-Term Corporate Bond Inx	18,484
	Vanguard	Small Cap I	49,482
	Vanguard	Small Cap Value Index Fund Admi	79,045
	Vanguard	Target Retirement 2015 Fund	81,887
	Vanguard	Target Retirement 2020 Fund	307,721
	Vanguard	Target Retirement 2025 Fund	630,458
	Vanguard	Target Retirement 2030 Fund	1,056,813
	Vanguard	Target Retirement 2035 Fund	1,770,616
	Vanguard	Target Retirement 2040 Fund	921,398
	Vanguard	Target Retirement 2045 Fund	663,897
	Vanguard	Target Retirement 2050 Fund	658,797
	Vanguard	Target Retirement 2055 Fund	381,773
	Vanguard	Target Retirement 2060 Fund	184,957
	Vanguard	Total Bond Market Index Admiral	219,062
	Vanguard	Total International Bond Index	2,364
	Vanguard	Total Stock Market Index - Admir	119,181
	Vanguard	Value Index - Admiral Shares	86,994
			9,873,735
*	Notes receivable from participants	Notes receivable from participants (interest rates from 4.25% to 6.50%) due at various dates through September 2031	91,836
			<u>\$ 9,965,571</u>

Multiple Employer Plan Participating Employer Information

Ataraxis, Inc. Retirement Savings Plan

Employer Identification Number: 26-4786697

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
62 Degrees Physical Therapy, LLC	46-4271606	0.00%
Ataraxis, Inc.	26-4786697	0.93%
Autovol, Inc.	83-1358186	0.00%
Axis Exec Inc	46-1545258	0.00%
Beniton Construction Co., Inc.	84-1375176	11.14%
Blue Sun BioDiesel LLC	20-0453496	0.00%
Boise Regional Realtors	82-0295473	2.16%
Borron Family Medicine, PLLC	27-3178383	0.00%
CAJE Enterprises, LLC	46-1188314	3.41%
CATCH, Inc.	27-3483457	0.04%
Clean Spark, Inc.	87-0449945	0.47%
Columbia Mortgage Inc	75-3091611	0.00%
De Joya Griffith LLC	76-0786381	0.00%
Design Center of Boise dba CK Rogers Inc.	75-3016145	0.78%
EM Marketing, Inc.	27-1631171	24.96%
Embrace Wellness, PLLC	26-3647055	1.01%
FM Idaho Co., LLC	82-0511936	6.10%
Idaho Spine and Pain PLLC	81-2228898	4.69%
Idaho Technology Council, Inc.	80-0402085	0.54%
Imaging Center of Idaho, LLC	20-5967125	0.73%
In Time Tec, LLC	26-4143088	9.70%
Independent Battery Supply	82-0499220	0.89%
Jobu Vetting, LLC	81-4297913	0.53%
Joshua J. Harmon	80-0083311	1.36%
Kinect Solar, LLC	47-4035891	1.57%
Kordata Adaptive Groupware, LLC	45-1747079	1.21%
Makena Leadership Group, Inc.	82-2623425	1.16%
MBMC Inc.	26-2195324	9.49%
Nampa Chamber of Commerce, Inc	82-0148080	0.08%
New Visual Media, LLC	81-8964265	0.61%
Off-Spec Solutions, LLC	80-0526684	0.02%
Origins Refined, LLC	45-2663007	0.00%
Recor Group, LLC.	47-2660219	1.98%
RockHard Granite	26-1197510	0.66%
Sage Diagnostic and Imaging	20-3850091	0.83%
Silicon Mountain Contract Svcs	41-2038882	3.89%
SINDRO, Inc	84-9768120	0.01%
Sky Capital Group, LLC	37-1535670	1.81%
Smith Cook Fitness Holding, LLC	82-1153067	1.06%
Stemfinity, LLC	45-1957697	2.71%
Strive Wealth & Protection Planning LLC	46-3401244	0.09%
The Loop Technologies LLC	76-2202020	0.79%
Touchstone Claims Solutions	20-3088299	0.31%
TVEP	82-2286267	0.34%
Ultraclean	81-4080304	1.92%

Multiple Employer Plan Participating Employer Information

Ataraxis, Inc. Retirement Savings Plan

Employer Identification Number: 26-4786697

Plan Number: 001

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Unity Corporation	43-2102992	0.00%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

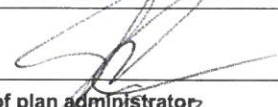
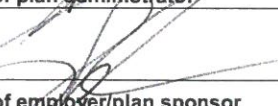
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan Ataraxis, Inc. Retirement Savings Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2003
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) Ataraxis, Inc. 600 North Curtis Road Suite 101 Boise ID 83706	2b Employer Identification Number (EIN) 26-4786697
	2c Plan Sponsor's telephone number 208-906-2636
	2d Business code (see instructions) 541214

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		12/20/22	Stephen Cilley
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/20/22	Stephen Cilley
	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 (2019)
v. 190130

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	5 994
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 934 6a(2) 863 6b 8 6c 118 6d 989 6e 0 6f 989 6g 542 6h 29
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 3B 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)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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)

Name of Plan:			
► Ataraxis, Inc. Retirement Savings Plan			
Employer Identification Number: ►	26-4786697		
For plan year (beginning/ending): ►	01/01/2019 - 12/31/2019	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
	CHARLES SCHWAB BANK	Alger Small Cap Focus Fd CL Z		55,533
	CHARLES SCHWAB BANK	DFA Inflation Protect Sec Port Instl		47,205
	CHARLES SCHWAB BANK	Fidelity Emerging Mkts Index		90,278
	CHARLES SCHWAB BANK	Fidelity Intl Index Fd		73,077
	CHARLES SCHWAB BANK	INVESCO Oppen Gold & Spec Mineral R6		17,726
	CHARLES SCHWAB BANK	IShares Russell Mid Cap Index K		33,456
	CHARLES SCHWAB BANK	IShares Russell 1000 LG Cap Index K		23,254
	CHARLES SCHWAB BANK	Schwab Small Cap Index Select		71,025
	CHARLES SCHWAB BANK	TIAA CREF Equity Index Instl		26,382
	CHARLES SCHWAB BANK	TIAA CREF Intl Equity Index Instl		56,415
	CHARLES SCHWAB BANK	TIAA CREF Large Cap Value Indx Instl		56,161
	CHARLES SCHWAB BANK	TIAA-CREF Large-Cap GR Idx Instl		271,074
	CHARLES SCHWAB BANK	Vanguard Balanced Index Fd Admiral		96,221
	CHARLES SCHWAB BANK	Vanguard Developed Mkts Index Adm		163,567
	CHARLES SCHWAB BANK	Vanguard Energy Index Adm		4,828
	CHARLES SCHWAB BANK	Vanguard Financials Index Fd Adm Shr		42,334
	CHARLES SCHWAB BANK	Vanguard Health Care Ind Fd Adm		46,976
	CHARLES SCHWAB BANK	Vanguard Industrials Index Adm Shrs		5,638
	CHARLES SCHWAB BANK	Vanguard Info Tech Index Fd Admiral		205,981
	CHARLES SCHWAB BANK	Vanguard Intrm Trm Trsy Indx Admiral		66,352
	CHARLES SCHWAB BANK	Vanguard Life Strat Mod Grwth Fund I		67,560
	CHARLES SCHWAB BANK	Vanguard Life Strategy Growth Fd I		290,531
	CHARLES SCHWAB BANK	Vanguard Life Strategy Income Fd I		2,613
	CHARLES SCHWAB BANK	Vanguard LifeStrat Consrv Grth Fd I		1,441
	CHARLES SCHWAB BANK	Vanguard Mid Cap Index Fund Admiral		28,536
	CHARLES SCHWAB BANK	Vanguard Mid Cap Val		50,220
	CHARLES SCHWAB BANK	Vanguard Mid-Cap Growth Index Admira		58,818
	CHARLES SCHWAB BANK	Vanguard Real Estate In Fd Adm Shrs		15,443
	CHARLES SCHWAB BANK	Vanguard Short Trm Corp Bd Idx Admrl		18,484
	CHARLES SCHWAB BANK	Vanguard Small Cap I		49,482
	CHARLES SCHWAB BANK	Vanguard Small Cap Value Index Admir		79,045
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 Fd I		81,887
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 Fd I		307,721
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 Fd I		630,458
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 Fd I		1,056,813
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 Fd I		1,770,616
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 Fd I		921,398
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 Fd I		663,897
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 Fd I		658,797
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 Inv		381,773
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 Inv		184,957
	CHARLES SCHWAB BANK	Vanguard Total Bond Mkt Index Adm		219,062
	CHARLES SCHWAB BANK	Vanguard Total Intl Bo Index Admiral		2,364
	CHARLES SCHWAB BANK	Vanguard Total Stock Mkt Indx Fd Adm		119,181
	CHARLES SCHWAB BANK	Vanguard Value Index Admiral		86,994
	CHARLES SCHWAB BANK	Vanguard 500 Index F		241,033
	CHARLES SCHWAB BANK	Schwab Bank Savings		93,776
	CHARLES SCHWAB BANK	Charles Schwab Bank PCRA		337,352
	Participant loans	Various Interest Rates		91,836