

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 2018 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>EXTENSIS RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>333</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>EXTENSIS GROUP, LLC</u> <u>900 ROUTE 9, SUITE 203</u> <u>WOODBIDGE, NJ 07095</u>	1c Effective date of plan <u>01/01/1999</u>	2b Employer Identification Number (EIN) <u>86-1064991</u>	
2c Plan Sponsor's telephone number <u>732-634-1910</u>	2d Business code (see instructions) <u>561300</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	BLAKE MORRIS
	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 (2018)
v. 171027

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 EXTENSIS HOLDINGS, LLC c Plan Name EXTENSIS RETIREMENT SAVINGS PLAN	4b EIN 52-2136196 4d PN 333
5 Total number of participants at the beginning of the plan year	5 5668
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 4961 6a(2) 5968 6b 4 6c 729 6d 6701 6e 1 6f 6702 6g 3573 6h 34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B 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)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

Part I	Service Provider Information (see instructions)
---------------	--

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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	557769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVESTMENT CONS

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	40784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(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?
16 50	NONE	40784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	34535	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

REEDMARK ADVISORS, LLC

47-2223502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	16128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE TRUST CO 20-0937408	19	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TD BANK USA, N.A. 13-3732274	TDATC RECEIVES FEE FROM TD BNK. FORMULA: (PE - BF - SA - I) - RS = TDATC MRKTNG FEE (PE = PORTFOLIO EARNINGS, BF = TD BNK FEE, SA = PERIODIC SPECIAL ASSESSMNTS CHARGED BY FDIC, I = INT PD TO PLAN & RS = 35 BPS OF REV SHARING PD TO THE PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan EXTENSIS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ►	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC		D Employer Identification Number (EIN) 86-1064991	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE 125		
b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2864537
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

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	119885	1147688
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	844314	412636
(2) Participant contributions	1b(2)	672729	745661
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4632934	5251213
(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)	2562464	2874085
(9) Value of interest in common/collective trusts	1c(9)	2189111	2864537
(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)	129096238	144361509
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1190507	1456261

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	141308182	159113590

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	156635	267976
k Total liabilities (add all amounts in lines 1g through 1j)	1k	156635	267976

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	141151547	158845614
---	-----------	-----------	-----------

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)	4801919	
(B) Participants	2a(1)(B)	21314173	
(C) Others (including rollovers)	2a(1)(C)	2869523	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		28985615
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10723	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	127952	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		138675
(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)	5280494	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5280494
(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)		-17037741
c Other income.....	2c		3030
d Total income. Add all income amounts in column (b) and enter total	2d		17370073

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11437391	
(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)		11437391
f Corrective distributions (see instructions)	2f		264997
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1030	
(2) Contract administrator fees.....	2i(2)	628531	
(3) Investment advisory and management fees.....	2i(3)	64140	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		693701
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12396089

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4973984
l Transfers of assets:			
(1) To this plan.....	2l(1)		23665688
(2) From this plan.....	2l(2)		10945605

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: EISNERAMPER, LLP

(2) EIN: 13-1639826

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ATERIAN INVESTMENT MANAGEMENT, LP 401(K) PLAN	90-1014228	001
DATAMI 401K PLAN	45-5136222	001
CONSOLIDATED STORAGE COMPANIES, INC. 401(K) PLAN	25-1837347	006
INSPIRITY 401(K) PLAN	76-0178498	001

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

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
GROUPS KEEPER, INC. 401(K) PLAN	22-2377226	001
SYNERGY ORTHOPEDICA LLC 401(K) PROFIT SHARING PLAN AND TRUST	23-3080772	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>EXTENSIS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXTENSIS GROUP, LLC</u>	D Employer Identification Number (EIN) <u>86-1064991</u>

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	<u>0</u>
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): <u>20-0937408</u>		
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) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0.0 % 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): _____



EXTENSIS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 and 2017
(with supplemental information)



EXTENSIS RETIREMENT SAVINGS PLAN

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 2
Financial Statements	
Statements of net assets available for benefits as of December 31, 2018 and 2017	3
Statement of changes in net assets available for benefits for the year ended December 31, 2018	4
Notes to financial statements	5 - 11
Supplemental Information	
Schedule of assets (held at end of year) as of December 31, 2018	12 - 13

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Extensis Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Extensis Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, which was certified by TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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



Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
October 15, 2019

EISNERAMPER
LLP



EXTENSIS RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2018	2017
ASSETS		
Investments at fair value	\$ 153,933,520	\$ 137,108,790
Non-interest bearing cash	1,147,688	119,885
Notes receivable from participants	<u>2,874,085</u>	<u>2,562,464</u>
	157,955,293	139,791,139
Contributions receivable:		
Participant	745,661	672,729
Employer	<u>412,636</u>	<u>844,314</u>
Total	<u>1,158,297</u>	<u>1,517,043</u>
Total assets	<u>159,113,590</u>	<u>141,308,182</u>
LIABILITIES		
Excess contributions payable	<u>267,976</u>	<u>156,635</u>
Total liabilities	<u>267,976</u>	<u>156,635</u>
Net assets available for benefits	<u>\$ 158,845,614</u>	<u>\$ 141,151,547</u>

EXTENSIS RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2018

Additions to/(deductions from) net assets available for benefits:

Investment income (loss):	
Net realized/unrealized depreciation in value of investments	\$ (17,034,711)
Dividends and interest	<u>5,291,217</u>
	<u>(11,743,494)</u>
 Interest income on notes receivable from participants	 <u>127,952</u>
 Contributions:	
Participant	21,049,176
Employer	4,801,919
Rollovers	<u>2,869,523</u>
	<u>28,720,618</u>
 Benefits paid to participants	 (11,437,391)
Administrative expenses	<u>(693,701)</u>
	<u>12,131,092</u>
 Net increase prior to transfers	 4,973,984
Plan transfers, net	<u>12,720,083</u>
 Net increase	 17,694,067
 Net assets available for benefits – beginning of year	 <u>141,151,547</u>
 Net assets available for benefits – end of year	 <u>\$ 158,845,614</u>

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Extensis (the "Company" or "Plan Administrator") Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

[1] General:

The Plan, a multiple employer plan, is a collection of single-employer plans adopted by unrelated employers ("adopting employers"). The adopting employers of the Plan may have different policies and parameters regarding various aspects of the Plan (such as eligibility requirements, employer matching contribution formulas, etc.). The Plan covers all employees of the adopting employers who are at least twenty-one years of age and have certain tenure of service ranging from immediate eligibility up to a required one year of employment, depending on the adopting employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The custodian of the Plan is TD Ameritrade Trust Company and the recordkeeper is Blue Star Retirement Services. In June 2019, the Company was informed that TD Ameritrade Trust Company would no longer be the Plan custodian. Refer to Note B [2].

[2] Contributions:

Participants may contribute up to 90% of pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In addition, participants may make after-tax contributions, depending upon the adopting employer. In no event may participant pre-tax and after-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The adopting employers may make matching contributions (depending upon the adopting employer), as defined in the Plan. Additional discretionary profit-sharing contributions may be made at the option of the adopting employers. Participants direct the investment of participant and employer contributions.

[3] Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the adopting employers' contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

[4] Vesting:

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the adopting employers' matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. The continuous service requirement to become 100% vested ranges from 0 to 6 years depending upon the adopting employer.

[5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. 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 balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[6] Payment of benefits:

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly, semi-annual, or annual installments. 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.

[7] Forfeitures:

Forfeited non-vested accounts are used to reduce future Company contributions and pay Plan expenses. During the year ended December 31, 2018, forfeitures of approximately \$97,000 were used to reduce employer contributions and pay Plan expenses. Forfeited non-vested accounts available at December 31, 2018 and 2017 were approximately \$136,000 and \$100,000, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

[2] Subsequent events:

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were available to be issued.

In June 2019, the Company was informed that TD Ameritrade Trust Company would no longer be the Plan custodian. As of the date of issuance, the Company had not yet transferred assets to a new custodian.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. 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 in value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

Substantially all expenses incurred in connection with the administration of the Plan are paid by the Plan; however, the Plan Administrator has assumed responsibility for certain professional fees.

[6] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[7] Excess contributions payable:

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions.

[8] Recent accounting pronouncement ASU 2018-13:

In August, 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2018-13 ("ASU 2018-13"), Fair Value Measurement (Topic 820) Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement. The amendments in this update apply to all entities that are required to make disclosures about recurring or nonrecurring fair value measurements. Certain of the disclosures that are required by the amendments are not required for nonpublic entities. ASU 2018-13, eliminates, adds and modifies certain disclosure requirements for fair value measurements as part of its disclosure framework project. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019 and interim periods within those fiscal years. The amendments on changes in unrealized gains and losses, the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements, and the narrative description of measurement uncertainty should be applied prospectively for only the most recent annual period presented in the year of adoption. All other amendments should be applied retrospectively to each period for which the financial statements are presented. Early adoption is permitted. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date.

The Plan elected to adopt ASU 2018-13 as of and for the year ended December 31, 2018. The amendment has been applied prospectively and retrospectively to applicable amendments as defined above for all periods presented.

[9] Non-interest bearing cash:

Contributions received by the custodian are held in a non-interest bearing account for a short period of time until the funds can be allocated to the various Participant accounts. Investments in the non-interest bearing cash account at December 31, 2018 and 2017 was \$1,147,688 and \$119,885, respectively.

[10] Reclassification:

Certain 2017 amounts have been reclassified to conform to the 2018 presentation.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TD Ameritrade Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of substantially all investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, the statement of changes in net assets available for benefits for the year ended December 31, 2018, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2018.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework 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 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2018 and 2017.

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

Self-directed brokerage accounts – Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Collective trust fund – Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The fund primarily consists of a diversified portfolio of stable value investment contracts issued by life insurance companies, banks and other financial institutions, the performance of which may be predicated on underlying fixed income investments. The principal value of these assets is designed to remain stable regardless of stock and bond market fluctuations. The Fund is designed for long-term retirement investing.

Money market funds – Valued using the amortized cost method and maintain a price of \$1 per share.

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

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2018 and 2017:

Investment Assets at Fair Value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 144,361,509	\$ -	\$ -	\$ 144,361,509
Self-directed brokerage account	1,456,261	-	-	1,456,261
Money market deposit account	-	5,251,213	-	5,251,213
Total investment assets in the fair value hierarchy	<u>145,817,770</u>	<u>5,251,213</u>	<u>-</u>	<u>151,068,983</u>
Common collective trust (A)	-	-	-	2,864,537
Investments at fair value	<u>\$ 145,817,770</u>	<u>\$ 5,251,213</u>	<u>\$ -</u>	<u>\$ 153,933,520</u>

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Investment Assets at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 129,096,238	\$ -	\$ -	\$ 129,096,238
Self-directed brokerage account	1,190,507	-	-	1,190,507
Money market deposit account	-	4,632,934	-	4,632,934
Total investment assets in the fair value hierarchy	<u>130,286,745</u>	<u>4,632,934</u>	<u>-</u>	<u>134,919,679</u>
Common collective trust (A)	-	-	-	2,189,111
Investments at fair value	<u>\$ 130,286,745</u>	<u>\$ 4,632,934</u>	<u>\$ -</u>	<u>\$ 137,108,790</u>

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017, respectively:

December 31, 2018				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trust	\$ 2,864,537	n/a	Daily	12 months

December 31, 2017				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trust	\$ 2,189,111	n/a	Daily	12 months

NOTE E - TAX STATUS

The Plan has adopted a Volume Submitter Plan sponsored by Blue Star Retirement Services. On March 31, 2014, the Internal Revenue Service ("IRS") stated in an advisory letter that the Volume Submitter adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE F - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of mutual funds and self-directed brokerage accounts managed by TD Ameritrade Trust Company. TD Ameritrade Trust Company is a party-in-interest, as defined by ERISA, and therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid by the Plan to the custodian were approximately \$35,000 for the year ended December 31, 2018. The Plan paid Blue Star Retirement Services, the recordkeeper and a party-in-interest, as defined by ERISA, approximately \$558,000 for recordkeeping and advisory fees for the year ended December 31, 2018. Additionally, fees paid by the Plan for advisory and other professional services to other entities considered parties-in-interest were approximately \$101,000 for the year ended December 31, 2018.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2018 and 2017

NOTE G - RISKS AND UNCERTAINTIES

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

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2018 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE H - MUTUAL FUND FEES

Certain investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE I - PLAN TERMINATION

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

NOTE J - TRANSFER TO/FROM RELATED PLAN

Since the Plan is a collection of single-employer plans, there are times during the year when an employer will leave or enter the Plan and transfer all of the assets of its plan to or from the Plan. During the year ended December 31, 2018, there were transfers out of the Plan of \$10,945,605 and transfers into the Plan of \$23,665,688 resulting in net asset transfers into the Plan of \$12,720,083 for the year ended December 31, 2018.

EXTENSIS RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party		Current Value
Mutual Funds:			
	American Beacon	American Beacon Small Cap Value Fund R6, 68,692 shares	\$ 1,377,967
	American Beacon	American Europacific Growth Fund Class R, 136,820 shares	6,155,514
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity, 117,993 shares	2,271,360
	BNY Mellon	Dreyfus TBC Small Mid Cap Growth Class Y, 245,151 shares	4,444,592
	Fidelity Investments	Fidelity Extended Market Index Fund, 139,524 shares	7,411,523
	Fidelity Investments	Fidelity Nasdaq Composite Index Fund Ret, 103,302 shares	8,891,175
	Metropolitan West Funds	Metropolitan West Total Return Bond Plan, 199,440 shares	1,950,526
	MFS	MFS Value Fund Class R6, 181,736 shares	6,415,292
	Prudential	Prudential High Yield Fund Class R6, 408,241 shares	2,090,195
	Prudential	Prudential Jennison Small Company Fund C, 144,608 shares	2,788,042
	Vanguard	Vanguard Institutional Index Fund, 51,765 shares	11,779,023
	Vanguard	Vanguard Small Cap Index Fund Inst'l, 89,885 shares	5,682,561
	Vanguard	Vanguard Target Retirement 2015, 176,621 shares	2,447,961
	Vanguard	Vanguard Target Retirement 2020 Fund, 196,466 shares	5,624,831
	Vanguard	Vanguard Target Retirement 2025 Fund, 667,409 shares	11,522,721
	Vanguard	Vanguard Target Retirement 2030 Fund, 369,856 shares	11,398,957
	Vanguard	Vanguard Target Retirement 2035 Fund, 824,285 shares	15,513,052
	Vanguard	Vanguard Target Retirement 2040 Fund, 282,865 shares	9,139,369
	Vanguard	Vanguard Target Retirement 2045 Fund, 387,641 shares	7,834,230
	Vanguard	Vanguard Target Retirement 2050 Fund, 202,852 shares	6,596,750
	Vanguard	Vanguard Target Retirement 2055 Fund, 101,518 shares	3,583,572
	Vanguard	Vanguard Target Retirement 2060 Fund, 31,598 shares	984,911
	Vanguard	Vanguard Target Retirement 2065 Fund, 19,414 shares	380,707
	Vanguard	Vanguard Retirement Income Fund, 168,103 shares	2,143,313
	Vanguard	Vanguard Total Bond Market Index Admiral, 258, 611 shares	2,702,481
	Vanguard	Vanguard Total International Stock Index, 107,909 shares	2,737,662
	Victory	Victory Sycamore Established Value Fund, 14,914 shares	493,222
			144,361,509
Participant Directed Brokerage Accounts:			
*	TD Ameritrade Trust Company	TD Ameritrade Self-Directed	1,456,261

EXTENSIS RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	Money Market Accounts: TD Ameritrade Trust Company	TD Bank Institutional MMDA	<u>5,251,213</u>
*	Non-interest Bearing Cash Accounts: TD Ameritrade Trust Company	TD Bank USA MMDA	<u>1,147,688</u>
*	Notes receivable from participants	Interest rates range from 4.25% - 9.25% Maturity dates range from 2019 to 2022	<u>2,874,085</u>
	Common Collective Trusts: Union Bond & Trust	Morley Stable Value Fund – 25-I	<u>2,864,537</u>
		Total	<u>\$ 157,955,293</u>

* Party-in-interest, as defined by ERISA.

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991**Plan Number: 333****For plan year (beginning/ending:****01/01/2018 - 12/31/2018**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Abarb Pest Services, Inc.	22-2013542	0.00%
Access Management, Inc.	22-2577055	0.84%
Ace Office Solutions, LLC	46-1177497	0.01%
Aesop USA, Inc	27-3147943	1.51%
AID for AIDS International, Inc.	13-3954568	0.00%
AIM, LLC	13-4129674	1.02%
AKA NYC Limited	42-1773190	1.35%
Albany Imaging, LLC	47-2578121	0.34%
ALICE	46-5605070	0.09%
Allaire Limousines, Inc.	22-2483846	0.00%
Alliance Technologies, LLC	22-3823868	0.20%
American Hose & Hydraulic Co., Inc.	22-3424259	0.44%
American Limousine LLC	81-4529449	0.81%
American Runners Co.	11-8733074	0.00%
Americo Group Inc.	13-3707961	0.46%
Ammirati	46-5230047	0.00%
Amulet Capital Partners, LP	46-0785934	0.42%
Amwell Auto & Tire Inc.	22-3489669	0.03%
AnalogFolk	46-1127593	0.57%
ANS Nutrition Inc.	27-4115266	0.07%
AppCard, Inc.	99-0368773	0.25%
Arena Service Co, LLC	47-4427154	1.57%
Arrow Limousine	22-1916954	0.56%
Ashwood Capital Management LLC	81-0920792	0.38%
Asphalt Yacht Club LLC	46-1629666	0.16%
Aterian Investment Management, LP	90-1014228	0.00%
Atlantic Water Products	22-2947680	0.50%
Atlantis Mortgage Company, Inc.	22-2745048	0.00%
Auchter Industrial Vac Services, Inc	13-3050345	1.09%
B.A.T. Wear, Inc.	22-3818760	0.00%
Bag Studio, LLC	47-5675331	0.55%
Basic Resources, Inc.	13-3707539	0.40%
Bayshore Networks	45-5492544	0.33%
BCK Capital Management LP	47-5139564	0.11%
Bella Inspection Services, LLC	81-3884859	0.00%
Benson's International	03-2931458	0.00%
BHB Holdings, LLC	33-1126468	0.08%
Billing Services Inc.	13-3766803	0.04%
Blickman, Inc.	22-2060463	0.00%
Braemar Energy Ventures	05-2239004	0.26%
Bridge Growth Partners	90-0979414	1.11%
Broadscale Group LLC	80-0830745	0.12%
Bronfman Associates LLC	51-0522783	0.15%
Capstone Hill Search	46-3829861	0.05%
Castlehill Investment Mgmt LP	20-8865925	0.00%
Cathay Capital NA, LLC	47-4408898	0.25%
Celli & Schlossberg LLC	22-3737754	0.00%
Churchill Capital USA, Inc.	20-5512980	0.72%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991**Plan Number: 333****For plan year (beginning/ending:****01/01/2018 - 12/31/2018**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
City and State NY LLC	46-2209305	0.19%
Civic Participation Action Fund (The)	47-3143631	0.43%
Clarus Capital Group Mgmt LP	20-8098367	0.00%
Clason Point Partners Inc.	27-4436718	0.35%
CO OP	13-4210211	0.48%
Colin Cowie Lifestyle LLC	61-1812092	0.00%
ColorZen	45-4100324	0.03%
Comport Consulting Corp	13-3165980	1.55%
Computer Square Inc	22-3077430	1.02%
Concorde Worldwide	22-3286743	0.05%
Connolly Properties, Inc.	22-3533229	0.00%
Cornerstone Capital Inc.	35-2480966	0.32%
Cosmic Picture Distribution LLC	82-3626617	0.09%
Covenant Review	26-0127299	1.71%
Crystal Title Agency, LLC	41-2257954	0.00%
CSB International	11-3373352	0.00%
Cuddy & Feder LLP	13-2683966	0.26%
CWS Software	22-3788359	0.12%
Dame Products	46-5704175	0.19%
Dance Media Publications, LLC	26-2660785	0.29%
Dashbid Media, Inc.	47-4242613	0.03%
Data Bound Solutions, Inc.	65-0938607	0.13%
DataMi	45-5136222	0.01%
DB Group America Ltd.	33-1004629	0.19%
Deacon Transportation Corp	22-2672276	0.00%
Distribution Solutions	22-3176266	0.00%
DMS Governance (USA) Inc.	45-2995602	0.68%
Downtown Records	82-3945253	0.07%
DriveWealth	45-5356564	0.32%
DTOUCH	20-3883274	0.21%
Dynamica, Inc.	13-3839245	0.00%
Edgar M. Bronfman Jr.	13-3123254	0.05%
EGS Partners, LLC	11-1111145	0.00%
Elph Stone Inc.	22-2884642	0.14%
E-Media Plus, Inc.	13-3212949	0.00%
Emerging Power, Inc.	75-2975537	0.44%
EmpiRx Health LLC	47-1226691	0.44%
Enigma	42-2236667	3.56%
Equipto	25-1837347	0.06%
Ergo Interactive, Inc.	20-1476519	0.09%
Erno Laszlo, Inc.	26-0000186	0.90%
Euro-Center USA, Inc.	13-4114636	0.13%
Eveready Express	22-3127641	0.00%
Extensis Holdings LLC	52-2136196	4.08%
EZ Micro Solutions, Inc.	23-2744032	0.21%
F&W Mechanical & Plumbing	47-2069636	0.36%
Fair Lawn Imaging, LLC	47-1400390	0.06%
Fashion to Figure	14-1856982	0.00%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991**Plan Number: 333****For plan year (beginning/ending:****01/01/2018 - 12/31/2018**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Filter Equipment Co., Inc	22-2095471	0.27%
FocalPoint Marketing LLC	71-1690791	0.00%
GAT	01-0763098	0.21%
Gem Limousine Service, Inc.	22-2172312	0.00%
GEM Office Technologies	46-5481521	0.00%
Gerelli Insurance Agency, Inc.	06-1221939	0.49%
Ghurka Trading & Design LLC	45-3219574	0.00%
Giumenta Corporation	11-1951208	0.89%
Glo Science, Inc.	27-1301713	0.19%
Global Business Intelligence Consulting	80-0028832	0.69%
Globalgig	81-1981422	0.69%
Globe Die-Cutting Products, Inc.	22-1688086	0.21%
Green Sky Industries, Inc.	22-1505279	0.00%
Greenway Lawn Maintenance Co. Inc.	22-2458877	0.38%
Grounds Keeper	22-2377226	0.13%
GroundSpan	27-3004371	0.10%
GroundWidgets	26-0739949	0.20%
Guestfriend	47-2851350	0.16%
Heritage Global, LLC	26-4330603	1.11%
High Life	20-3475653	0.70%
Horowitz Associates, Inc.	13-3280766	0.37%
Hudson Awning and Sign Co. Inc.	22-2250189	0.00%
Hudson Pharmacy & Surgical Supplies Inc.	13-2832340	0.01%
Hush Studios, Inc.	20-5653684	0.00%
ICS Software, Ltd.	11-2979988	0.30%
iEnterprises Holdings, LLC	45-1059545	0.04%
Infinity Lifestyle Brands LLC	26-4249452	0.08%
Innovation Investment & Consulting North American Inc.	47-4089635	0.03%
Insana Capital Partners, LP	11-3777943	0.00%
Inspirit Group, LLC dba StopIT	47-1600407	0.28%
Integrated Document Technologies	22-3377633	0.00%
International Student Exchange	94-2843176	0.14%
J. IRA Harris & Associates LLC	65-1157907	0.12%
Jersey Rock Group of Iselin	26-1710022	0.00%
Jet Fast Cleaning Services, Inc.	22-3197973	0.20%
Jet Fast Enterprises, LLC	52-2336978	0.90%
Jump Ramp Games	45-2159377	0.85%
K2 Environmental Consulting LLC	81-4087105	0.61%
KEC Management LP	46-4785991	0.22%
Kenneth Langone Family	11-9261388	0.16%
Kirkbride Center- 101	23-2790070	0.00%
KJ Technology Consulting, Inc.	11-3420469	0.47%
Kool Vent Mechanical	47-2140846	0.16%
L M Cohen & Co LLP	46-4133700	1.00%
LANDCORE Engineering	20-5070756	0.19%
LaRocca Hornik Rosen Greenberg & Blaha, LLP	13-4162470	0.26%
Lectorum	13-3736176	0.07%
Lee's Garage, Inc.	21-0497905	0.05%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991**Plan Number: 333****For plan year (beginning/ending:****01/01/2018 - 12/31/2018**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
LevFin Insights, LLC	81-3679179	0.29%
Light Sky Macro LP	81-2896766	1.10%
Lincoln Avenue Capital Management LLC	83-1529707	0.38%
LNK Partners, LLC	14-1929802	0.52%
Major Products Co., Inc.	22-1556181	1.39%
Make-A-Wish New Jersey	22-2488495	0.40%
March Made LLC	20-1150335	0.30%
Mark Cross	45-2280244	0.05%
Mason Hill Advisors, LLC	20-2328541	0.53%
Medical Imaging Specialists (MIS)	26-2868066	0.04%
Method Group	13-3639066	0.08%
Metro Physicians Management Services, Inc.	22-2947238	0.06%
MHI, Inc.	22-3538323	0.00%
Micro Machining Company	22-3138493	0.00%
Midtown Imaging, LLC	35-2512167	0.00%
MISPA II, LLC	45-5429888	0.03%
MISPA, LLC	45-5187756	0.10%
Moorestown Pediatrics LLP	14-1906843	0.00%
MPD Transport, Inc.	22-2538997	0.00%
Mutti USA Inc.	82-3395498	0.12%
My Jewish Learning	75-3121525	0.00%
Navience Healthcare Solutions	27-3842700	0.49%
NEST Fragrances	35-2454288	0.68%
New Jersey Podiatric Physicians & Surgeons Group, LLC	27-2406803	0.76%
New Rochelle Imaging LLC	47-3845833	0.27%
New York Communities for Change	27-1359103	0.17%
Newark Charter School Fund Inc	26-2224940	0.12%
Newark Motor and Export Corp.	22-0061113	0.00%
NewsRight	27-5122208	0.00%
NIP Group, Inc.	22-2908225	2.59%
NJ 2-1-1 Partnership	22-3338917	0.02%
Notra Trading Corp, Inc.	22-2536748	1.01%
Nylon Magazine	47-4650956	0.73%
Oddcast Inc.	13-4106784	0.11%
Office Furniture Heaven	46-4209875	0.00%
One Love	27-2904497	0.62%
Open Road Integrated Media	90-0712555	0.68%
Opticonx Inc.	04-3301569	0.12%
Optimum Prop, LLC	26-0793461	0.07%
Orange Capital LLC	20-2365801	0.00%
Owl Rock Capital Partners LP	47-5431128	1.62%
Palisade Compliance, LLC	45-3526297	0.86%
Paramount Realty Services, Inc	22-3383023	0.32%
Paratransit Services of NJ, Inc.	51-0251152	0.03%
Park Place Medical Imaging PC	45-5225171	0.00%
PASTrx	46-1672743	0.08%
PDQ Digital Print	22-2092703	0.00%
Peak 8 Asset Management LLC	81-4640404	0.43%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991**Plan Number: 333****For plan year (beginning/ending:****01/01/2018 - 12/31/2018**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Pexip, Inc.	46-1260436	0.94%
Pfingst & Company, Inc.	13-5521660	0.13%
Pharus Advisors Holdings LLC	26-4426589	0.00%
Premier Music Group, LLC	82-3687119	0.17%
Premier Music, LLC f/k/a Downtown Records, LLC	81-2078537	0.09%
Proenza Schouler LLC	04-3681074	0.28%
R3 Holdco LLC	81-1773743	2.59%
Rainbow Academy Franchise Company	27-4037081	0.02%
Rayana Designs Inc.	13-2993242	0.00%
RealMatch, Inc.	36-4609347	0.80%
Reich Bros, LLC	46-3117449	0.97%
Reliance Global Holdings, LLC	47-4208032	0.34%
RF7 LLC	46-3167107	0.42%
River Partners Capital Management, L.P.	47-1374219	0.70%
Rock Elm Capital Management LLC	82-4248961	0.06%
Runnemedede Heating Co., Inc.	21-0622752	0.00%
Sacco Carpet	11-3620648	0.36%
Samuel Bronfman Foundation	14-1918185	0.20%
Sancus Insurance Agency, LTD	81-0692506	0.00%
Sassicaia Capital Advisers LLC	81-4255954	1.12%
Schonfeld Group Holdings, LLC	11-3587791	6.99%
SHoP	13-4198194	3.19%
Signition LP	47-4231884	0.60%
Signum Biosciences	01-0615746	0.72%
Simply Stylist LLC	82-1241902	0.08%
Single Throw, Inc.	22-3760228	0.11%
Skyline Automation, LLC	46-2399805	0.00%
Sterling Carting Inc.	13-4053253	0.00%
Sterling Recycling	13-3800835	0.00%
StratX IT Solutions, LLC	47-4896664	1.38%
StyleCaster, Inc.	26-1103127	0.00%
Super Kids Childcare Learning Center	45-0485441	0.03%
Swim N Play, Inc.	22-2113014	0.37%
Synergy Orthopedics	23-3080772	0.10%
TechEssential, Inc.	61-1758055	0.31%
Teknavo US, Inc.	20-4288421	0.00%
The Bronfman Fellowship	14-1836083	0.24%
The Cody Group, Inc.	38-3910337	0.00%
The Elin Group, LLC	22-3626490	0.00%
The Friends of Governors Island	45-4317911	0.09%
The Furniture Doctors	22-3747386	0.00%
The Grand Millennium	13-3918211	1.12%
The Laurie M. Tisch Foundation	13-3693585	0.19%
The Leading Niche	20-8919583	0.44%
The Print Group	22-2354580	0.10%
The Trust for Governors Island	27-2683349	1.32%
Throtle	81-3626753	0.59%
Triax Technologies, Inc	46-3650783	0.58%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991

Plan Number: 333

For plan year (beginning/ending:

01/01/2018 - 12/31/2018

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
TSG Reporting, Inc.	41-2085745	1.34%
U Ride 2, LLC.	20-0966625	0.00%
UnbeatableSale.com, Inc.	35-2239295	0.12%
United Public Safety	45-4397592	0.01%
United Way of Monmouth and Ocean Counties	22-1828435	0.28%
Ursa Space Systems, Inc.	47-2260321	0.40%
USA Legwear LLC	27-1157350	0.25%
Valens Research LLC	82-1171358	0.05%
Vandenheuval & Fountain, Inc.	22-1352159	0.00%
Venor Capital Management, LP	04-3816218	0.65%
Videxio, Inc.	46-2909617	0.37%
W Appliance	45-5350432	0.46%
Wagner Berkow, LLP	47-2322791	0.30%
Warehaus Inc	45-4025427	0.04%
Wellness in the Schools, Inc	25-1919494	0.05%
WHOSAY	27-2123481	1.45%
Zola Media LLC	20-2068972	0.31%

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 2018 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information					
1a Name of plan EXTENSIS RETIREMENT SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1999</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/1999	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan 01/01/1999					
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) EXTENSIS GROUP, LLC 900 Route 9, Suite 203 Woodbridge NJ 07095	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 86-1064991</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 732-634-1910</td> </tr> <tr> <td>2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 86-1064991	2c Plan Sponsor's telephone number 732-634-1910	2d Business code (see instructions) 561300	
2b Employer Identification Number (EIN) 86-1064991					
2c Plan Sponsor's telephone number 732-634-1910					
2d Business code (see instructions) 561300					

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

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

SIGN HERE	 Signature of plan administrator	<u>Oct 15, 2019</u> Date	Blake Morris Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>Oct 15, 2019</u> Date	Blake Morris 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 (2018)
v. 171027

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

Name of Plan:

► Extensis Retirement Savings Plan

Employer Identification Number: ► 86-1064991

For plan year (beginning/ending): ► 01/01/2018 - 12/31/2018

Plan number: ►

333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TD Ameritrade Trust Company	American Beacon Small CAP Value Fund R6		1,377,967
	TD Ameritrade Trust Company	American Europacific Growth Fund Class R		6,155,514
	TD Ameritrade Trust Company	DFA Emerging Markets Core Equity		2,271,360
	TD Ameritrade Trust Company	Dreyfus TBC Small Mid Cap Growth Class Y		4,444,592
	TD Ameritrade Trust Company	Fidelity Extended Mkt Index Fund		7,411,523
	TD Ameritrade Trust Company	Fidelity NASDAQ Composite Index Fund RET		8,891,175
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Plan		1,950,526
	TD Ameritrade Trust Company	MFS Value Fund Class R6		6,415,292
	TD Ameritrade Trust Company	Morley Stable Value 25-I		2,864,537
	TD Ameritrade Trust Company	PGIM Invst High-Yield Class R6		2,090,195
	TD Ameritrade Trust Company	PGIM Invst Jennison Small Company Fund C		2,788,042
	TD Ameritrade Trust Company	TD Ameritrade SDBA		1,456,261
	TD Ameritrade Trust Company	TD Bank Instl MMDA FTCIMA		5,251,213
	TD Ameritrade Trust Company	TD Bank USA MMDA		1,147,688
	TD Ameritrade Trust Company	Vanguard Institutional Index Fund Inst'l		11,779,023
	TD Ameritrade Trust Company	Vanguard Small Cap Index Fund Institutio		5,682,561
	TD Ameritrade Trust Company	Vanguard Target Retirement 2015		2,447,961
	TD Ameritrade Trust Company	Vanguard Target Retirement 2020 Fund		5,624,831
	TD Ameritrade Trust Company	Vanguard Target Retirement 2025 Fund		11,522,721
	TD Ameritrade Trust Company	Vanguard Target Retirement 2030 Fund		11,398,957
	TD Ameritrade Trust Company	Vanguard Target Retirement 2035 Fund		15,513,052
	TD Ameritrade Trust Company	Vanguard Target Retirement 2040 Fund		9,139,369
	TD Ameritrade Trust Company	Vanguard Target Retirement 2045 Fund		7,834,230
	TD Ameritrade Trust Company	Vanguard Target Retirement 2050 Fund		6,596,750
	TD Ameritrade Trust Company	Vanguard Target Retirement 2055 Fund		3,583,572
	TD Ameritrade Trust Company	Vanguard Target Retirement 2060 Fund		984,911
	TD Ameritrade Trust Company	Vanguard Target Retirement 2065 Fund		380,707
	TD Ameritrade Trust Company	Vanguard Target Retirement Income Fund		2,143,313
	TD Ameritrade Trust Company	Vanguard Total Bond Market Index Admiral		2,702,481
	TD Ameritrade Trust Company	Vanguard Total International Stock Index		2,737,662
	TD Ameritrade Trust Company	Victory Sycamore Established Value Fund		493,222
	Participant Loans	Various Interest Rates		2,874,085