

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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.	02/02/2023	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 (2020)
v. 200204

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	1406
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)	1260
a(2) Total number of active participants at the end of the plan year		6a(2)	1494
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	278
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1772
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1773
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1248
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	92
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 2T 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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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?
12 13 15 17 37 38 49 50 64 65 99	NONE	118692	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	92323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATARAXIS, INC.

26-4786697

(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	16761	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(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 37 50 58 59 62 71 72	NONE	295	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
ALGER 13-2665689	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
VOYA 95-4516049	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
BLUEROCK 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.
GRIFFIN CAPITAL GRIFFIN CAPITAL PLAZA EL SEGUNDO, CA 90245	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.
LORD ABBETT 13-3731507	RATE OF 0.20% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.
SCHWAB FUNDS 94-3106735	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	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.	
VANECK 666 3RD AVE NEW YORK, NY 10017	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ATARAXIS, INC. RETIREMENT SAVINGS 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>ATARAXIS, INC.</u>	D Employer Identification Number (EIN) <u>26-4786697</u>	

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 Total noninterest-bearing cash.....	1a	(a) Beginning of Year <u>34289</u> (b) End of Year <u>153960</u>
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	<u>86444</u> <u>1659629</u>
(2) Participant contributions.....	1b(2)	<u>175028</u> <u>385779</u>
(3) Other	1b(3)	<u>165551</u> <u>53488</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>93776</u> <u>315409</u>
(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)	<u>91836</u> <u>270902</u>
(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)	<u>9442607</u> <u>33512638</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	<u>337352</u> <u>5554879</u>

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	10426883	41906684

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	127509	80704
k Total liabilities (add all amounts in lines 1g through 1j)	1k	127509	80704

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10299374	41825980
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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)	2503501	
(B) Participants	2a(1)(B)	4218816	
(C) Others (including rollovers).....	2a(1)(C)	1854965	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8577282
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6496	
(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)	9304	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15800
(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)	944497	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		944497
(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)		8699592
c Other income	2c		58
d Total income. Add all income amounts in column (b) and enter total.....	2d		18237229

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5409539	
(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)		5409539
f Corrective distributions (see instructions)	2f		7576
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)	118692	
(3) Investment advisory and management fees	2i(3)	92402	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		211094
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5628209

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12609020
l Transfers of assets:			
(1) To this plan.....	2l(1)		18958453
(2) From this plan	2l(2)		40867

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: 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:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		5324652

	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	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)	
KINECT SOLAR, LLC 401(K) PLAN	47-4035891	002	
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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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): 82-3967259		
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) 2020 v. 200204		

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 _____

**ATARAXIS, INC. RETIREMENT SAVINGS
PLAN**

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2020 and 2019 and for the year ended
December 31, 2020

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, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 Charles Schwab Trust Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian 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

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, 2020 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 custodian, 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
January 31, 2023

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

	December 31,	
	2020	2019
ASSETS		
Cash	\$ 153,960	\$ 34,289
Investments at fair value	39,382,926	9,873,735
Receivables		
Notes receivable from participants	270,902	91,836
Participant contributions	385,779	175,028
Employer contributions	1,659,629	86,444
Other employer contributions	53,488	165,551
Total receivables	2,369,798	518,859
Total assets	41,906,684	10,426,883
LIABILITIES - Excess contributions payable	80,704	127,509
Net assets available for benefits	\$ 41,825,980	\$ 10,299,374

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2020

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 8,699,592
Interest	6,496
Dividends	944,497
Total investment income	9,650,585
Interest income on notes receivable from participants	9,304
Other income	58
Contributions:	
Employer	2,488,356
Participants	4,218,816
Rollovers	1,854,965
Other employer	15,145
Total contributions	8,577,282
Total additions	18,237,229

DEDUCTIONS:

Benefits paid to participants	5,417,115
Administrative expenses	211,094
Total deductions	5,628,209

NET INCREASE IN NET ASSETS 12,609,020

TRANSFERS FROM OTHER PLANS 18,958,453

TRANSFERS TO OTHER PLANS (40,867)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	10,299,374
End of year	\$ 41,825,980

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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).

Charles Schwab Trust Bank is the Plan’s custodian. 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.

The Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) was signed into law December 29, 2019, and the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020. These laws, among other things, include several relief provisions available to tax-qualified retirement plans and their participants. The implementation of the provisions is at the discretion of plan management. Some of the more notable provisions under the CARES Act allow qualified individuals to take coronavirus-related distributions and loans, as defined in the CARES Act, of up to \$100,000 during 2020; provide relief of loan repayment by allowing a one-year deferral of loan repayments due between March 27, 2020, and December 31, 2020; provide a temporary suspension for 2020 required minimum distributions and delay the commencement date for required minimum distributions.

The Plan has elected to adopt the temporary provisions of the CARES Act. The Plan will be amended for any provisions elected in accordance with applicable law and IRS guidance.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

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 allows for adopting employers to elect to 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, 2020, adopting employers contributed discretionary match contributions at various rates.

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2020, 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 5% of compensation under the traditional enhanced matching contribution. An adopting employer can also elect to make a safe harbor 3% nonelective employer 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. For the year ended December 31, 2020, adopting employers contributed discretionary profit-sharing contributions at various amounts.

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.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company safe harbor matching or safe harbor 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.

Payment of Vested Benefits

On termination of service due to death, disability, retirement or termination of employment, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump sum amount or in installments, depending on the type of distribution and size of the participant's account balance at the time of termination. Participants that have a vested account balance less than \$500 will receive distributions regardless of whether or not they consent to receive it. Participants with a vested account balance of less than \$5,000 must take a single lump-sum distribution. Participants with vested balance greater than \$5,000 can elect to receive a single lump sum or installment option but only with respect to required minimum distributions and death benefits.

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.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce employer contributions. For the year ended December 31, 2020, forfeitures in the amount of \$2,793 were used to pay Plan expenses and \$44,742 were used to reduce employer contributions. Unallocated forfeitures were \$24,687 and \$15,657 at December 31, 2020 and 2019, 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.

Recent Accounting Pronouncements Adopted in the Current Year

The Financial Accounting Standard Board (“FASB”) issued Accounting Standard Update (“ASU”) No. 2018-13 *Fair Value Measurements Topic (820), Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurements*, in August 2018. ASU No. 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements, and for nonpublic entities, the change in the Level 3 investment unrealized gains and losses included in earnings. ASU No. 2018-13 also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll forward. ASU No. 2018-13 is effective for periods beginning after December 15, 2019. The plan adopted the ASU effective January 1, 2020. There was no material impact on the Plan’s financial statements as a result of the adoption.

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.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

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, 2020 and 2019, 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 2020 excess contributions to the applicable participants by March 15, 2021. 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 plan sponsor 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 plan sponsor 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, 2020 and 2019

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 January 31, 2023, 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 12.

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, 2020 and 2019, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Charles Schwab Trust Bank, the custodian of the Plan.

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:

- 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.

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

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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, 2020 and 2019.

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

Exchange traded funds (ETF): Valued at the closing price reported on the active market on which the individual securities are 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 Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds, common stocks, money market funds, ETFs, corporate bonds, and cash that are valued on the basis of readily determinable market prices.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

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, 2020 and 2019.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market deposit account	\$ 315,409	\$ -	\$ -	\$ 315,409
Exchange traded funds	101,136	-	-	101,136
Mutual funds	33,411,502	-	-	33,411,502
Self-directed brokerage account	5,358,544	196,335	-	5,554,879
Total assets at fair value	<u>\$ 39,186,591</u>	<u>\$ 196,335</u>	<u>\$ -</u>	<u>\$ 39,382,926</u>

	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>

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 plan sponsor and adopting employers. During the year ended December 31, 2020, there were direct fees of \$211,094 paid to BlueStar Retirement Services, Strive Wealth & Protection Planning, Ataraxis, Inc., and Charles Schwab Trust Bank, parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2020 and 2019, there were transactions involving the investment of plan assets in investment funds maintained by TD Ameritrade Trust Company and Charles Schwab Trust 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, 2020 and 2019

NOTE 6 – PLAN TERMINATION

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

As a result of the COVID-19 pandemic, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, causing substantial fluctuations in the value of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

NOTE 9 – TIMELY REMITTANCE OF CONTRIBUTIONS

During the year ended December 31, 2020, 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 ERISA section 406. Lost earnings in the amount of \$11,404 and \$720 were paid to Plan participants on August 2, 2021, and December 9, 2022, respectively.

ATARAXIS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

NOTE 10 – OPERATIONAL ERRORS

The plan sponsor did not properly calculate the safe harbor match for several participants, resulting in an overfunding of contributions, which constitutes an operation error. Subsequent to the year ended December 31, 2020, the plan sponsor corrected this error.

The plan sponsor did not withhold elective deferrals in accordance with employee elections. Failure to withhold participant elective deferrals in accordance with their election constitutes an operational error. Subsequent to the year ended December 31, 2020, the plan sponsor corrected this error.

The plan sponsor did not withhold elective deferrals and contribute employer matches in accordance with the correct definition of compensation. Subsequent to the year ended December 31, 2020, the plan sponsor corrected this error.

NOTE 11 – ASSETS ALLOCATED TO WITHDRAWN PARTICIPANTS

The Plan had \$77,786 of assets allocated to withdrawn participants as of December 31, 2020, that were distributed subsequent year end. There were no distributions requested but not paid at December 31, 2019.

NOTE 12 – 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.

IRS/DOL Correspondence

Subsequent to December 31, 2020, 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. For the 2021 plan year, the Plan administrator received a notice from the DOL for the 2021 Form 5500. Penalties have not yet been assessed for the 2021 plan year.

SUPPLEMENTARY INFORMATION

ATARAXIS, INC. RETIREMENT SAVINGS PLAN**EIN # 26-4786697, Plan # 001****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions****December 31, 2020**

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included		Contributions Not Corrected	Contributions	Contributions	
			Corrected Outside VFCP	Pending Correction in VFCP	
☒	\$ 5,324,652	\$ 5,095,064	\$ 229,588	\$ -	\$ -

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	\$ 176,450
	Clearbridge	Intl Growth Funds	9,220
	DFA	Inflation Protected Securities	84,958
	DWS	Global Income Builder Fund	10,793
	Fidelity	Emerging Markets Index Fund	203,288
	Fidelity	International Index Fund	246,090
	Invesco Oppenheimer	Gold & Special Minerals R6	48,781
	Invesco Oppenheimer	S & P Midcap Momentum ETF	101,136
	iShares	Russell Mid Cap Index K	47,656
*	Charles Schwab Trust Bank	Bank Savings	315,409
*	Charles Schwab Trust Bank	Small Cap Index Fund Select	153,647
*	Charles Schwab Trust Bank	Self-Directed Brokerage Accounts	5,554,877
	T Rowe	Global Growth S TK Fund	4,752,587
	TIAA-CREF	International Equity Index Ins	193,590
	TIAA-CREF	Large-Cap Value Idx Inst	161,160
	TIAA-CREF	Large-Cap GR Idx Instl	737,339
	Vanguard	Balanced Index Admiral Class	147,402
	Vanguard	Developed Markets Index Fund Ad	215,371
	Vanguard	Energy Index Admiral Class	5,427
	Vanguard	Financials Index Admiral Class	67,383
	Vanguard	FTSE Social Index ADM	19,435
	Vanguard	Health Care Index Fund Admiral	80,744
	Vanguard	Hi-Yield Corp Fund Admiral	237,674
	Vanguard	Industrials Index Admiral Class	9,064
	Vanguard	Information Technology Index Ad	463,499
	Vanguard	Intermediate Term Treasury Index	96,421
	Vanguard	Life Strategy Moderate Growth	253,235
	Vanguard	Life Strategy Growth Fund	643,228
	Vanguard	Life Strategy Income Fund	65,268
	Vanguard	Life Strategy Conservative Growth	16,575
	Vanguard	Mid Cap Index Admiral Shares	199,324
	Vanguard	Mid Cap Value	99,801
	Vanguard	Real Estate Index Fund Admiral	48,044
	Vanguard	Short-Term Corporate Bond Inx	174,420
	Vanguard	Small Cap I	213,182
	Vanguard	Small Cap Value Index Fund Admi	241,867
	Vanguard	Target Retirement Income Investment	97,302
	Vanguard	Target Retirement 2015 Fund	853,014
	Vanguard	Target Retirement 2020 Fund	1,512,849
	Vanguard	Target Retirement 2025 Fund	2,397,029
	Vanguard	Target Retirement 2030 Fund	3,083,504
	Vanguard	Target Retirement 2035 Fund	3,707,604
	Vanguard	Target Retirement 2040 Fund	3,408,797
	Vanguard	Target Retirement 2045 Fund	1,971,091
	Vanguard	Target Retirement 2050 Fund	1,368,460
	Vanguard	Target Retirement 2055 Fund	751,326
	Vanguard	Target Retirement 2060 Fund	534,698
	Vanguard	Total Bond Market Index Admiral	1,882,998
	Vanguard	Total International Bond Index	13,881
	Vanguard	Total Stock Market Index - Admir	261,310
	Vanguard	500 Index Fund	1,077,506
	Vanguard	Value Index - Admiral Shares	367,041
	Voya	Strategic Income Opportunity Fund	171
			39,382,926
*	Notes receivable from participants	Notes receivable from participants (interest rates from 4.25% to 7.50%) due at various dates through August 2035	270,902
			<u>\$ 39,653,828</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:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
62 Degrees Physical Therapy, LLC	46-4271606	0.03%
Abreeze Technology, LLC	47-2333558	0.00%
Boise Regional Realtors	82-0295473	1.09%
Ataraxis, Inc.	26-4786697	0.94%
Autovol, Inc.	83-1358186	0.91%
Axis Exec Inc	46-1545258	0.00%
Beniton Construction Co., Inc.	84-1375176	4.82%
Blue Sun BioDiesel LLC	20-0453496	0.00%
Borron Family Medicine, PLLC	27-3178383	0.00%
CAJE Enterprises, LLC dba The Rag Company	46-1188314	1.59%
CATCH, Inc.	27-3483457	0.00%
CK Rogers Inc.	75-3016145	0.42%
Clean Spark, Inc.	87-0449945	0.76%
Columbia Mortgage Inc	75-3091611	0.00%
Cedar Ridge Capital, LLC	80-0904620	0.31%
Direct Orthopedic Care, LLC	46-5239172	6.93%
Embrace Wellness, PLLC	26-3647055	0.41%
EM Marketing, Inc.	27-1631171	12.99%
Exodus Pain Clinic, PLLC	81-0894674	0.20%
Kordata, LLC	45-1747079	0.45%
Smith Cook Fitness Holding, LLC	82-1153067	0.36%
Iliad Media Boise, LLC	82-0511936	2.93%
Gyro Shack	83-0849334	0.24%
Idaho Elks Rehabilitation Hospital Inc	82-0302317	0.00%
Idaho Spine and Pain	81-2228898	1.58%
Idaho Technology Council, Inc.	80-0402085	0.22%
Imaging Center of Idaho, LLC	20-5967125	0.32%
Independent Battery Supply	82-0499220	0.80%
In Time Tec, LLC	26-4143088	6.00%
Joshua J. Harmon	80-0083311	0.98%
Kinect Solar, LLC	47-4035891	0.05%
Koru Leadership	84-4314113	0.00%
The Loop Technologies LLC	76-2202020	0.36%
Makena Leadership Group	82-2623425	0.36%
Mendy S Maccabee MD Consultant	82-2821534	0.00%
Nampa Chamber of Commerce, Inc	82-0148080	0.05%
New Visual Media, LLC	81-8964265	0.54%
Origins Refined, LLC	45-2663007	0.00%
Perfect Plumbing Heating & Air	26-2195324	5.00%
Prefab Logic	47-5115882	0.62%
QB Solutions, Inc.	26-3593958	1.23%
Recor Group, LLC.	47-2660219	1.56%
RockHard Granite	26-1197510	0.17%
Sage Diagnostic and Imaging	20-3850091	0.36%
Saltzer Health	82-0299231	39.33%

Multiple Employer Plan Participating Employer Information

Ataraxis, Inc. Retirement Savings Plan

Employer Identification Number: 26-4786697	Plan Number: 001
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Silicon Mountain Contract Svcs	41-2038882	1.66%
SINDRO, Inc	84-9768120	0.24%
Sky Capital Group, LLC	37-1535670	0.73%
STEMfinity, LLC	45-1957697	1.02%
Stone Surfaces	81-4756737	0.20%
Strive Wealth & Protection Planning LLC	46-3401244	0.28%
Sun Valley Marketing Alliance, Inc	82-0254694	0.22%
Touchstone Claims Solutions	20-3088299	0.12%
RISE	82-2286267	0.02%
Ultraclean	81-4080304	0.11%
Unity Corporation	43-2102992	0.00%
Jobu Vetting, LLC	81-4297913	0.48%

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 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for: ☐ a multiemployer plan ☐ a single-employer plan B This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months) ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____	C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II Basic Plan Information—enter all requested information											
1a Name of plan Ataraxis, Inc. Retirement Savings Plan 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2003</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 26-4786697</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 208-906-2636</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 541214</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2003		2b Employer Identification Number (EIN) 26-4786697		2c Plan Sponsor's telephone number 208-906-2636		2d Business code (see instructions) 541214	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/2003											
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		<u>2/2/23</u>	Stephen Cilley
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>2/2/23</u>	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 (2020)
v. 200204

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	1,406
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)	1,260
a(2) Total number of active participants at the end of the plan year		6a(2)	1,494
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	278
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	1,772
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1,773
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1,248
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	92
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 2T 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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): ►	01/01/2020 - 12/31/2020	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		176,450
	CHARLES SCHWAB BANK	Clearbridge Intl Gwth Fd IS		9,220
	CHARLES SCHWAB BANK	DFA Inflation Protect Sec Port Instl		84,958
	CHARLES SCHWAB BANK	DWS Gbl Income Builder Fd Cl R6		10,793
	CHARLES SCHWAB BANK	Fidelity Emerging Mkts Index		203,288
	CHARLES SCHWAB BANK	Fidelity Intl Index Fd		246,090
	CHARLES SCHWAB BANK	INVESCO Oppen Gold & Spec Mineral R6		48,781
	CHARLES SCHWAB BANK	IShares Russell Mid Cap Index K		47,656
	CHARLES SCHWAB BANK	Schwab Small Cap Index Select		153,647
	CHARLES SCHWAB BANK	T Rowe Price Gbl Gwth S TK Fd I		4,752,587
	CHARLES SCHWAB BANK	TIAA CREF Intl Equity Index Instl		193,590
	CHARLES SCHWAB BANK	TIAA CREF Large Cap Value Indx Instl		161,160
	CHARLES SCHWAB BANK	TIAA-CREF Large-Cap GR Idx Instl		737,339
	CHARLES SCHWAB BANK	Vanguard Balanced Index Fd Admiral		147,402
	CHARLES SCHWAB BANK	Vanguard Developed Mkts Index Adm		215,371
	CHARLES SCHWAB BANK	Vanguard Energy Index Adm		5,427
	CHARLES SCHWAB BANK	Vanguard Financials Index Fd Adm Shr		67,383
	CHARLES SCHWAB BANK	Vanguard FTSE Social Index Adm		19,435
	CHARLES SCHWAB BANK	Vanguard Health Care Ind Fd Adm		80,744
	CHARLES SCHWAB BANK	Vanguard Hi-Yield Corp Fd Admiral Sh		237,674
	CHARLES SCHWAB BANK	Vanguard Industrials Index Adm Shrs		9,064
	CHARLES SCHWAB BANK	Vanguard Info Tech Index Fd Admiral		463,499
	CHARLES SCHWAB BANK	Vanguard Intrm Trm Trsy Indx Admiral		96,421
	CHARLES SCHWAB BANK	Vanguard Life Strat Mod Grwth Fund I		253,235
	CHARLES SCHWAB BANK	Vanguard Life Strategy Growth Fd I		643,228
	CHARLES SCHWAB BANK	Vanguard Life Strategy Income Fd I		65,268
	CHARLES SCHWAB BANK	Vanguard LifeStrat Consvr Grth Fd I		16,575
	CHARLES SCHWAB BANK	Vanguard Mid Cap Index Fund Admiral		199,324
	CHARLES SCHWAB BANK	Vanguard Mid Cap Val		99,801
	CHARLES SCHWAB BANK	Vanguard Real Estate In Fd Adm Shrs		48,044
	CHARLES SCHWAB BANK	Vanguard Short Trm Corp Bd Idx Admrl		174,420
	CHARLES SCHWAB BANK	Vanguard Small Cap I		213,182
	CHARLES SCHWAB BANK	Vanguard Small Cap Value Index Admir		241,867
	CHARLES SCHWAB BANK	Vanguard Target Retirement Incm Inv		97,302
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 Fd I		853,013
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 Fd I		1,512,849
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 Fd I		2,397,029
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 Fd I		3,083,504
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 Fd I		3,707,604
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 Fd I		3,408,797
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 Fd I		1,971,091
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 Fd I		1,368,460
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 Inv		751,326
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 Inv		534,698
	CHARLES SCHWAB BANK	Vanguard Total Bond Mkt Index Adm		1,882,998
	CHARLES SCHWAB BANK	Vanguard Total Intl Bo Index Admiral		13,881
	CHARLES SCHWAB BANK	Vanguard Total Stock Mkt Indx Fd Adm		261,310
	CHARLES SCHWAB BANK	Vanguard Value Index Admiral		367,040
	CHARLES SCHWAB BANK	Vanguard 500 Index F		1,077,506
	CHARLES SCHWAB BANK	Voya Strategic Incm Oppty Fd I		171
	CHARLES SCHWAB BANK	Invesco S & P Midcap Momentum ETF		101,136
	CHARLES SCHWAB BANK	Schwab Bank Savings		315,409
	CHARLES SCHWAB BANK	Charles Schwab Bank PCRA		5,554,879
	Participant loans	Various Interest Rates		270,902