Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1998

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)
NUMERIX LLC

99 PARK AVENUE
5TH FLOOR
NEW YORK, NY 10016-1601

2b Employer Identification Number (EIN)
36-4066167

2c Plan Sponsor's telephone number
212-302-2220

2d Business code (see instructions)
541519

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.	07/29/2020	JENNIFER BONELLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	210
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	152
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	159
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	196
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMERIX LLC

D Employer Identification Number (EIN)
36-4066167

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN FINANCIAL GROUP

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	NUM-001	196	01/01/2019	12/31/2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GIC

b	Balance at the end of the previous year			7b	900945
c	Additions: (1) Contributions deposited during the year	7c(1)	85298		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13015		
	(4) Transferred from separate account	7c(4)	315566		
	(5) Other (specify below)	7c(5)	67912		
	▶ GIC				
	(6) Total additions			7c(6)	481791
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1382736
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	556742		
	(2) Administration charge made by carrier	7e(2)	4428		
	(3) Transferred to separate account	7e(3)	97091		
	(4) Other (specify below)	7e(4)	67537		
	▶ GIC				
	(5) Total deductions			7e(5)	725798
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	656938

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2019** **This Form is Open to Public Inspection.**

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

A Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMERIX LLC

D Employer Identification Number (EIN)
36-4066167

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

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(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)

LINCOLN NATIONAL CORPORATION

P.O. BOX 7877
FORT WAYNE, IN 46802

35-0472300

(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	SERVICE PROVIDER	96368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO

1N JEFFERSON AVE MAC H0006-08R
ST LOUIS, MO 63103

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	62719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RETIREWELL ADMINISTRATORS

1002 LINCOLN DR W STE H
MARLTON, NJ 08053

81-3429076

(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?
15	TPA	7214	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMERIX LLC

D Employer Identification Number (EIN)
36-4066167

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	33025	35943
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	141027	217462
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13236644	16681890
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	900945	656940
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	14311641	17592235
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14311641	17592235

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)		
	(B) Participants	2a(1)(B)	1568645	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1568645
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	22861	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22861
	(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)	500876	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		500876
	(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)		2565071
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4657453
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1277981	
(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)		1277981
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	98878	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		98878
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1376859
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3280594
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: LAPADULA CARLSON & CO. CPA'S **(2)** EIN: 65-0292391

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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		5000000
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			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NUMERIX LLC

D Employer Identification Number (EIN)
36-4066167

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0472300

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

NUMERIX, LLC 401(k) SAVINGS PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018
TOGETHER WITH INDEPENDENT AUDITORS' REPORT

NUMERIX, LLC 401(k) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

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LAPADULA
CARLSON
+ Co.
CERTIFIED PUBLIC ACCOUNTANTS
5 Penn Plaza, 19th Floor
New York, NY 10001
Telephone
(877) 529-9301
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(855) 529-0013

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
Numerix, LLC 401(k) Savings Plan
New York, New York

We were engaged to audit the accompanying financial statements of **Numerix, LLC 401(k) Savings Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, 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 ("United States"); 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), Numerix, LLC (the "Company" or "Plan Administrator") instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information in Note 5, which was certified by the custodians 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 Lincoln Financial Group Retirement Plan Services ("Lincoln"), holds the Plan's investment assets and executes investment transactions. The Plan Administrator obtained a certification from Lincoln, as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by Lincoln 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 audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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 and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

LaPadula, Carlson + Co.

New York, New York
June 18, 2020

NUMERIX, LLC 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
INVESTMENTS, at fair value	$ 17,338,830	$ 14,137,589
RECEIVABLES:		
Notes receivable from participants	217,462	141,027
Contributions	35,943	33,025
Total receivables	253,405	174,052
Total assets	17,592,235	14,311,641
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 17,592,235**	**$ 14,311,641**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NUMERIX, LLC 401(k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
ADDITIONS:		
Participant contributions	$ 1,568,645	$ 1,478,510
Investment income (loss) -		
Net appreciation (depreciation) in fair value	2,565,071	(1,599,867)
Dividend and interest income	500,876	632,964
Net investment income (loss)	3,065,947	(966,903)
Interest on notes receivable from participants	22,861	25,268
Total additions	4,657,453	536,875
DEDUCTIONS:		
Benefits paid to participants	1,277,981	1,336,522
Administrative expenses	98,878	115,089
Total deductions	1,376,859	1,451,611
Increase (decrease) in net assets available for benefits	3,280,594	(914,736)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	14,311,641	15,226,377
End of year	**$ 17,592,235**	**$ 14,311,641**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

(1) DESCRIPTION OF THE PLAN

The following description of **Numerix, LLC 401(k) Savings Plan** (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan adopted by Numerix, LLC (the "Company", "Employer" or "Plan Administrator"), to provide eligible employees with special incentives for retirement savings. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended and to certain provisions of the Internal Revenue Code of 1986 ("IRC"), as amended.

Trustee and asset custodian

Effective February 1, 2017, the Plan Administrator engaged Lincoln Financial Group Retirement Plan Services ("Lincoln") as record keeper, Trustee and asset custodian. Participant account balances were transferred to the new custodian.

Contributions

Participants direct the investment of their contributions into various investment options offered by the Plan. A participant can contribute up to 90% of his/her total pre-tax compensation limited by the IRC to $19,000 and $18,500 for 2019 and 2018, respectively. Amounts contributed in excess of the maximum permitted by the IRC are refunded to the respective participant. Additionally, participants are eligible to designate some or all of their contributions as a Roth contribution.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions limited by the IRC to $6,000 for 2019 and 2018. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Company has the option to match the employee contributions. Additional profit sharing amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Individual participant accounts

A separate individual account is established for each individual participant. Each participant's account is credited with the participant's contributions, employer matching contributions, if any, and an allocation of the investment results. Investment income or loss includes interest, realized gains or losses on sale of investments and the net change in unrealized appreciation or (depreciation) of investments. All dividends from investments are immediately reinvested.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Participants are immediately fully vested in their contributions and income (or loss) allocations. Participants vest in employer matching contributions and income or loss based on the number of years of completed service.

The vested interest in employer matching contributions, if any, is based on vesting years of service as outlined in the following schedule. Participants will always be 100% vested upon their normal retirement age, death or disability.

Years of Service	Vested Interest
Less than 1	0%
1	33%
2	67%
3	100%

Participants should refer to the Summary Plan Description for complete detail.

Notes receivable from participants (Participant loans)

The Plan allows participants to borrow from their account balances. The minimum amount for a loan is $1,000 with a maximum of the lesser of $50,000 or one-half of the participant's vested interest in the Plan. The maximum loan term is five years, unless the loan is for the purchase of the principal residence of the participant, in which case the maximum term is ten years. The loans' rates of interest are determined by the Plan Administrator at a reasonable rate charged for similar types of loans by other lenders. Principal and interest are paid ratably through payroll deductions.

Notes receivable from participants are recorded at their unpaid principal balance plus accrued but unpaid interest. Delinquent loans are recorded as deemed distributions in accordance with the Plan Document.

Payment of benefits

Withdrawals under the Plan are allowed for in-service withdrawals, termination of employment, hardships, disability or retirement. Distributions may also be made to a named beneficiary in the event of a participant's death.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Hardship withdrawals

A participant may elect to withdraw from their account balances, provided the participant does not reduce their account balance to less than $100, if the withdrawal is necessitated by one or more of the following qualifying hardships:

- Medical expenses of the participant or a member of their immediate family for which reimbursement has not been made and will not be available from any other source
- Purchase of a principal residence by the participant
- To prevent eviction from a participant's principal residence or foreclosure of the mortgage
- Post-secondary education of the participant or a member of his/her immediate family at an accredited institution of higher learning for a 12 month period
- For payment of burial expenses of a participant's spouse, children or dependents
- Expenses to repair damages to participant's principal residence that would qualify for the casualty deduction under IRC §165.

Hardship withdrawals may be made only if there are no other resources available to the participant to meet the need occasioning the hardship.

Rollovers

The Plan enables employees to contribute assets that were held by a previous employer plan, provided they meet the requirements of the Internal Revenue Service ("IRS").

Forfeitures

Forfeitures result when participants terminate employment before becoming fully vested in employer contributions, if any. The Plan may allocate participant forfeitures to reduce employer matching contributions for the Plan year in which the forfeiture occurs or for the payment of administrative expenses.

Investment options

Participants are able to direct their contributions and any related earnings into a stable value fund or several mutual funds that are available throughout the year. Participants may change their investment election at any time.

(1) DESCRIPTION OF THE PLAN (CONTINUED)

Plan termination

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event the Plan terminates, the interest of each participating employee in the Plan shall be fully vested and such termination shall not reduce the interest of any participating employee or their beneficiaries accrued under the Plan up to the date of such termination.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Plan to concentrations of credit risk, consist of a stable value fund and several mutual funds, which, inherent in the fair market value determination, include the risk factor of credit worthiness of each individual security underlying the investment. These funds invest in equities and fixed income securities, which in general, are exposed to various risks, such as interest, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and participant account balances.

The Plan's exposure to certain concentrations of risk is mitigated by the diversification of investments across a variety of participant-directed fund elections. Additionally, the investments within each participant-directed fund are further diversified into a variety of financial instruments.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Plan expenses

Professional service fees for legal, accounting and other professional services rendered to the Plan during the years ended December 31, 2019 and 2018 were paid by the Plan or the Plan Administrator on behalf of the Plan. These fees were based on customary and reasonable rates for such services.

Valuation of investments and income recognition

The Plan invests in the Lincoln NY Stable Value Account, which in turn invest in a variety of investment contracts such as traditional guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions as well as other investment products with similar characteristics. As required by Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 962, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. This investment invests in fully benefit responsive investment contracts.

The financial statements present the fair value of the investment contracts as well as an adjustment of the fully benefit responsive investment contracts from fair value to contract value, if any. For the years ended December 31, 2019 and 2018 there were no material differences between contract value and fair value.

Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end as determined by quotations obtained from national security exchanges.

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Payment of benefits

Benefits are recorded when paid.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Transactions with parties-in-interest

Plan assets may include investment in funds managed by Lincoln. Lincoln is the Trustee as defined by the Plan and therefore, these transactions would qualify as an exempt party-in-interest transaction under ERISA.

Notes receivable from participants are considered to be party-in-interest because they are transacted with Plan participants.

Income taxes

The underlying Standard Volume Submitter Plan has received an opinion letter from the IRS, dated August 2, 2010, stating that the form of the underlying prototype document is qualified under Section 401(a) of the IRC and any employer adopting this form of the plan will be considered to have a plan qualified under the IRC. The Plan has been modified since receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan continues to be qualified, therefore, no provision for income taxes is considered necessary.

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or financial statement disclosure. The Plan is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2018 amounts have been reclassified to conform to the 2019 presentation.

(3) INVESTMENTS

The Plan's investments are managed by Lincoln.

During the years ended December 31, 2019 and 2018 the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

Investment	2019	2018
Mutual funds	$ 2,552,220	$ (1,611,687)
Stable value fund	12,851	11,820
Net appreciation (depreciation) in fair value	$ 2,565,071	$ (1,599,867)

(4) FAIR VALUE MEASUREMENT

The Plan adopted the FASB ASC Topic 820, *Fair Value Measurements and Disclosures,* which provides the framework for measuring fair value. That 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 under FASB ASC Topic 820 are described as follows:

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

- Level 2 – Inputs to the valuation methodology include:

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

  If the assets 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.

(4) FAIR VALUE MEASUREMENT (CONTINUED)

The assets or liabilities 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.

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

Common collective trusts – Valued at NAV of units held. The NAV 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 liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The preceding methods may produce a fair value calculation that is not necessarily indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2019 and 2018:

	2019			
Description	Level 1	Level 2	Level 3	Total
	No investments within Fair Value Hierarchy			$ -
Investments measured at NAV				17,338,830
Total investments				$ 17,338,830

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Description	2018 Level 1	Level 2	Level 3	Total
	No investments within Fair Value Hierarchy			$ -
Investments measured at NAV				14,137,589
Total investments				$ 14,137,589

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. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan Administrator has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no significant transfers in or out of levels 1, 2 or 3.

Fair Value of investments that calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2019 and 2018:

Investments	Fair Value 2019	Fair Value 2018	Redemption Frequency	Redemption Notice Period
1 - Lincoln NY Stable Value Account	$ 656,940	$ 900,973	Daily	None
2 - American Century Inflation Adjusted Bond Fund R5	22,734	977	Daily	None
3 - American Funds American Balanced R6	406,894	306,267	Daily	90 days
4 - American Funds The Growth of America Fund R6	195,813	166,783	Daily	None
5 - American Funds Investment Company of America R6	243,740	442,407	Daily	None
6 - American Funds New Perspective Fund R6	87,700	61,528	Daily	None
7 - American Funds New World R6	223,427	183,825	Daily	None
8 - American Funds Washington Mutual Investors R6	593,210	430,438	Daily	None
9 - Blackrock High Yield Bond Institutional	153,746	133,622	Daily	None
10 - Carillon Eagle Small Cap Growth	948,000	749,630	Daily	None

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

Investments	Fair Value 2019	Fair Value 2018	Redemption Frequency	Redemption Notice Period
11 - Delaware Small Cap Value R6	321,962	283,556	Daily	None
12 - MFS Mid Cap Growth R6	362,118	292,934	Daily	None
13 - PIMCO Commodity Real Return Strategy	42,737	34,136	Daily	None
14 - PIMCO Income	357,104	349,868	Daily	None
15 - PIMCO Short Term	131,347	107,715	Daily	None
16 - Templeton Global Bond Fund Advisor Class	136,400	111,042	Daily	None
17 - Vanguard Intermediate Term Bond Index Admiral	249,056	215,351	Daily	None
18 - Vanguard Mid Cap Value Index Admiral	283,755	366,781	Daily	None
19 - Vanguard Real Estate Index Fund Admiral	56,116	39,695	Daily	None
20 - Vanguard Developed Markets Index Admiral	397,987	347,188	Daily	None
21 - Vanguard 500 Index Admiral Class	1,256,249	708,022	Daily	None
22 - Vanguard International Value	25,052	14,754	Daily	None
23 - Vanguard International Growth Admiral	107,473	121,209	Daily	None
24 - Vanguard Target Retirement 2015	56,206	49,407	Daily	None
25 - Vanguard Target Retirement 2020	274,106	198,274	Daily	None
26 - Vanguard Target Retirement 2025	1,454,201	1,188,308	Daily	None
27 - Vanguard Target Retirement 2030	1,869,572	1,413,021	Daily	None
28 - Vanguard Target Retirement 2035	1,995,623	1,607,590	Daily	None
29 - Vanguard Target Retirement 2040	2,064,442	1,616,517	Daily	None
30 - Vanguard Target Retirement 2045	1,038,423	810,400	Daily	None
31 - Vanguard Target Retirement 2050	544,041	380,891	Daily	None
32 - Vanguard Target Retirement 2055	381,416	225,330	Daily	None
33 - Vanguard Target Retirement 2060	79,660	14,471	Daily	None
34 - Vanguard Target Retirement Income	321,580	264,679	Daily	None
Total investments measured at NAV	$17,338,830	$14,137,589		

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

1. *Lincoln NY Stable Value Account* – The account is a diversified portfolio of fixed-income assets. This diversified general account portfolio consists of public and private securities, commercial and residential mortgages and United States agency securities.

2. *American Century Inflation Adjusted Bond Fund R5* – The fund seeks to provide total return and inflation protection consistent with investment in inflation-indexed securities. The fund invests at least 80% of its assets in inflation-adjusted debt securities which include inflation-indexed securities issued by the United States Treasury.

3. *American Funds American Balanced R6* – The fund seeks to provide conservation of capital, current income, and long-term growth of both capital and income. The fund invests in a broad range of securities, including common stocks and investment-grade bonds. The fund also invests in securities issued and guaranteed by the United States government.

4. *American Funds The Growth of America Fund R6* – The fund seeks to provide growth of capital. The fund invests primarily in common stocks in companies that appear to offer superior opportunities for growth of capital. The fund seeks to invest in attractively valued companies that, it the adviser's opinion, represent good, long-term investment opportunities.

5. *American Funds Investment Company of America R6* – The fund seeks long-term growth of capital and income. The fund invests primarily in common stocks, most of which have a history of paying dividends. Although the fund focuses on investments in medium to larger capitalization companies, its investments are not limited to a particular capitalization size.

6. *American Funds New Perspective Fund R6* - The fund seeks long-term growth of capital with future income as a secondary objective. The fund seeks to take advantage of investment opportunities generated by changes in international trade patterns and economic and political relationships by investing in common stocks of companies located around the world.

7. *American Funds New World R6* – The fund seeks to invest primarily in stocks of companies with significant exposure to countries with developing economies and/or markets. The fund may also invest in debt securities of issuers, including issuers of lower quality, lower rated bonds, with exposure to these countries.

8. *American Funds Washington Mutual Investors R6* – The fund seeks to produce income and to provide an opportunity for growth of principal consistent with sound common stock investing. The fund invests primarily in common stocks of established companies that are listed on the New York Stock Exchange and have a strong record of earnings and dividends.

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

9. *Blackrock High Yield Bond Institutional* – The fund seeks to maximize total return, consistent with income generation and prudent investment management. The fund normally invests at least 80% of its assets in high yield bonds, including convertible and preferred securities.

10. *Carillon Eagle Small Cap Growth* – The fund seeks long-term capital appreciation by investing at least 65% of its total assets in equity securities of small capitalization companies that have a total market capitalization of less than $2 billion.

11. *Delaware Small Cap Value R6* – The fund seeks capital appreciation. The fund strives to identify small companies believed to offer above-average opportunities for long-term price appreciation because their current stock price does not appreciate accurately to reflect the companies' underlying value or future earning potential.

12. *MFS Mid Cap Growth R6* – The fund seeks long-term growth and value in the over-the-counter market. The fund will invest primarily in small companies, which may grow at faster rates than their larger competitors because of such factors as a new product, new technology, domination of a new market niche, or a more responsive management style.

13. *PIMCO Commodity Real Return Strategy* – The fund seeks maximum real return consistent with prudent investment management. The fund seeks to achieve its investment objective by investing under normal circumstances in commodity-linked derivative instruments backed by a portfolio of inflation-indexed securities and other fixed income instruments.

14. *PIMCO Income* – The fund seeks to maximize current income. The fund typically invests at least 65% of its total assets in a multi-sector portfolio of fixed income instruments of varying maturities. The fund will generally allocate its assets among several investment sectors.

15. *PIMCO Short Term* – The fund seeks to maximize current income consistent with preservation of capital and daily liquidity. The fund seeks to achieve its investment objective by investing under normal circumstances at least 65% of its total assets in a diversified portfolio of fixed income instruments of varying maturities.

16. *Templeton Global Bond Fund Advisor Class* – The fund seeks current income with capital appreciation and growth of income by investing at least 80% of its net assets in "bonds." In addition, the fund's assets will be invested in issuers located in at least three countries including the United States.

17. *Vanguard Intermediate Term Bond Index Admiral* – The fund seeks to track the performance of a market-weighted bond index with an intermediate-term dollar-weighted average maturity. The fund employs an indexing investment approach designed to track the performance of the Barclays United States 5-10 year government/credit float adjusted index.

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

18. *Vanguard Mid Cap Value Index Admiral* – The fund seeks to track the performance of a benchmark index that measures the investment return of mid-capitalization value stocks. The fund employs an indexing investment approach designed to track the performance of the CRSP United States Mid-Cap Value index by investing all of its assets in the stocks that make up the index.

19. *Vanguard Real Estate Index Fund Admiral* – The fund seeks to provide a high level of income and moderate long-term capital appreciation by tracking the performance of a benchmark index that measures the performance of publicly traded equity REIT's and other real estate-related investments. The fund employs indexing to track the performance of the index.

20. *Vanguard Developed Markets Index Admiral* – The fund seeks to track the performance of a benchmark index that measures the investment return of stocks issued by companies located in the major markets of Europe and the Pacific Region. The fund employs an indexing investment approach designed to track the performance of FTSE Developed All Cap ex United States index.

21. *Vanguard 500 Index Admiral Class* – The fund seeks to track the performance of its benchmark index, the S&P 500. The fund employs an indexing investment approach. The fund attempts to replicate the target index by investing all of its assets in the stocks that make up the index with the same approximate weightings as the index.

22. *Vanguard International Value* – The fund seeks to provide long-term capital appreciation. The fund invests mainly in common stocks of companies located outside the United States that are considered undervalued. The prices of value stocks, therefore, may be below-average in relation to such measures as earnings and book value.

23. *Vanguard International Growth Admiral* – The fund seeks long-term capital appreciation by investing in equity securities of companies based outside the United States. In selecting stocks, the fund's advisor evaluates foreign markets around the world and chooses companies with above-average growth potential.

24. *Vanguard Target Retirement 2015* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2015.

25. *Vanguard Target Retirement 2020* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2020.

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

26. *Vanguard Target Retirement 2025* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2025.

27. *Vanguard Target Retirement 2030* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2030.

28. *Vanguard Target Retirement 2035* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2035.

29. *Vanguard Target Retirement 2040* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2040.

30. *Vanguard Target Retirement 2045* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2045.

31. *Vanguard Target Retirement 2050* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2050.

32. *Vanguard Target Retirement 2055* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2055.

33. *Vanguard Target Retirement 2060* – The fund seeks capital appreciation and current income consistent with its current asset allocation. The fund is a fund-of-funds with the asset allocation becoming more conservative over time. The allocation strategy designed is for investors planning to retire in or within a few years of 2060.

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Fair Value of investments that calculate NAV (continued)

34. *Vanguard Target Retirement Income* – The fund seeks to provide current income and some capital appreciation. The fund is a fund-of-funds with an asset allocation strategy designed is for investors currently in retirement.

(5) INFORMATION CERTIFIED BY THE TRUSTEES

The Plan Administrator elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, Lincoln, the Trustee and asset custodian has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2019 and 2018
- Investment income reflected on the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2019 and 2018
- Investments reflected on the supplemental schedule of assets (held at end of year).

(6) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2019 and 2018:

	2019	2018
Net assets available for benefits per financial statements	$ 17,592,235	$ 14,311,641
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	-
Net assets available for benefits per Form 5500	$ 17,592,235	$ 14,311,641

(6) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of investments per the financial statements to investments per Form 5500 as of December 31, 2019 and 2018:

	2019	2018
Investments per the financial statements	$ 17,338,830	$ 14,137,589
Notes receivable from participants (participant loans)	217,462	141,027
Investments per Form 5500	$ 17,556,292	$ 14,278,616

(7) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855 *Subsequent Events*, the Plan has evaluated events that have occurred through June 18, 2020, which is the date these financial statements were available to be issued. There were no material events noted during this period that would impact the results reflected in these financial statements.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NUMERIX LLC 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1998

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)

NUMERIX LLC

99 PARK AVENUE
5TH FLOOR
NEW YORK NY 10016-1601

2b Employer Identification Number (EIN)
36-4066167

2c Plan Sponsor's telephone number
212-302-2220

2d Business code (see instructions)
541519

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	Jennifer Bonelli		Jennifer Bonelli
	Signature of plan administrator	Date 7/29/2020	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

SUPPLEMENTAL SCHEDULE

NUMERIX, LLC 401(k) SAVINGS PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2019

EIN: 36-4066167

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(e) Current value
MUTUAL FUNDS:			
AMERICAN CENTURY INFLATION ADJUSTED BOND FUND R5	1,960	UNITS - MUTUAL FUND	$ 22,734
AMERICAN FUNDS AMERICAN BALANCED R6	14,272	UNITS - MUTUAL FUND	406,894
AMERICAN FUNDS THE GROWTH OF AMERICA FUND R6	3,830	UNITS - MUTUAL FUND	195,813
AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA R6	6,161	UNITS - MUTUAL FUND	243,740
AMERICAN FUNDS NEW PERSPECTIVE FUND R6	1,856	UNITS - MUTUAL FUND	87,700
AMERICAN FUNDS NEW WORLD R6	3,171	UNITS - MUTUAL FUND	223,427
AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS R6	12,315	UNITS - MUTUAL FUND	593,210
BLACKROCK HIGH YIELD BOND INSTITUTIONAL	19,787	UNITS - MUTUAL FUND	153,746
CARILLON EAGLE SMALL CAP GROWTH	17,843	UNITS - MUTUAL FUND	948,000
DELAWARE SMALL CAP VALUE R6	4,968	UNITS - MUTUAL FUND	321,962
MFS MID CAP GROWTH R6	16,051	UNITS - MUTUAL FUND	362,118
PIMCO COMMODITY REAL RETURN STRATEGY	7,183	UNITS - MUTUAL FUND	42,737
PIMCO INCOME	29,660	UNITS - MUTUAL FUND	357,104
PIMCO SHORT TERM	13,485	UNITS - MUTUAL FUND	131,347
TEMPLETON GLOBAL BOND FUND ADVISOR CLASS	12,784	UNITS - MUTUAL FUND	136,400
VANGUARD INTERMEDIATE TERM BOND INDEX ADMIRAL	21,089	UNITS - MUTUAL FUND	249,056
VANGUARD MID CAP VALUE INDEX ADMIRAL	4,592	UNITS - MUTUAL FUND	283,755
VANGUARD REAL ESTATE INDEX FUND ADMIRAL	426	UNITS - MUTUAL FUND	56,116
VANGUARD DEVELOPED MARKETS INDEX ADMIRAL	28,146	UNITS - MUTUAL FUND	397,987
VANGUARD 500 INDEX ADMIRAL CLASS	4,214	UNITS - MUTUAL FUND	1,256,249
VANGUARD INTERNATIONAL VALUE	668	UNITS - MUTUAL FUND	25,052
VANGUARD INTERNATIONAL GROWTH ADMIRAL	1,046	UNITS - MUTUAL FUND	107,473
VANGUARD TARGET RETIREMENT 2015	3,703	UNITS - MUTUAL FUND	56,206
VANGUARD TARGET RETIREMENT 2020	8,426	UNITS - MUTUAL FUND	274,106
VANGUARD TARGET RETIREMENT 2025	73,296	UNITS - MUTUAL FUND	1,454,201
VANGUARD TARGET RETIREMENT 2030	51,291	UNITS - MUTUAL FUND	1,869,572
VANGUARD TARGET RETIREMENT 2035	88,616	UNITS - MUTUAL FUND	1,995,623
VANGUARD TARGET RETIREMENT 2040	52,759	UNITS - MUTUAL FUND	2,064,442
VANGUARD TARGET RETIREMENT 2045	42,041	UNITS - MUTUAL FUND	1,038,423
VANGUARD TARGET RETIREMENT 2050	13,680	UNITS - MUTUAL FUND	544,041
VANGUARD TARGET RETIREMENT 2055	8,831	UNITS - MUTUAL FUND	381,416
VANGUARD TARGET RETIREMENT 2060	2,088	UNITS - MUTUAL FUND	79,660
VANGUARD TARGET RETIREMENT INCOME	22,888	UNITS - MUTUAL FUND	321,580
		Total mutual funds	**16,681,890**

NUMERIX, LLC 401(k) SAVINGS PLAN

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2019

EIN: 36-4066167

	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(e) Current value
	COMMON/COLLECTIVE TRUST,			
*	LINCOLN NY STABLE VALUE ACCOUNT	588,579	UNITS - COMMON/COLLECTIVE TRUST	**656,940**
			Total Investments	**17,338,830**
	PARTICIPANT LOANS (Notes Receivable from Participants)			**217,462**
			Total investments per 5500	**$ 17,556,292**

***** Indicates party in interest as defined by ERISA

Note: Cost information has not been included as all investments are participant directed

This schedule was prepared from data obtained and certified by Lincoln Financial Group Retirement Plan Services.