

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>EXTENSIS RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1999</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EXTENSIS GROUP, LLC</u> <u>900 ROUTE 9</u> <u>SUITE 203</u> <u>WOODBIDGE, NJ 07095</u>	2b	Employer Identification Number (EIN) <u>86-1064991</u>
		2c	Plan Sponsor's telephone number <u>732-634-1910</u>
		2d	Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	BLAKE MORRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6788
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6054 6a(2) 6155 6b 2 6c 811 6d 6968 6e 1 6f 6969 6g 3901 6h 41
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	660415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REEDMARK ADVISORS, LLC

47-2223502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	118969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	18322	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FD CL 3</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2035007</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE 125</u>		
b Name of sponsor of entity listed in (a): <u>UNION BOND & TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1147688	984712
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	412636	525757
(2) Participant contributions.....	1b(2)	745661	559520
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5251213	4550356
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2874085	2845198
(9) Value of interest in common/collective trusts	1c(9)	2864537	2035007
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	144361509	186226911
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1456261	1134022

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	159113590	198861483

Liabilities

g Benefit claims payable	1g	0	3000
h Operating payables	1h	0	765
i Acquisition indebtedness	1i		
j Other liabilities	1j	267976	287248
k Total liabilities (add all amounts in lines 1g through 1j)	1k	267976	291013

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	158845614	198570470
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6275573	
(B) Participants	2a(1)(B)	23593627	
(C) Others (including rollovers)	2a(1)(C)	6404928	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		36274128
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22789	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	153212	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		176001
(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)	5123256	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5123256
(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)		40631
(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)		30427523
c Other income	2c		31
d Total income. Add all income amounts in column (b) and enter total	2d		72041570

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13094428	
(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)		13094428
f Corrective distributions (see instructions)	2f		296215
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)	660415	
(3) Investment advisory and management fees	2i(3)	139211	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		799626
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14190269

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		57851301
l Transfers of assets:			
(1) To this plan	2l(1)		23262728
(2) From this plan	2l(2)		41389173

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: EISNERAMPER, LLP

(2) EIN: 13-1639826

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET SELECT 401(K) PLAN	48-1304650	333
VENOR CAPITAL MANAGEMENT, LP 401(K) PLAN	04-3816218	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
APPCARD, INC. 401(K) PLAN	99-0368773	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADDISON LEE GROUP 401(K) RETIREMENT PLAN	81-4529449	001
TRINET 401(K) PLAN	48-1304650	334

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u> <u>20-0937408</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

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

Stock: _____% 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 _____

EISNERAMPER

EXTENSIS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

**DECEMBER 31, 2019 and 2018
(with supplemental information)**



EXTENSIS RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, which was certified by Charles Schwab Bank and TD Ameritrade Trust Company, 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 the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from Charles Schwab Bank as of December 31, 2019, and for the period October 31, 2019 to December 31, 2019, that the information provided to the Plan administrator by the custodian is complete and accurate. The Plan administrator has also obtained a certification from TD Ameritrade Trust Company as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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



Other Matter

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

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

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

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
October 15, 2020

EISNERAMPER
LLP



EXTENSIS RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2019	2018
ASSETS		
Investments at fair value	\$ 193,946,296	\$ 153,933,520
Non-interest bearing cash	984,712	1,147,688
Notes receivable from participants	2,845,198	2,874,085
	197,776,206	157,955,293
Contributions receivable:		
Participant	559,520	745,661
Employer	525,757	412,636
	1,085,277	1,158,297
Total	198,861,483	159,113,590
Total assets	198,861,483	159,113,590
LIABILITIES		
Excess contributions payable	291,013	267,976
	291,013	267,976
Total liabilities	291,013	267,976
Net assets available for benefits	\$ 198,570,470	\$ 158,845,614

EXTENSIS RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2019

Additions:

Investment income:

Net realized/unrealized appreciation in value of investments	\$ 30,468,185
Interest	22,789
Dividends	<u>5,123,256</u>

35,614,230

Interest income on notes receivable from participants	<u>153,212</u>
---	----------------

Contributions:

Participant	23,297,412
Employer	6,275,573
Rollovers	<u>6,404,928</u>

35,977,913

Total additions	<u>71,745,355</u>
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Deductions:

Benefits paid to participants	13,094,428
Administrative expenses	<u>799,626</u>

Total deductions	<u>13,894,054</u>
------------------	-------------------

Net increase prior to transfers	57,851,301
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Plan transfers, net	<u>(18,126,445)</u>
---------------------	---------------------

Net increase	39,724,856
---------------------	-------------------

Net assets available for benefits – beginning of year	<u>158,845,614</u>
---	--------------------

Net assets available for benefits – end of year	<u>\$ 198,570,470</u>
--	------------------------------

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE A - DESCRIPTION OF THE PLAN

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

[1] General:

The Plan, a multiple employer plan, is a collection of single-employer plans adopted by unrelated employers (“adopting employers”). The adopting employers of the Plan may have different policies and parameters regarding various aspects of the Plan (such as eligibility requirements, employer matching contribution formulas, etc.). The Plan covers all employees of the adopting employers who are at least twenty-one years of age and have certain tenure of service ranging from immediate eligibility up to a required one year of employment, depending on the adopting employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Effective October 31, 2019, the primary custodian is Charles Schwab Bank and the recordkeeper is Blue Star Retirement Services. TD Ameritrade Trust Company is a custodian of the Plan. In November 2019, substantially all of the Plan assets transferred from TD Ameritrade Trust Company to Charles Schwab Bank.

[2] Contributions:

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

The adopting employers may make matching contributions (depending upon the adopting employer), as defined in the Plan. Additional discretionary profit-sharing contributions may be made at the option of the adopting employers. Participants direct the investment of participant and employer contributions into various investment options offered by the Plan, including self-directed brokerage accounts.

[3] Participant accounts:

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

[4] Vesting:

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

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances ranged from 4.25% to 6.75% at December 31, 2019 and from 4.25% to 9.25% at December 31, 2018. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred.

[6] Payment of benefits:

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

[7] Forfeitures:

Forfeited nonvested accounts may be used to reduce future adopting employer contributions and pay Plan expenses. During the year ended December 31, 2019, forfeitures of approximately \$124,000 were used to reduce employer contributions and no forfeitures were used to pay Plan expenses. Forfeited nonvested accounts available at December 31, 2019 and 2018 were approximately \$88,000 and \$136,000, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

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

[2] Subsequent events:

The Plan has evaluated subsequent events through October 15, 2020, the date the financial statements were available to be issued. In 2020, the Plan Sponsor notified Blue Star Retirement Services and Charles Schwab Bank of its intention to change service providers beginning of the second quarter of 2021.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[4] Payment of benefits:

Benefits are recorded when paid.

Benefits requested by participants who have elected to withdraw from the Plan that were processed and approved, but not yet paid as of December 31, 2019 were approximately \$310,000.

[5] Plan expenses:

Substantially all expenses incurred in connection with the administration of the Plan are paid by the Plan; however, the Plan Administrator has assumed responsibility for certain professional fees. Expenses that are paid by the Plan Administrator are excluded from these financial statements.

[6] Use of estimates:

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

[7] Excess contributions payable:

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

[8] Non-interest bearing cash:

Contributions received by the custodians are held in a non-interest bearing account for a short period of time until the funds can be allocated to the various participant accounts. Investments in the non-interest bearing cash account at December 31, 2019 and 2018 were \$984,712 and \$1,147,688, respectively.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TD Ameritrade Trust Company, a custodian of the Plan, has certified to the completeness and accuracy of certain investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, the statement of changes in net assets available for benefits for the year ended December 31, 2019 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2019. Also, as permitted under such election, Charles Schwab Bank, a custodian of the Plan, has certified to the completeness and accuracy of certain investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2019, the statement of changes in net assets available for benefits for the period October 31, 2019 to December 31, 2019 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2019.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

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

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

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

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

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

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Investment Assets at Fair Value as of December 31, 2019

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 186,226,911	\$ -	\$ -	\$ 186,226,911
Self-directed brokerage account	1,134,022	-	-	1,134,022
Money market deposit account	-	4,550,356	-	4,550,356
Total investment assets in the fair value hierarchy	<u>187,360,933</u>	<u>4,550,356</u>	<u>-</u>	<u>191,925,329</u>
Common collective trust (A)	-	-	-	2,035,007
Investments at fair value	<u>\$ 187,360,933</u>	<u>\$ 4,550,356</u>	<u>\$ -</u>	<u>\$ 193,946,296</u>

Investment Assets at Fair Value as of December 31, 2018

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

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

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.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018, respectively.

December 31, 2019				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trust	\$2,035,007	n/a	Daily	12 months

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

NOTE E - TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

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

Certain investments are managed by TD Ameritrade Trust Company and Charles Schwab Bank. TD Ameritrade Trust Company and Charles Schwab Bank are parties-in-interests, as defined by ERISA, and therefore, transactions related to these investments qualify as parties-in-interest transactions. Fees paid by the Plan to the custodians were approximately \$18,000 for the year ended December 31, 2019. The Plan paid Blue Star Retirement Services, the recordkeeper and a party-in-interest, as defined by ERISA, approximately \$660,000 for recordkeeping and advisory fees for the year ended December 31, 2019. Additionally, fees paid by the Plan for advisory and other professional services to other entities considered parties-in-interest were approximately \$122,000 for the year ended December 31, 2019.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE G - RISKS AND UNCERTAINTIES

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

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2019 may not necessarily be indicative of amounts that could be realized in a current market exchange.

The extent of the impact of the coronavirus ("COVID-19") outbreak on the financial performance of the Plan's investments will depend on future developments, including the duration and spread of the outbreak and related advisories and restrictions and the impact of COVID-19 on the financial markets and the overall economy, all of which are highly uncertain and cannot be predicted. If the financial markets and/or the overall economy are impacted for an extended period, the Plan's investment results may be materially adversely affected.

COVID-19 poses risks to the Company as well, given that such public health epidemics, if sustained, could impact adopting employers' employees and customers, supply chain and production in affected regions. Additionally, a prolonged widespread epidemic could adversely impact global economies and financial markets resulting in an economic downturn that may impact demand for the Company's products and services. Such impacts could adversely affect adopting employers' profitability, cash flows, financial results, and the ability to make required Plan contributions. At this point, the extent to which the coronavirus may impact the adopting employers' financial results is uncertain.

NOTE H - MUTUAL FUND FEES

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

NOTE I - PLAN TERMINATION

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

NOTE J - TRANSFER TO/FROM RELATED PLAN

Since the Plan is a collection of single-employer plans, there are times during the year when an employer will leave or enter the Plan and transfer all of the assets of its plan to or from the Plan. During the year ended December 31, 2019, there were transfers out of the Plan of \$41,389,173 and transfers into the Plan of \$23,262,728 resulting in net asset transfers out of the Plan of \$18,126,445 for the year ended December 31, 2019.

EXTENSIS RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2019 and 2018

NOTE K - CARES ACT

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020 and provided optional distribution and loan provisions as well as suspension of required minimum distributions ("RMDs") for anyone required to receive an RMD in 2020. The Plan Sponsor has implemented the following provisions of the CARES Act and the Plan will be formally amended prior to December 31, 2022 as required by the Act.

Participants, who meet specific conditions, are eligible to take a COVID-19 related distribution up to \$100,000 without a 10% early withdrawal penalty. Eligible distributions can be taken from January 1, 2020 through December 31, 2020, and may be repaid within three years. The repayments will be treated as tax-free rollovers into the participant's account.

Participants, who meet specific conditions, are eligible to take a COVID-19 related loan up to \$100,000 (an increase from \$50,000 previously allowed) for the period March 27, 2020 to September 22, 2020. Loan repayments due between March 27, 2020 and December 31, 2020 may be suspended until January 1, 2021 for eligible participants, with the repayment amount re-amortized and the due date of the loan extended for up to one year.

The Plan Sponsor elected to suspend paying RMDs to participants and beneficiaries that would otherwise be required to receive an RMD in 2020. However, participants and beneficiaries have a choice between receiving and not receiving the RMD for 2020. In addition, individuals that received an RMD prior to the enactment of the Act have until August 31, 2020 to roll over the RMD to an eligible retirement plan.

EXTENSIS RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196, Plan No. 333
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Mutual funds:		
	American Beacon	American Beacon Small CAP Value Fund R6	\$ 1,871,262
	American Century	American Century Small Cap Gwth R6	3,949,904
	American Funds	American Funds Europacific Growth R6	7,621,650
	BNY Mellon	BNY Mellon Small/Mid Cap Growth Y	5,861,874
	Calvert	Calvert Bond FD I	336,267
	Dimensional Fund Advisors	DFA Emerg Mkts Core Eqty Port Instl	3,189,105
	Dimensional Fund Advisors	DFA Emerg Mkts Social Core Port Inst	106,719
	Fidelity Investments	Fidelity Extended Mkt Index FD	8,652,847
	Fidelity Investments	Fidelity NASDAQ Composite Index FD	12,518,547
	Metropolitan West Funds	Metropolitan West Total Return BD PL	2,741,130
	MFS	MFS Value Fund CL R6	7,887,593
	PGIM	PGIM High-Yield Fund R6	2,701,306
	Vanguard	Vanguard FTSE Social Index Adm	451,033
	Vanguard	Vanguard Institutional Index Fund	15,937,304
	Vanguard	Vanguard Small-Cap Index Instl	6,996,247
	Vanguard	Vanguard Target Retirement Incm Inv	2,231,977
	Vanguard	Vanguard Target Retirement 2015 FD I	3,962,154
	Vanguard	Vanguard Target Retirement 2020 FD I	7,048,737
	Vanguard	Vanguard Target Retirement 2025 FD I	14,087,766
	Vanguard	Vanguard Target Retirement 2030 FD I	11,130,915
	Vanguard	Vanguard Target Retirement 2035 FD I	18,023,164
	Vanguard	Vanguard Target Retirement 2040 FD I	11,943,826
	Vanguard	Vanguard Target Retirement 2045 FD I	10,943,841
	Vanguard	Vanguard Target Retirement 2050 FD I	8,951,668
	Vanguard	Vanguard Target Retirement 2055 FD I	5,991,074
	Vanguard	Vanguard Target Retirement 2060 FD I	2,234,965
	Vanguard	Vanguard Target Retirement 2065 FD I	533,632
	Vanguard	Vanguard Total Bond Mkt Index Adm	3,485,204
	Vanguard	Vanguard Total Intl Stock Index Adm	3,507,799
	Victory	Victory Sycamore Established Val R6	1,327,394
	Metropolitan West Funds	Metropolitan West Total Return Bond Plan	1
	PGIM	PGIM High-Yield Fund Class R6	5
	Vanguard	Vanguard Total Bond Market Index Admiral	1
			186,226,911
	Participant Directed Brokerage Accounts:		
*	Charles Schwab Bank	Charles Schwab Bank PCRA	1,134,022

EXTENSIS RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196, Plan No. 333
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2019

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Common Collective Trust:		
	Union Bond & Trust	Morley Stable Val FD CL 3	<u>\$ 2,035,007</u>
	Money Market Accounts:		
*	Charles Schwab Bank	Schwab Bank Savings	<u>4,550,356</u>
*	Notes Receivable from Participants	Interest rates range from 4.25% - 6.75% Maturity dates range from 2020 to 2037	<u>2,845,198</u>
	Non-interest Bearing Cash Accounts:		
*	Charles Schwab Bank	Un-Invested cash	970,671
*	TD Ameritrade Trust Company	TD Bank USA MMDA	<u>14,041</u>
			<u>984,712</u>
		Total	<u>\$ 197,776,206</u>
*	Party-in-interest, as defined by ERISA.		

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991

Plan Number: 333

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Benson's International	03-2931458	0.00%
World Health Products, LLC dba GAT	01-0763098	0.08%
Gerelli Insurance Agency, Inc.	06-1221939	0.32%
Opticonx Inc.	04-3301569	0.10%
Proenza Schouler LLC	04-3681074	0.60%
Signum Biosciences, Inc.	01-0615746	0.44%
Venor Capital Management, LP	04-3816218	0.00%
EGS Partners, LLC	11-1111145	0.00%
Giumenta Corporation	11-1951208	0.68%
Kenneth Langone Family	11-2855999	0.06%
ICS Software, Ltd.	11-2979988	0.20%
CSB International	11-3373352	0.01%
KJ Technology Consulting, Inc.	11-3420469	0.00%
Schonfeld Group Holdings, LLC	11-3587791	1.29%
Sacco Carpet Corporation	11-3620648	0.37%
Insana Capital Partners, LP	11-3777943	0.00%
American Runners Co.	11-8733074	0.00%
Cuddy & Feder LLP	13-2683966	1.06%
Hudson Pharmacy & Surgical Supplies, Inc.	13-2832340	0.04%
Fauna Foods Corp.	13-2874056	0.07%
Rayana Designs Inc.	13-2993242	0.01%
Auchter Industrial Vac Services, Inc	13-3050345	0.83%
Edgar M. Bronfman Jr.	13-3123254	0.07%
Comport Consulting	13-3165980	1.66%
E-Media Plus, Inc.	13-3212949	0.00%
Horowitz Associates, Inc.	13-3280766	0.33%
Method Group, Inc.	13-3639066	0.07%
The Laurie M. Tisch Foundation	13-3693585	0.15%
Basic Resources, Inc.	13-3707539	0.72%
Americo Group Inc.	13-3707961	0.97%
Lectorum Publications, Inc.	13-3736176	0.07%
Billing Services Inc.	13-3766803	0.12%
Sterling Recycling	13-3800835	0.00%
The Grand Millennium	13-3918211	0.70%
AID for AIDS International, Inc.	13-3954568	0.00%
Sterling Carting Inc.	13-4053253	0.00%
LM Cohen & Co LLP	13-4068579	1.53%
Oddcast, Inc.	13-4106784	0.04%
Euro-Center USA, Inc.	13-4114636	0.11%
AIM, LLC	13-4129674	1.84%
LaRocca Hornik Rosen Greenberg & Blaha LLP	13-4162470	0.22%
Newman Moran LLC d/b/a COOP	13-4210211	0.44%
Pfingst & Company, Inc.	13-5521660	0.08%
Hudson Valley Endoscopy Center, Inc.	14-1800629	0.41%
Bronfman Youth Fellowship in Israel	14-1836083	0.17%
Fashion to Figure	14-1856982	0.00%
Moorestown Pediatrics LLP	14-1906843	0.00%
The Samuel Bronfman Foundation, Inc.	14-1918185	0.13%

Multiple Employer Plan Participating Employer Information**Extensis Retirement Savings Plan****Employer Identification Number: 86-1064991****Plan Number: 333****For plan year (beginning/ending:****01/01/2019 - 12/31/2019**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Landau, Nasella & Klasky, LLC	14-1929802	0.30%
Benu Corporation	20-0119415	0.07%
U Ride 2, LLC.	20-0966625	0.00%
March Made LLC	20-1150335	0.17%
Kasirer LLC	20-1364389	0.14%
Ergo Interactive, Inc.	20-1476519	0.00%
Zola Media LLC	20-2068972	0.41%
Mason Hill Advisors LLC	20-2328541	0.20%
Orange Capital LLC	20-2365801	0.00%
High Life	20-3475653	1.81%
DTOUCH NEW YORK LTD	20-3883274	0.36%
Guaglardi & Meliti, LLP	20-4007101	0.21%
Ramsay Fairs, LLC	20-4205686	0.01%
Teknavo US, Inc.	20-4288421	0.00%
Custodio Consulting LLC	20-4483539	0.07%
LANDCORE Engineering Consultants, PC	20-5070756	0.37%
Churchill Capital USA, Inc.	20-5512980	0.55%
Clarus Capital Group Mgmt LP	20-8098367	0.00%
Castlehill Investment Mgmt LP	20-8865925	0.00%
TLN Worldwide Enterprises, Inc dba The Leading Niche	20-8919583	0.25%
Lee's Garage Inc.	21-0497905	0.00%
Newark Motor and Export Corp.	22-0061113	0.00%
Vandenheuval & Fountain, Inc.	22-1352159	0.00%
Green Sky Industries, Inc.	22-1505279	0.00%
Major Products Co.,Inc.	22-1556181	1.18%
Globe Die-Cutting Products, Inc.	22-1688086	0.12%
United Way of Monmouth County	22-1828435	0.17%
The Fluets Corporation	22-1830228	0.09%
Arrow Limousine	22-1916954	0.35%
Abarb Pest Services, Inc.	22-2013542	0.00%
Blickman, Inc.	22-2060463	0.00%
PDQ Digital Print	22-2092703	0.00%
Filter Equipment Co., Inc	22-2095471	0.17%
Swim N Play, Inc.	22-2113014	0.02%
Gem Limousine Service, Inc.	22-2172312	0.00%
Hudson Awning and Sign Co. Inc.	22-2250189	0.00%
The Print Group	22-2354580	0.06%
Greenway Lawn Maintenance Co. Inc.	22-2458877	0.44%
Testo, Inc.	22-2483111	0.34%
Make-A-Wish Foundation of New Jersey, Inc.	22-2488495	0.89%
Notra Trading Corp, Inc.	22-2536748	1.58%
Access Management, Inc.	22-2577055	0.66%
Deacon Transportation Corp	22-2672276	0.00%
Atlantis Mortgage Company, Inc.	22-2745048	0.00%
Elph Stone Inc.	22-2884642	0.14%
NIP Group, Inc.	22-2908225	2.30%
Metro Physicians Management Services, Inc.	22-2947238	0.04%
Atlantic Group of Companies	22-2947680	0.22%

Multiple Employer Plan Participating Employer Information**Extensis Retirement Savings Plan****Employer Identification Number: 86-1064991****Plan Number: 333****For plan year (beginning/ending:****01/01/2019 - 12/31/2019**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Computer Square, Inc.	22-3077430	0.83%
Eveready Express	22-3127641	0.00%
Micro Machining Company	22-3138493	0.00%
Distribution Solutions	22-3176266	0.00%
Jet Fast Cleaning Services, Inc.	22-3197973	0.14%
Concorde Limousine, Inc.	22-3286743	0.04%
NJ 2-1-1 Partnership	22-3338917	0.02%
Integrated Document Technologies	22-3377633	0.00%
Paramount Realty Services Inc	22-3383023	0.33%
American Hose & Hydraulics Co., Inc.	22-3424259	0.36%
Amwell Auto & Tire Inc.	22-3489669	0.02%
Connolly Properties, Inc.	22-3533229	0.00%
MHI, Inc.	22-3538323	0.00%
Justin Alexander, Inc.	22-3592876	0.54%
The Elin Group, LLC	22-3626490	0.00%
Agri Exotic Trading	22-3675807	0.40%
Celli & Schlossberg LLC	22-3737754	0.00%
The Furniture Doctors	22-3747386	0.00%
Single Throw, Inc.	22-3760228	0.18%
CWS Software	22-3788359	0.08%
B.A.T. Wear, Inc.	22-3818760	0.00%
Alliance Technologies, LLC	22-3823868	0.15%
Foster Manufacturing Company	23-1472949	0.02%
EZ Micro Solutions, Inc.	23-2744032	0.17%
Kirkbride Center- 101	23-2790070	0.00%
Wellness in the Schools, Inc.	25-1919494	0.13%
Erno Laszlo, Inc.	26-0000186	1.52%
Covenant Review, LLC	26-0127299	0.12%
Orissa Holdings, LLC dba GroundWidgets	26-0739949	0.41%
Optimum Prop, LLC	26-0793461	0.16%
StyleCaster, Inc.	26-1103127	0.00%
Jersey Rock Group of Iselin	26-1710022	0.00%
Newark Charter School Fund Inc	26-2224940	0.00%
Moishe House	26-2599786	0.08%
Dance Media Publications, LLC	26-2660785	0.22%
Visionary	26-2736634	0.00%
Autonowe, LLC dba Medical Imaging Specialists (MIS)	26-2868066	0.08%
Friedomtech LLC	26-4169835	0.13%
Infinity Lifestyle Brands, LLC	26-4249452	0.14%
Heritage Global, LLC	26-4330603	0.00%
Pharus Advisors Holdings LLC	26-4426589	0.03%
Quantitative Brokers, LLC	27-0420594	0.37%
USA Legwear LLC	27-1157350	0.73%
Glo Science, Inc.	27-1301713	0.21%
New York Communities for Change, Inc.	27-1359103	0.15%
WHOSAY INC.	27-2123481	0.02%
New Jersey Podiatric Physicians & Surgeons Group, LLC	27-2406803	0.61%
Governor's Island Corporation	27-2683349	1.35%

Multiple Employer Plan Participating Employer Information**Extensis Retirement Savings Plan****Employer Identification Number: 86-1064991****Plan Number: 333****For plan year (beginning/ending:****01/01/2019 - 12/31/2019**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
One Love	27-2904497	0.73%
Ground Management Holdings, LLC dba GroundSpan	27-3004371	0.07%
Aesop USA, Inc	27-3147943	1.16%
Navience Healthcare Solutions, LLC	27-3842700	0.44%
Rainbow Academy Franchise Company	27-4037081	0.00%
ANS Nutrition Inc.	27-4115266	0.40%
Clason Point Partners Inc.	27-4436718	0.03%
Renaissance Global Services, LLC	27-4464213	0.39%
NewsRight	27-5122208	0.00%
Incopro Limited	30-0952094	0.02%
DB Group America Ltd.	33-1004629	0.32%
BHB Holdings, LLC	33-1126468	0.06%
UnbeatableSale.com, Inc.	35-2239295	0.04%
NEST Fragrances, LLC	35-2454288	0.65%
Cornerstone Capital Inc.	35-2480966	0.53%
Midtown Imaging, LLC	35-2512167	0.00%
Kingsdale Shareholder Services US LLC	35-2526365	0.03%
Nutraceutical Wellness Inc.	35-2582450	0.81%
RealMatch, Inc.	36-4609347	0.46%
QCIC Inc	36-4812367	0.05%
The Cody Group, Inc.	38-3910337	0.01%
TSG Reporting, Inc.	41-2085745	0.76%
AKA NYC Limited	42-1773190	1.00%
Enigma Technologies, Inc.	42-2236667	2.57%
Super Kids Childcare Learning Center	45-0485441	0.00%
iEnterprises Holdings, LLC	45-1059545	0.00%
Jump Ramp Games Inc	45-2159377	0.20%
Mark Cross Leathergoods, LLC	45-2280244	0.09%
Pipedrive Inc	45-2903034	0.55%
DMS Governance (USA) Inc.	45-2995602	0.42%
Ghurka Trading & Design LLC	45-3219574	0.00%
Verina Consulting Group, LLC	45-3438224	0.24%
Palisade Compliance, LLC	45-3526297	0.54%
Warehaus Inc	45-4025427	0.04%
ColorZen	45-4100324	0.00%
Governors Island Alliance, Inc. DBA The Friends of Governors	45-4317911	0.09%
United Public Safety	45-4397592	1.72%
MISPA, LLC	45-5187756	0.04%
Park Place Medical Imaging PC	45-5225171	0.00%
W Appliance Company LLC	45-5350432	0.47%
DriveWealth, LLC	45-5356564	0.22%
MISPA II, LLC	45-5429888	0.01%
Bayshore Networks, Inc.	45-5492544	0.24%
Amulet Capital Partners, LP	46-0785934	0.33%
Ace Office Solutions, LLC	46-1177497	0.00%
Pexip, Inc.	46-1260436	1.49%
Alembic Pharmaceuticals Inc.	46-1378951	0.73%
Asphalt Yacht Club LLC	46-1629666	0.09%

Multiple Employer Plan Participating Employer Information**Extensis Retirement Savings Plan****Employer Identification Number: 86-1064991****Plan Number: 333****For plan year (beginning/ending:****01/01/2019 - 12/31/2019**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Prescription Advisory Systems and Technology Inc. dba PASTrx	46-1672743	0.05%
SunRay Scientific LLC	46-1700371	0.00%
City and State NY LLC	46-2209305	0.23%
Coversafe Incorporated	46-2295156	0.18%
Skyline Automation, LLC	46-2399805	0.00%
Videxio, Inc.	46-2909617	0.22%
Reich Bros, LLC	46-3117449	0.00%
RF7 LLC	46-3167107	0.23%
Triax Technologies, Inc	46-3650783	0.16%
Capstone Hill Search Inc	46-3829861	0.16%
Marcoffice Ltd./Office Furniture Heaven	46-4209875	0.31%
Planck LLC	46-4544044	0.69%
KEC Management LP	46-4785991	0.01%
R-Pharm US, LLC	46-4796215	0.56%
Ammirati	46-5230047	0.00%
EmpiRx Health LLC	47-1226691	0.74%
River Partners Capital Management, L.P.	47-1374219	0.50%
Fair Lawn Imaging, LLC	47-1400390	0.02%
Inspirit Group, LLC dba Stop!T	47-1600407	0.20%
Amring Pharmaceuticals Inc.	47-1604786	1.45%
F&W Mechanical & Plumbing	47-2069636	0.28%
Kool Vent Mechanical	47-2140846	0.12%
Ursa Space Systems, Inc.	47-2260321	1.02%
Wagner Berkow, LLP	47-2322791	0.25%
Albany Imaging, LLC	47-2578121	0.13%
Guestfriend, Inc	47-2851350	0.17%
Civic Participation Action Fund	47-3143631	0.31%
New Rochelle Imaging LLC	47-3845833	0.09%
You & Mr Jones Inc	47-4050342	0.75%
Innovation Investment & Consulting North American Inc.	47-4089635	0.10%
Reliance Global Holdings, LLC	47-4208032	0.30%
Signition LC	47-4231884	0.43%
Dashbid Media, Inc.	47-4242613	0.00%
Arena Service Co., LLC	47-4427154	1.21%
Chiron Investment Management, LLC	47-4482513	0.63%
Nylon Media I LLC	47-4650956	0.57%
StratX IT Solutions, LLC	47-4896664	0.89%
BCK Capital Management LP	47-5139564	0.01%
Owl Rock Capital Partners LP	47-5431128	4.76%
Bag Studio, LLC	47-5675331	0.20%
Paratransit Services of NJ, Inc.	51-0251152	0.01%
Modotech, Inc.	51-0397498	0.19%
Bronfman Associates LLC	51-0522783	0.08%
Extensis Holdings, L.L.C.	52-2136196	6.48%
Jet Fast Enterprises, LLC	52-2336978	0.68%
Braemar Energy Ventures	52-2390044	0.16%
Delta Brands Inc	55-0811940	0.16%
Abbot & Abbot Box Corporation	56-2431795	0.15%

Multiple Employer Plan Participating Employer Information**Extensis Retirement Savings Plan****Employer Identification Number: 86-1064991****Plan Number: 333****For plan year (beginning/ending:****01/01/2019 - 12/31/2019**

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
J. I. Harris & Associates LLC	65-0815775	0.09%
Data Bound Solutions	65-0938607	0.41%
FocalPoint Marketing LLC	71-1690791	0.00%
Emerging Power, Inc.	75-2975537	0.50%
My Jewish Learning	75-3121525	0.00%
Global Business Intelligence Consulting	80-0028832	0.42%
Broadscale Group LLC	80-0830745	0.09%
Sancus Insurance Agency, LTD	81-0692506	0.00%
6th Avenue Capital LLC	81-0767428	0.89%
Ashwood Capital Management LLC	81-0920792	0.28%
R3 Holdco LLC	81-1773743	2.12%
iGEM Communications LLC	81-1981422	0.78%
Light Sky Macro LP	81-2896766	0.79%
Defiant Studios LLC	81-3570523	0.01%
Throtle, Inc.	81-3626753	0.12%
LevFin Insights, LLC	81-3679179	0.01%
Romano & Associates CPA's, P.C.	81-3867787	0.07%
Bella Inspection Services, LLC	81-3884859	0.01%
K2 Environmental Consulting LLC	81-4087105	0.41%
Graymatters Medical Practice P.C.	81-4169080	0.13%
Sassicaia Capital Advisers LLC	81-4255954	0.00%
American Limousine LLC	81-4529449	0.00%
Distrilogik US LTD	81-4553766	0.06%
Peak 8 Asset Management LLC	81-4640404	0.07%
Valens Research LLC	82-1171358	0.05%
Simply Stylist, LLC	82-1241902	0.05%
International Refugee Assistance Project, Inc.	82-2167556	1.70%
Veteran Advocacy Project	82-3103233	0.00%
Mutti USA Inc.	82-3395498	0.91%
Cosmic Picture Distribution LLC	82-3626617	0.10%
Premier Music Group, LLC	82-3687119	0.18%
Downtown Records	82-3945253	0.06%
Bronfman Family Office LLC	82-4141962	0.05%
Rock Elm Holdings LLC	82-4248961	0.02%
Integrated Care Solutions LLC	82-4642993	0.01%
Stanfield Consulting, Inc.	82-5069240	0.02%
Katie Couric Media, LLC	82-5235245	0.12%
Silver Regulatory Associates LLC	83-0595221	0.01%
K & H Medical PLLC	83-0644456	0.00%
Lincoln Avenue Capital, LLC	83-1529707	0.78%
Boro Park Nutrition, LLC	81-1444022	0.00%
Vascular Management Consultants, LLC	83-2727661	0.01%
Balance Partners, LLC	83-2795242	0.03%
Tough Mudder Bootcamp Operations, LLC	84-1809508	0.02%
Aseage LLC	84-2168146	1.70%
Raistone Capital LLC	84-2262742	0.27%
PVH Legwear LLC	84-2367632	0.02%
Mission With A Margin Inc	84-2716653	1.50%

Multiple Employer Plan Participating Employer Information

Extensis Retirement Savings Plan

Employer Identification Number: 86-1064991

Plan Number: 333

For plan year (beginning/ending:

01/01/2019 - 12/31/2019

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Pitch in for Baseball	86-1141299	0.01%
Open Road Integrated Media, Inc.	90-0712555	0.45%
Bridge Growth Partners, LLC	90-0979414	1.13%
International Student Exchange	94-2843176	0.09%
Cathay Capital NA, LLC	99-0363967	0.11%
AppCard, Inc.	99-0368773	0.00%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan EXTENSIS RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Extensis Group, LLC 900 Route 9 Suite 203 Woodbridge NJ 07095	2b Employer Identification Number (EIN) 86-1064991
	2c Plan Sponsor's telephone number 732-634-1910
	2d Business code (see instructions) 561300

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

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

SIGN HERE		Oct 15, 2020	Blake Morris
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Oct 15, 2020	Blake Morris
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6,788
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) 6,054
a(2) Total number of active participants at the end of the plan year	6a(2) 6,155
b Retired or separated participants receiving benefits.....	6b 2
c Other retired or separated participants entitled to future benefits	6c 811
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 6,968
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 6,969
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3,901
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 41
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

Continuation of 2019 Form 5500

Schedule H, line 5b - Additional Plans

Plan Name Extensis Retirement Savings Plan	EIN: 86-1064991
Plan Sponsor's Name Extensis Group, LLC	PN: 333

[illegible]

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

Name of Plan:

► Extensis Retirement Savings Plan

Employer Identification Number: ► 86-1064991

For plan year (beginning/ending): ► 01/01/2019 - 12/31/2019

Plan number: ►

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CHARLES SCHWAB BANK	American Beacon Small CAP Value Fund R6		1,871,262
	CHARLES SCHWAB BANK	American Century Small Cap Gwth R6		3,949,904
	CHARLES SCHWAB BANK	American Funds Europacific Growth R6		7,621,650
	CHARLES SCHWAB BANK	BNY Mellon Small/Mid Cap Growth Y		5,861,874
	CHARLES SCHWAB BANK	Calvert Bond FD I		336,267
	CHARLES SCHWAB BANK	DFA Emerg Mkts Core Eqty Port Instl		3,189,105
	CHARLES SCHWAB BANK	DFA Emerg Mkts Social Core Port Inst		106,719
	CHARLES SCHWAB BANK	Fidelity Extended Mkt Index FD		8,652,847
	CHARLES SCHWAB BANK	Fidelity NASDAQ Composi Index FD		12,518,547
	CHARLES SCHWAB BANK	Metropolitan West Total Return BD PL		2,741,130
	CHARLES SCHWAB BANK	MFS Value Fund CL R6		7,887,593
	CHARLES SCHWAB BANK	PGIM High-Yield Fund R6		2,701,306
	CHARLES SCHWAB BANK	Vanguard FTSE Social Index Adm		451,033
	CHARLES SCHWAB BANK	Vanguard Institutional Index Fund		15,937,304
	CHARLES SCHWAB BANK	Vanguard Small-Cap Index Instl		6,996,247
	CHARLES SCHWAB BANK	Vanguard Target Retirement Incm Inv		2,231,977
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2015 FD I		3,962,154
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2020 FD I		7,048,737
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2025 FD I		14,087,766
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2030 FD I		11,130,915
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2035 FD I		18,023,164
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2040 FD I		11,943,826
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2045 FD I		10,943,841
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2050 FD I		8,951,668
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2055 FD I		5,991,074
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2060 FD I		2,234,965
	CHARLES SCHWAB BANK	Vanguard Target Retirement 2065 FD I		533,632
	CHARLES SCHWAB BANK	Vanguard Total Bond Mkt Index Adm		3,485,204
	CHARLES SCHWAB BANK	Vanguard Total Intl Stock Index Adm		3,507,799
	CHARLES SCHWAB BANK	Victory Sycamore Established Val R6		1,327,394
	CHARLES SCHWAB BANK	Morley Stable Val FD CL 3		2,035,007
	CHARLES SCHWAB BANK	Schwab Bank Savings		4,550,356
	CHARLES SCHWAB BANK	Charles Schwab Bank PCRA		1,134,022
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Plan		1
	TD Ameritrade Trust Company	PGIM High-Yield Fund Class R6		5
	TD Ameritrade Trust Company	TD Bank USA MMDA		14,041
	TD Ameritrade Trust Company	Vanguard Total Bond Market Index Admiral		1
	Participant Loans	Various Interest Rates		2,845,198