

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☒ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>HIGHMETRIC EMPLOYEES 401(K) SAVINGS & INVESTMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>10/16/2021</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>NEUROWCKET</u> <u>1057 LA MIRADA CT</u> <u>VISTA, CA 92081</u>
2b	Employer Identification Number (EIN) <u>47-5144539</u>
2c	Plan Sponsor's telephone number <u>952-905-4319</u>
2d	Business code (see instructions) <u>541512</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2023	ERIN A MCAULIFFE
	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 (2022)
v. 220413

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		5 238
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).		
6a(1) Total number of active participants at the beginning of the plan year		6a(1) 227
6a(2) Total number of active participants at the end of the plan year		6a(2) 264
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 48
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 312
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 258
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan HIGHMETRIC EMPLOYEES 401(K) SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEUROCKET	D Employer Identification Number (EIN) 47-5144539

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

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	515276-01	38	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 317975**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 438142**c** Additions: (1) Contributions deposited during the year **7c(1)** 47491
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 3082
(4) Transferred from separate account **7c(4)** 67355
(5) Other (specify below) **7c(5)** 10288(6) Total additions **7c(6)** 128216**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 566358**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 221237
(2) Administration charge made by carrier **7e(2)** 8901
(3) Transferred to separate account **7e(3)** 18245
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 248383**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 317975

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HIGHMETRIC EMPLOYEES 401(K) SAVINGS & INVESTMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWROCKET	D Employer Identification Number (EIN) 47-5144539	

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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--

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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)

BLUE CHIP RETIREMENT PLANS, INC.

6737 W. WASHINGTON ST. #1105
MILWAUKEE, WI 53214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	10795	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	4519	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	10352	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>HIGHMETRIC EMPLOYEES 401(K) SAVINGS & INVESTMENT 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>NEWROCKET</u>	D Employer Identification Number (EIN) <u>47-5144539</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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	358	7043
(2) Participant contributions.....	1b(2)	53	2655
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	113096	192558
(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)	10495745	11334804
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	438142	317975
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11047394	11855035

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11047394	11855035
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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)	753048	
(B) Participants	2a(1)(B)	2114951	
(C) Others (including rollovers)	2a(1)(C)	718202	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3586201
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	5733	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3082	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8815
(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)	397846	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		397846
(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)		-2541825
c Other income	2c		171
d Total income. Add all income amounts in column (b) and enter total	2d		1451208
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	648936	
(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)		648936
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	23844	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23844
j Total expenses. Add all expense amounts in column (b) and enter total	2j		672780
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		778428
l Transfers of assets:			
(1) To this plan	2l(1)		29213
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WIPFLI

(2) EIN: 39-0958449

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		2655

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan HIGHMETRIC EMPLOYEES 401(K) SAVINGS & INVESTMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWROCKET		D Employer Identification Number (EIN) 47-5144539
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Highmetric Employees 401(k) Savings & Investment Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

Opinion

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

- The financial statements and supplemental schedules present fairly, in all material aspects, the financial position, results of operations and cash flows of the Highmetric Employees 401(k) Savings & Investment Plan for the years ended December 31, 2022 and 2021, in accordance with the accounting principles generally accepted in the United States of America.
- The financial statements and supplemental schedules are prepared in accordance with the accounting principles generally accepted in the United States of America.

Independent Auditor's Report

To the Plan Administrator
Highmetric Employees 401(K) Savings & Investment Plan
Vista, California

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

We have performed audits of the financial statements of Highmetric Employees 401(K) Savings & Investment Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and the period ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Highmetric Employees 401(K) Savings & Investment Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022 and the period ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Highmetric Employees 401(K) Savings & Investment Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Highmetric Employees 401(K) Savings & Investment Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Highmetric Employees 401(K) Savings & Investment Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Highmetric Employees 401(K) Savings & Investment Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Wipfli LLP

Wipfli LLP

Radnor, Pennsylvania

October 17, 2023

Highmetric Employees 401(K) Savings & Investment Plan

Statements of Net Assets Available for Benefits

Year Ended December 31,	2022	2021
Assets:		
Investments:		
Investments, at fair value	\$ 11,334,804	\$ 10,495,745
Fully benefit-responsive investment contract, at contract value	317,975	438,142
Total investments	11,652,779	10,933,887
Receivables:		
Participant contributions	2,655	53
Company contributions	7,043	358
Notes receivable from participants	192,558	113,096
Total receivables	202,256	113,507
Net assets available for benefits	\$ 11,855,035	\$ 11,047,394

See accompanying notes to financial statements.

Highmetric Employees 401(K) Savings & Investment Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2022	Period Ended December 31, 2021
Investment income (loss):		
Net depreciation in fair value of investments	\$ (2,541,792)	\$ (402,050)
Interest and dividends	400,894	448,735
Net investment income (loss)	(2,140,898)	46,685
Interest income on notes receivable from participants	5,732	1,173
Contributions:		
Participant	2,114,951	384,098
Company	753,220	135,184
Rollover	718,202	127,026
Total contributions	3,586,373	646,308
Deductions:		
Benefit Payments	648,935	166,361
Administrative expenses	23,844	305
Total deductions	672,779	166,666
Net increase	778,428	527,500
Net assets available for benefits:		
Beginning of year	11,047,394	-
Transfer of assets into plan	29,213	10,519,894
End of year	\$ 11,855,035	\$ 11,047,394

See accompanying notes to financial statements.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 1: Description of Plan

The following description of the Highmetric Employees 401(K) Savings & Investment 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 was formed with an effective date of October 16, 2021 as a result of a spinoff from the Column Technologies, LLC 401(k) Plan. The spinoff resulted in a transfer of plan assets to the Plan in the amount of \$10,519,894 (including \$114,033 of notes receivable from participants) during the period ended December 31, 2021. Additional residual plan assets of \$29,213 were transferred from the Column Technologies, LLC 401(k) Plan into the Plan during the year ended December 31, 2022.

The Plan is a defined contribution plan covering all eligible employees of Highmetric, LLC (the Plan Sponsor) as well as NewRocket, Inc. and Iceberg Networks (US) Corporation, who are all members of a controlled group. These entities are collectively referred to as the "Company." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

All employees with the exception of union employees, leased employees, and non-resident aliens are eligible to participate in the Plan after having attained the age of 21. Participants must also complete 1,000 hours of service during the applicable Plan year to receive the Company's discretionary profit sharing contributions.

Contributions

Each year, participants may contribute up to 100% of pretax annual eligible compensation to the Plan, as defined in the Plan document. Participants may also elect to make Roth 401(k) deferrals. These deferrals are subject to federal income taxes in the year of deferral. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes a matching contribution equal to 100% of the first 2.00%, plus 50% of the next 2.00% of eligible compensation that a participant contributes to the Plan. During the year ended December 31, 2022 and the period ended December 31, 2021, the Company made matching contributions of \$753,220 and \$135,184, respectively, to the Plan. Additional profit sharing amounts may also be contributed to the Plan at the discretion of the Company. No discretionary profit sharing contributions were made for the year ended December 31, 2022 or the period ended December 31, 2021.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 1: Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations of (a) the Company's discretionary profit sharing contributions and (b) plan earnings or losses. Participant accounts are charged with withdrawals and 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 could be provided from the participant's vested account.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The maximum number of notes outstanding per participant is two. The notes are secured by the balance in the participant's account and bear interest at the rates of 4.25% to 8.00% at December 31, 2022, which are commensurate with local prevailing rates as determined by the Plan administrator. Notes are payable over a period not to exceed five years. Principal and interest are paid ratably through payroll deductions. Upon termination of employment, all note balances become payable in full.

Payment of Benefits

On termination of service due to death, a participant (or his or her beneficiary) may elect to receive either a lump-sum amount or extended payments equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions are permitted if certain criteria are met. The Plan allows for in-service distributions from select accounts upon attaining age 59 1/2 and completing 5 years of service. Rollover contributions can be withdrawn at anytime.

Vesting

Participants are vested immediately in all contributions plus actual earnings thereon, with the exception of participants who terminated on or prior to December 31, 2019. Participants who terminated from employment on or prior to December 31, 2019 vest in the Company's contributions at a rate of 20% per year beginning with the second year of service and became fully vested after six years of service.

Forfeitures

At December 31, 2022, forfeited nonvested accounts totaled \$3. There was no balance in forfeited nonvested accounts at December 31, 2021. These accounts will be used to reduce future Company contributions or to pay administrative expenses of the Plan in accordance with the Plan document. During the year ended December 31, 2022, the Plan paid administrative expenses totaling \$8,620 from forfeited nonvested accounts and no amounts were used to reduce Company contributions. During the period ended December 31, 2021, no amounts from forfeited nonvested accounts were used to reduce Company contributions or pay administrative expenses.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

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

Investment Valuation and Income (Loss) Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts ("FBRICs")). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

FBRICs are reported at contract value, which is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

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 a reduction to the note proceeds, and hence, are not included in administrative expenses. No allowance for credit losses has been recorded at December 31, 2022 and 2021. Delinquent participant notes receivable are reclassified as benefit payments based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in administrative expenses. Certain investment-related expenses are allocated proportionately to plan participants based on their respective account balances and are included in net investment income (loss).

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 17, 2023, which is the date the financial statements were available to be issued.

Effective January 1, 2023, the Company made the following revisions to the Plan document:

- 1) Plan sponsor was changed to NewRocket LLC, and Plan name was changed to NewRocket LLC 401(k) Savings & Investment Plan.
- 2) The Company's discretionary profit sharing contribution was discontinued, and all employees hired on or prior to December 31, 2022 became 100% vested in their accounts
- 3) The Company's matching contribution was changed to 100% of the first 4.00% of eligible compensation that a participant contributes to the Plan. These contributions are subject to a 2 year cliff vesting schedule.
- 4) The five year service requirement was removed for 59 1/2 distributions.

Note 3: 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs that are unobservable inputs for the asset or liability.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 3: Fair Value Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

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. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at Fair Value as of December 31, 2022				
	Fair Value	Level 1	Level 2	Level 3
Mutual funds	\$ 11,334,804	\$ 11,334,804	\$ -	\$ -
Total investment assets at fair value	\$ 11,334,804	\$ 11,334,804	\$ -	\$ -

Assets at Fair Value as of December 31, 2021				
	Fair Value	Level 1	Level 2	Level 3
Mutual funds	\$ 10,495,745	\$ 10,495,745	\$ -	\$ -
Total investment assets at fair value	\$ 10,495,745	\$ 10,495,745	\$ -	\$ -

Note 4: Fully Benefit-Responsive Investment Contract (FBRIC)

The Plan invests in a FBRIC with Empower Annuity Insurance Company of America ("Empower Annuity") (f/k/a Great-West Life & Annuity Company) in the form of a guaranteed investment contract (GIC) that invests in traditional investment contracts. Empower Annuity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Empower Annuity is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The GIC is carried at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reset quarterly.

Certain events limit the ability of the Plan to transact at contract value with Empower Annuity, including plan termination and other events as specified in the GIC. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants or the issuers are probable of occurring. The GIC does not permit Empower Annuity to terminate the agreement prior to the scheduled maturity date.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 5: Information Prepared and Certified by the Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments, the fully benefit responsive investment contract, and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022 and the period ended December 31, 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate accurate by Empower Trust Company, LLC ("Empower Trust") and Empower Annuity, the Trustees of the Plan.

Note 6: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7: Party-In-Interest Transactions

Certain plan investments are managed by Empower Annuity, a Trustee of the Plan, as defined by the Plan document and, therefore, these transactions qualify as party-in-interest transactions. In addition, Empower Trust, a Trustee of the Plan, provides recordkeeping services to the Plan, which also qualify as party-in-interest transactions. Fees paid directly by the Plan to Empower Annuity, Empower Trust, and related entities for administrative services amounted to \$13,724 for the year ended December 31, 2022. No material fees were paid directly by the Plan to these entities for the period ended December 31, 2021. Certain investment-related fees incurred by the Plan are included in net depreciation in fair value of investment, as they are paid through revenue sharing rather than a direct payment.

Blue Chip Retirement Plans, Inc. provides administrative services to the Plan, which also qualify as party-in-interest transactions. Fees paid directly by the Plan to Blue Chip Retirement Plans, Inc. for administrative services amounted to \$10,120 and \$305, respectively, for the year ended December 31, 2022 and the period ended December 31, 2021.

Notes receivable from participants also qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

Note 8: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document 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 all Company contributions.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 9: Tax Status

The Plan adopted a nonstandard prototype document with an IRS notification letter dated June 30, 2020, which states the prototype plan document is in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan document has been amended since receiving the notification letter; however, the Plan administrator believes the Plan document is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10: Prohibited Transactions

Under DOL Reg. 2510.3-102(b), the Company is required to remit participant contributions to the Plan at the earliest date such amounts can be reasonably segregated from the Company's general assets, but no later than the fifteenth business day of the month following the date that participant contributions are withheld by the Company. As reported on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, certain contributions for payrolls during the plan year ended December 31, 2022 and the period ending December 31, 2021, totaling \$2,603 and \$52, respectively, were remitted outside the 15-day requirement. These transactions constitute prohibited transactions as defined by ERISA. These late contributions have not yet been remitted as of December 31, 2022.

HighMetric Employees 401(k) Savings & Investment Plan

Notes to the Financial Statements

Note 9: Tax Status

The Plan adopted a nonstandard prototype document with an IRS notification letter dated June 30, 2020, which states the prototype plan document is in compliance with the applicable sections of the Internal Revenue Code (IRC). The plan document has been amended since receiving the notification letter; however, the Plan administrator believes the Plan document is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to U.S. federal income tax.

Supplemental Schedules

Note 10: Prohibited Transactions

Under DOL Reg. 2510.3-102(b), the Company is required to permit participant contributions to the Plan at the earliest date such amounts can be reasonably segregated from the Company's general assets, but no later than the fifteenth business day of the month following the date that participant contributions are withheld by the Company. As reported on Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, certain contributions for payrolls during the plan year ended December 31, 2022 and the period ending December 31, 2023, totaling \$2,603 and \$22, respectively, were remitted outside the 15-day requirement. These transactions constitute prohibited transactions as defined by ERISA. These late contributions have not yet been remitted as of December 31, 2023.

Highmetric Employees 401(K) Savings & Investment Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN #47-5144539 Plan #001
For the Year Ended December 31, 2022

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	\$ 2,655	\$ -	\$ -	\$ -

See Independent Auditor's Report.

Highmetric Employees 401(K) Savings & Investment Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 47-5144539 Plan #001

December 31, 2022

(b) Identity of Issue, Borrower, Lessor, or Similar Party		(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		(d) Cost	(e) Current Value
(a)					
	AMERICAN FUNDS 2010 TRGT DATE RETIRE R6	Mutual fund		**	\$ 52,517
	AMERICAN FUNDS 2015 TRGT DATE RETIRE R6	Mutual fund		**	7,250
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual fund		**	46,456
	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Mutual fund		**	40,762
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Mutual fund		**	561,556
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Mutual fund		**	346,852
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Mutual fund		**	376,809
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Mutual fund		**	160,270
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Mutual fund		**	343,533
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Mutual fund		**	365,874
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Mutual fund		**	265,917
	AMERICAN FUNDS 2065 TRGT DATE RETIRE R6	Mutual fund		**	23,468
	AMERICAN FUNDS BOND FUND OF AMER R6	Mutual fund		**	85,844
	AMERICAN FUNDS CAPITAL INC BLDR R6	Mutual fund		**	383,388
	AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual fund		**	822,319
	AMERICAN FUNDS EUROPACIFIC GR R6	Mutual fund		**	418,942
	AMERICAN FUNDS NEW WORLD R6	Mutual fund		**	268,605
	AMERICAN FUNDS SMALLCAP WORLD R6	Mutual fund		**	350,788
	BLACKROCK HEALTH SCIENCES OPPS K	Mutual fund		**	342,113
	FIDELITY 500 INDEX	Mutual fund		**	1,545,243
	FIDELITY INTERNATIONAL INDEX	Mutual fund		**	482,540
	FIDELITY MID CAP INDEX	Mutual fund		**	1,237,602
	FIDELITY REAL ESTATE INDEX	Mutual fund		**	218,413
	FIDELITY SMALL CAP INDEX	Mutual fund		**	210,325
	FIDELITY US BOND INDEX	Mutual fund		**	387,709
	JANUS HENDERSON GLOBAL TECH INNOVATION N	Mutual fund		**	80,343
	JPMORGAN EQUITY INCOME R6	Mutual fund		**	205,612
	PGIM HIGH-YIELD R6	Mutual fund		**	18,222
	PIMCO INCOME INSTL	Mutual fund		**	25,453
	PIMCO INT BOND (USD-HEDGED) INST	Mutual fund		**	211,163
	T. ROWE PRICE BLUE CHIP GROWTH I	Mutual fund		**	654,431
	T. ROWE PRICE SPECTRUM CONSERVATIVE ALLC	Mutual fund		**	390,406
	T. ROWE PRICE SPECTRUM MOD ALLOCATION	Mutual fund		**	8,104
	T. ROWE PRICE SPECTRUM MOD GROWTH ALLOC	Mutual fund		**	395,975
*	EI FIXED ACCOUNT - SERIES CLASS I	Fixed annuity (FBRIC)		**	317,975
Total investments					11,652,779
*	Participant loans	Interest rates from 4.25%-8.00%	-		192,558
Total					\$ 11,845,337

* Denotes party-in-interest.

** Information not required for participant-directed investments.

See Independent Auditor's Report.



Independent Auditor's Report

Highmetric Employees 401(K) Savings & Investment Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

Opinion

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

- The financial statements and supplemental schedules are presented fairly in all material aspects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The financial statements and supplemental schedules are presented fairly in all material aspects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Independent Auditor's Report

To the Plan Administrator
Highmetric Employees 401(K) Savings & Investment Plan
Vista, California

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

We have performed audits of the financial statements of Highmetric Employees 401(K) Savings & Investment Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and the period ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Highmetric Employees 401(K) Savings & Investment Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022 and the period ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Highmetric Employees 401(K) Savings & Investment Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Highmetric Employees 401(K) Savings & Investment Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Highmetric Employees 401(K) Savings & Investment Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Highmetric Employees 401(K) Savings & Investment Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Wipfli LLP

Wipfli LLP

Radnor, Pennsylvania

October 17, 2023

Highmetric Employees 401(K) Savings & Investment Plan

Statements of Net Assets Available for Benefits

December 31,	2022	2021
Assets:		
Investments:		
Investments, at fair value	\$ 11,334,804	\$ 10,495,745
Fully benefit-responsive investment contract, at contract value	317,975	438,142
Total investments	11,652,779	10,933,887
Receivables:		
Participant contributions	2,655	53
Company contributions	7,043	358
Notes receivable from participants	192,558	113,096
Total receivables	202,256	113,507
Net assets available for benefits	\$ 11,855,035	\$ 11,047,394

See accompanying notes to financial statements.

Highmetric Employees 401(K) Savings & Investment Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2022	Period Ended December 31, 2021
Investment income (loss):		
Net depreciation in fair value of investments	\$ (2,541,792)	\$ (402,050)
Interest and dividends	400,894	448,735
Net investment income (loss)	(2,140,898)	46,685
Interest income on notes receivable from participants	5,732	1,173
Contributions:		
Participant	2,114,951	384,098
Company	753,220	135,184
Rollover	718,202	127,026
Total contributions	3,586,373	646,308
Deductions:		
Benefit Payments	648,935	166,361
Administrative expenses	23,844	305
Total deductions	672,779	166,666
Net increase	778,428	527,500
Net assets available for benefits:		
Beginning of year	11,047,394	-
Transfer of assets into plan	29,213	10,519,894
End of year	\$ 11,855,035	\$ 11,047,394

See accompanying notes to financial statements.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 1: Description of Plan

The following description of the Highmetric Employees 401(K) Savings & Investment 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 was formed with an effective date of October 16, 2021 as a result of a spinoff from the Column Technologies, LLC 401(k) Plan. The spinoff resulted in a transfer of plan assets to the Plan in the amount of \$10,519,894 (including \$114,033 of notes receivable from participants) during the period ended December 31, 2021. Additional residual plan assets of \$29,213 were transferred from the Column Technologies, LLC 401(k) Plan into the Plan during the year ended December 31, 2022.

The Plan is a defined contribution plan covering all eligible employees of Highmetric, LLC (the Plan Sponsor) as well as NewRocket, Inc. and Iceberg Networks (US) Corporation, who are all members of a controlled group. These entities are collectively referred to as the "Company." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

All employees with the exception of union employees, leased employees, and non-resident aliens are eligible to participate in the Plan after having attained the age of 21. Participants must also complete 1,000 hours of service during the applicable Plan year to receive the Company's discretionary profit sharing contributions.

Contributions

Each year, participants may contribute up to 100% of pretax annual eligible compensation to the Plan, as defined in the Plan document. Participants may also elect to make Roth 401(k) deferrals. These deferrals are subject to federal income taxes in the year of deferral. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes a matching contribution equal to 100% of the first 2.00%, plus 50% of the next 2.00% of eligible compensation that a participant contributes to the Plan. During the year ended December 31, 2022 and the period ended December 31, 2021, the Company made matching contributions of \$753,220 and \$135,184, respectively, to the Plan. Additional profit sharing amounts may also be contributed to the Plan at the discretion of the Company. No discretionary profit sharing contributions were made for the year ended December 31, 2022 or the period ended December 31, 2021.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 1: Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations of (a) the Company's discretionary profit sharing contributions and (b) plan earnings or losses. Participant accounts are charged with withdrawals and 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 could be provided from the participant's vested account.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The maximum number of notes outstanding per participant is two. The notes are secured by the balance in the participant's account and bear interest at the rates of 4.25% to 8.00% at December 31, 2022, which are commensurate with local prevailing rates as determined by the Plan administrator. Notes are payable over a period not to exceed five years. Principal and interest are paid ratably through payroll deductions. Upon termination of employment, all note balances become payable in full.

Payment of Benefits

On termination of service due to death, a participant (or his or her beneficiary) may elect to receive either a lump-sum amount or extended payments equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions are permitted if certain criteria are met. The Plan allows for in-service distributions from select accounts upon attaining age 59 1/2 and completing 5 years of service. Rollover contributions can be withdrawn at anytime.

Vesting

Participants are vested immediately in all contributions plus actual earnings thereon, with the exception of participants who terminated on or prior to December 31, 2019. Participants who terminated from employment on or prior to December 31, 2019 vest in the Company's contributions at a rate of 20% per year beginning with the second year of service and became fully vested after six years of service.

Forfeitures

At December 31, 2022, forfeited nonvested accounts totaled \$3. There was no balance in forfeited nonvested accounts at December 31, 2021. These accounts will be used to reduce future Company contributions or to pay administrative expenses of the Plan in accordance with the Plan document. During the year ended December 31, 2022, the Plan paid administrative expenses totaling \$8,620 from forfeited nonvested accounts and no amounts were used to reduce Company contributions. During the period ended December 31, 2021, no amounts from forfeited nonvested accounts were used to reduce Company contributions or pay administrative expenses.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

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

Investment Valuation and Income (Loss) Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts ("FBRICs")). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

FBRICs are reported at contract value, which is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

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 a reduction to the note proceeds, and hence, are not included in administrative expenses. No allowance for credit losses has been recorded at December 31, 2022 and 2021. Delinquent participant notes receivable are reclassified as benefit payments based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of benefit payments are charged directly to the participant's account and are included in administrative expenses. Certain investment-related expenses are allocated proportionately to plan participants based on their respective account balances and are included in net investment income (loss).

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 17, 2023, which is the date the financial statements were available to be issued.

Effective January 1, 2023, the Company made the following revisions to the Plan document:

- 1) Plan sponsor was changed to NewRocket LLC, and Plan name was changed to NewRocket LLC 401(k) Savings & Investment Plan.
- 2) The Company's discretionary profit sharing contribution was discontinued, and all employees hired on or prior to December 31, 2022 became 100% vested in their accounts
- 3) The Company's matching contribution was changed to 100% of the first 4.00% of eligible compensation that a participant contributes to the Plan. These contributions are subject to a 2 year cliff vesting schedule.
- 4) The five year service requirement was removed for 59 1/2 distributions.

Note 3: 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs that are unobservable inputs for the asset or liability.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 3: Fair Value Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

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. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at Fair Value as of December 31, 2022				
	Fair Value	Level 1	Level 2	Level 3
Mutual funds	\$ 11,334,804	\$ 11,334,804	\$ -	\$ -
Total investment assets at fair value	\$ 11,334,804	\$ 11,334,804	\$ -	\$ -

Assets at Fair Value as of December 31, 2021				
	Fair Value	Level 1	Level 2	Level 3
Mutual funds	\$ 10,495,745	\$ 10,495,745	\$ -	\$ -
Total investment assets at fair value	\$ 10,495,745	\$ 10,495,745	\$ -	\$ -

Note 4: Fully Benefit-Responsive Investment Contract (FBRIC)

The Plan invests in a FBRIC with Empower Annuity Insurance Company of America ("Empower Annuity") (f/k/a Great-West Life & Annuity Company) in the form of a guaranteed investment contract (GIC) that invests in traditional investment contracts. Empower Annuity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Empower Annuity is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The GIC is carried at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reset quarterly.

Certain events limit the ability of the Plan to transact at contract value with Empower Annuity, including plan termination and other events as specified in the GIC. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants or the issuers are probable of occurring. The GIC does not permit Empower Annuity to terminate the agreement prior to the scheduled maturity date.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 5: Information Prepared and Certified by the Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments, the fully benefit responsive investment contract, and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022 and the period ended December 31, 2021, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate accurate by Empower Trust Company, LLC ("Empower Trust") and Empower Annuity, the Trustees of the Plan.

Note 6: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7: Party-In-Interest Transactions

Certain plan investments are managed by Empower Annuity, a Trustee of the Plan, as defined by the Plan document and, therefore, these transactions qualify as party-in-interest transactions. In addition, Empower Trust, a Trustee of the Plan, provides recordkeeping services to the Plan, which also qualify as party-in-interest transactions. Fees paid directly by the Plan to Empower Annuity, Empower Trust, and related entities for administrative services amounted to \$13,724 for the year ended December 31, 2022. No material fees were paid directly by the Plan to these entities for the period ended December 31, 2021. Certain investment-related fees incurred by the Plan are included in net depreciation in fair value of investment, as they are paid through revenue sharing rather than a direct payment.

Blue Chip Retirement Plans, Inc. provides administrative services to the Plan, which also qualify as party-in-interest transactions. Fees paid directly by the Plan to Blue Chip Retirement Plans, Inc. for administrative services amounted to \$10,120 and \$305, respectively, for the year ended December 31, 2022 and the period ended December 31, 2021.

Notes receivable from participants also qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

Note 8: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document 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 all Company contributions.

Highmetric Employees 401(K) Savings & Investment Plan

Notes to the Financial Statements

Note 9: Tax Status

The Plan adopted a nonstandard prototype document with an IRS notification letter dated June 30, 2020, which states the prototype plan document is in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan document has been amended since receiving the notification letter; however, the Plan administrator believes the Plan document is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10: Prohibited Transactions

Under DOL Reg. 2510.3-102(b), the Company is required to remit participant contributions to the Plan at the earliest date such amounts can be reasonably segregated from the Company's general assets, but no later than the fifteenth business day of the month following the date that participant contributions are withheld by the Company. As reported on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, certain contributions for payrolls during the plan year ended December 31, 2022 and the period ending December 31, 2021, totaling \$2,603 and \$52, respectively, were remitted outside the 15-day requirement. These transactions constitute prohibited transactions as defined by ERISA. These late contributions have not yet been remitted as of December 31, 2022.

HighMetric Employees 401(k) Savings & Investment Plan

Notes to the Financial Statements

Note 9: Tax Status

The Plan adopted a nonstandard prototype document with an IRS notification letter dated June 30, 2020, which states the prototype plan document is in compliance with the applicable sections of the Internal Revenue Code (IRC). The Plan document has been amended since receiving the notification letter; however, the Plan administrator believes the Plan document is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to U.S. federal income tax.

Supplemental Schedules

Note 10: Prohibited Transactions

Under DOL Reg. 2510.3-102(c), the Company is required to permit participant contributions to the Plan at the earliest date such amounts can be reasonably segregated from the Company's general assets, but no later than the fifteenth business day of the month following the date that participant contributions are withheld by the Company. As reported on Schedule H, line 4a - Schedule of Delinquent Participant Contributions, certain contributions for payrolls during the plan year ended December 31, 2022 and the period ending December 31, 2021, totaling \$2,653 and \$22, respectively, were remitted outside the 15-day requirement. These transactions constitute prohibited transactions as defined by ERISA. These late contributions have not yet been remitted as of December 31, 2022.

Highmetric Employees 401(K) Savings & Investment Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN #47-5144539 Plan #001

For the Year Ended December 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions not corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐	\$ 2,655	\$ -	\$ -	\$ -

See Independent Auditor's Report.

Highmetric Employees 401(K) Savings & Investment Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 47-5144539 Plan #001

December 31, 2022

(b) Identity of Issue, Borrower, Lessor, or Similar Party		(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
(a)				
	AMERICAN FUNDS 2010 TRGT DATE RETIRE R6	Mutual fund	**	\$ 52,517
	AMERICAN FUNDS 2015 TRGT DATE RETIRE R6	Mutual fund	**	7,250
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual fund	**	46,456
	AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Mutual fund	**	40,762
	AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Mutual fund	**	561,556
	AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Mutual fund	**	346,852
	AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Mutual fund	**	376,809
	AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Mutual fund	**	160,270
	AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Mutual fund	**	343,533
	AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Mutual fund	**	365,874
	AMERICAN FUNDS 2060 TRGT DATE RETIRE R6	Mutual fund	**	265,917
	AMERICAN FUNDS 2065 TRGT DATE RETIRE R6	Mutual fund	**	23,468
	AMERICAN FUNDS BOND FUND OF AMER R6	Mutual fund	**	85,844
	AMERICAN FUNDS CAPITAL INC BLDR R6	Mutual fund	**	383,388
	AMERICAN FUNDS CAPITAL WORLD G/I R6	Mutual fund	**	822,319
	AMERICAN FUNDS EUROPACIFIC GR R6	Mutual fund	**	418,942
	AMERICAN FUNDS NEW WORLD R6	Mutual fund	**	268,605
	AMERICAN FUNDS SMALLCAP WORLD R6	Mutual fund	**	350,788
	BLACKROCK HEALTH SCIENCES OPPS K	Mutual fund	**	342,113
	FIDELITY 500 INDEX	Mutual fund	**	1,545,243
	FIDELITY INTERNATIONAL INDEX	Mutual fund	**	482,540
	FIDELITY MID CAP INDEX	Mutual fund	**	1,237,602
	FIDELITY REAL ESTATE INDEX	Mutual fund	**	218,413
	FIDELITY SMALL CAP INDEX	Mutual fund	**	210,325
	FIDELITY US BOND INDEX	Mutual fund	**	387,709
	JANUS HENDERSON GLOBAL TECH INNOVATION N	Mutual fund	**	80,343
	JPMORGAN EQUITY INCOME R6	Mutual fund	**	205,612
	PGIM HIGH-YIELD R6	Mutual fund	**	18,222
	PIMCO INCOME INSTL	Mutual fund	**	25,453
	PIMCO INT BOND (USD-HEDGED) INST	Mutual fund	**	211,163
	T. ROWE PRICE BLUE CHIP GROWTH I	Mutual fund	**	654,431
	T. ROWE PRICE SPECTRUM CONSERVATIVE ALLC	Mutual fund	**	390,406
	T. ROWE PRICE SPECTRUM MOD ALLOCATION	Mutual fund	**	8,104
	T. ROWE PRICE SPECTRUM MOD GROWTH ALLOC	Mutual fund	**	395,975
*	EI FIXED ACCOUNT - SERIES CLASS I	Fixed annuity (FBRIC)	**	317,975
Total investments				11,652,779
*	Participant loans	Interest rates from 4.25%-8.00%	-	192,558
Total				\$ 11,845,337

* Denotes party-in-interest.

** Information not required for participant-directed investments.

See Independent Auditor's Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1510-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan; ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☒ the DFVC program;	
	☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan <u>Highmetric Employees 401(k) Savings & Investment Plan</u>	1b Three-digit plan number (PN) ►	<u>001</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>NewRocket</u> <u>1057 La Mirada Ct</u> <u>US Vista CA 92081</u>	1c Effective date of plan <u>10/16/2021</u>	2b Employer Identification Number (EIN) <u>47-5144539</u>
		2c Plan Sponsor's telephone number <u>(952) 905-4319</u>
		2d Business code (see instructions) <u>541512</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		<u>10/19/2023</u> Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 238
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) 227
a(2) Total number of active participants at the end of the plan year	6a(2) 264
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 48
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 312
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 258
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2022 and Ending 12/31/2022

Name of Plan: Highmetric Employees 401(k) Savings & Investment Plan

Employer Identification Number: 47-5144539 Three-digit plan number: 001

[illegible]

Highmetric Employees 401(K) Savings & Investment Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN 47-5144539 Plan #001

December 31, 2022

(b) Identity of Issue, Borrower, Lessor, or Similar Party		(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
(a)				
	AMERICAN FUNDS 2010 TRGT DATE RETIRE R6	Mutual fund	**	\$ 52,517
	AMERICAN FUNDS 2015 TRGT DATE RETIRE R6	Mutual fund	**	7,250
	AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Mutual fund	**	46,456
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	FIDELITY US BOND INDEX	Mutual fund	**	387,709
	JANUS HENDERSON GLOBAL TECH INNOVATION N	Mutual fund	**	80,343
	JPMORGAN EQUITY INCOME R6	Mutual fund	**	205,612
	PGIM HIGH-YIELD R6	Mutual fund	**	18,222
	PIMCO INCOME INSTL	Mutual fund	**	25,453
	PIMCO INT BOND (USD-HEDGED) INST	Mutual fund	**	211,163
	T. ROWE PRICE BLUE CHIP GROWTH I	Mutual fund	**	654,431
	T. ROWE PRICE SPECTRUM CONSERVATIVE ALLC	Mutual fund	**	390,406
	T. ROWE PRICE SPECTRUM MOD ALLOCATION	Mutual fund	**	8,104
	T. ROWE PRICE SPECTRUM MOD GROWTH ALLOC	Mutual fund	**	395,975
*	EI FIXED ACCOUNT - SERIES CLASS I	Fixed annuity (FBRIC)	**	317,975
Total investments				11,652,779
*	Participant loans	Interest rates from 4.25%-8.00%	-	192,558
Total				\$ 11,845,337

* Denotes party-in-interest.

** Information not required for participant-directed investments.

See Independent Auditor's Report.