Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] 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
- [X] special extension (enter description) HURRICANE IDA DISASTER EXTENSION

Part II Basic Plan Information—enter all requested information

1a Name of plan
SYNDIGO 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1993

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)
SYNDIGO LLC

141 WEST JACKSON BOULEVARD
CHICAGO, IL 60604

2b Employer Identification Number (EIN) 20-3328053

2c Plan Sponsor's telephone number 312-766-4801

2d Business code (see instructions) 812990

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.	01/05/2022	SAGIT HALPERN
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	559
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)**	357
a(2) Total number of active participants at the end of the plan year	**6a(2)**	516
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	69
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	585
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	585
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	585
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SYNDIGO 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-3328053

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY EMPLOYER	53569	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SYNDIGO 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-3328053

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK 1-3 YR GV BOND INDEX FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802368-009	C	77840

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802495-007	C	64561

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EM MKTS EQ IDX

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802262-008	C	37073

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSS 1000 IDX

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-1025041-012	C	222239

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT TR TRUST II R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
82-1151625-324	C	30747

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE SOLUTIONS

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-3301561-505	C	230219

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER LC VAL PORTFOLIO R1

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-4278868-290	C	39801

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON BR RUSS 1000 GRTH R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-1025041-012	C	154025

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON BR RUSS 2000 IDX R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802587-004	C	277520

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON BR U.S. DEBT IDX R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802445-010	C	112037

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 GROWTH INDEX

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802395-006	C	34777

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000(R) VALUE IND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802296-005	C	5124

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON BR MID CAP EQ IDX R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
20-3802327-003	C	15223

a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON BR RUSS 1000 VAL R

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-1009614-011	C	100466

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX US INDEX FUN

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.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)
81-1950980-013	C	8059

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SYNDIGO 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-3328053

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	59310	118716
(2) Participant contributions	1b(2)	0	69505
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	162357	167636
(9) Value of interest in common/collective trusts	1c(9)	607348	1409709
(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)	13964149	20476918
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	14793164	22242484
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14793164	22242484

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)	1022770	
	(B) Participants	2a(1)(B)	2639077	
	(C) Others (including rollovers)	2a(1)(C)	1616622	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5278469
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9079	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9079
	(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)	188310	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		188310
	(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)		198400
(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)		2858293
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8532551

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1735908	
(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)		1735908
f Corrective distributions (see instructions)	2f		1424
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)	53569	
(3) Investment advisory and management fees	2i(3)	129	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53698
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1791030

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		6741521
l Transfers of assets:			
(1) To this plan	2l(1)		707799
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GETTRY MARCUS CPA, P.C. **(2)** EIN: 13-3418879

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		394937

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SYNDIGO 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-3328053

Part I Distributions

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

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

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

EIN(s): 80-0709115

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

SYNDIGO 401(K) PLAN

(FORMERLY KNOWN AS GLADSON, LLC PROFIT SHARING PLAN)

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

GETTRYMARCUS

Syndigo 401(k) Plan

(Formerly known as Gladson, LLC Profit Sharing Plan)

Table of Contents

Years Ended December 31, 2020 and 2019

	Page
Independent Auditor's Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-14
Supplementary Information:	
Schedules of Delinquent Participant Contribution	15-16
Schedule of Assets (Held at End of Year)	17-18

Independent Auditor's Report

To the Board of Trustees
Syndigo 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Syndigo 401(k) Plan, (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Trust Company LLC and Charles Schwab Bank, 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 Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the period January 1, 2019 to November 14, 2019 and that John Hancock Retirement Plan Services LLC held the Plan's investment assets and executed investment transactions for the period November 15, 2019 to December 31, 2020. The Plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the custodians 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 schedules, appearing on pages 15 through 18, as of December 31, 2020 and for the years ended December 31, 2020 and 2019, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gettry Marcus CPA, P.C.

Gettry Marcus CPA, P.C.
Woodbury, New York
November 29, 2021

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments at fair value	$ 21,886,627	$ 14,571,497
Receivables		
Contributions receivable - participants	69,505	-
Contributions receivable - employer	118,716	59,310
Notes receivable from participants	167,636	162,357
Total receivables	355,857	221,667
Net assets available for benefits	$ 22,242,484	$ 14,793,164

See notes to financial statements.

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions:		
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 3,056,693	$ 1,473,163
Interest and dividends	188,310	304,455
Net investment income	3,245,003	1,777,618
Interest income on notes receivable from participants	9,079	9,303
Contributions		
Participants	2,639,077	1,753,000
Employer	1,022,770	594,710
Rollovers	1,616,622	1,488,904
Total contributions	5,278,469	3,836,614
Total additions	8,532,551	5,623,535
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,737,332	1,031,386
Administrative expenses	53,698	52,691
Total deductions	1,791,030	1,084,077
Net increase	6,741,521	4,539,458
Transfers from affiliated plans	707,799	5,554,889
Net assets available for benefits:		
Beginning of year	14,793,164	4,698,817
End of year	$ 22,242,484	$ 14,793,164

See notes to financial statements.

Note 1 – Description of Plan

The following description of Syndigo 401(k) Plan, formerly known as Gladson, LLC Profit Sharing Plan, (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established October 1,1993, is a defined contribution plan organized under Internal Revenue Code ("IRC") Section 401(k). Effective March 31, 2014, the Plan was restated to a volume submitter defined contribution plan. It covered all eligible employees of Syndigo, LLC, formerly known as Gladson, LLC, or any subsidiary or affiliate (collectively the "Employer" or "Company") who have completed six months of eligible service and attained the age of 21. Effective January 1, 2019, the Plan was amended, and accordingly, employees who are age 18 years and older and have completed three months of eligibility service, are eligible to participant in the Plan effective that date. Effective March 6, 2019, the Employer changed the Company's name to Syndigo LLC. Consequently, the Board of Trustees elected to change the name of the Plan to Syndigo 401(k) Plan effective the same date. Effective November 15, 2019, the Plan was restated to a John Hancock Prototype Plan, with a corresponding determination letter dated May 18, 2015. The Plan is subject to the provisions of ERISA. The trustee is responsible for oversight of the Plan. Management of the Company determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of trustees.

Effective November 15, 2019, a new custodian, administrator, and record keeper were appointed. Plan assets transferred to the new custodian were invested into funds comparable to those offered by the previous custodian. The conversion initiated a blackout period beginning November 5, 2019 which continued through December 6, 2019. During this period, funds could not be applied to the employee-selected funds with the trustee or withdrawn from the Plan until the custodian could accurately complete the conversion. During this period, employee contributions continued to be made through payroll deductions, and the contributions were deposited and held in the Plan's income fund until the completion of the blackout period. At the end of the blackout period, such funds were transferred to the investment options requested by each participant.

Contributions

Each year, participants may contribute to the Plan from 1 to 100 percent (in full percentage points) of their pretax earnings, as defined in the Plan, up to a maximum in accordance with Section 415(c) of the IRC and adjusted annually for inflation thereafter. Effective November 1, 2017, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. Effective October 1, 2017, the Plan was amended to accept Roth Elective Deferrals made on behalf of participants. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollovers"). Participants direct the investment of their contributions, the employer contributions and rollovers into various investment options offered by the Plan. For the years ended December 31, 2020 and 2019, the Employer discretionary matching percentage was 50 percent of the first 6 percent of each participant's contributions, which amounted to $1,022,770 and $594,710, respectively.

Note 1 – Description of Plan (continued)

Contributions (continued)
During the years ended December 31, 2020 and 2019, the Company accrued true up contributions of $94,820 and $59,310, respectively, which were paid in March 2021 and March 2020, respectively.

The Company may also make an additional profit sharing contribution to the participants at the option of the Company. No such contribution was made during the years ended December 31, 2020 and 2019. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts
Each participant's account is credited with the participant's contributions and Company discretionary matching contributions as well as an allocation of (a) the Company's profit sharing contribution, if any (b) Plan earnings and losses, and (c) an allocation of Plan administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Earnings (losses) are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants immediately vest 100 percent in their voluntary contributions plus actual earnings thereon. Employer discretionary matching contributions and profit sharing contributions will vest on the basis of the participant's number of years of continuous service. A participant becomes 25 percent vested after one year of service, 50 percent vested after two years of service, 75 percent vested after three years of service and 100 percent vested after four years of service. However, if an active participant dies or becomes totally and permanently disabled prior to attaining the normal retirement age, the participant's account becomes 100 percent vested.

Forfeitures
Forfeitures of non-vested benefits are available to be used to reduce Plan expenses and employer contributions. Forfeited non-vested accounts totaled $70,226 and $38,424 at December 31, 2020 and 2019, respectively. For the years ended December 31, 2020 and 2019, there were no forfeitures used to offset plan expenditures..

Payment of Benefits
On termination of service due to death, disability, retirement, or for other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions are subject to the applicable provisions of the Plan agreement.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from one to five years or a longer repayment period allowed by the administrator 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 that range from 4.25 percent to 6.50 percent. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan allows each participant to have up to two outstanding loans at any given time. During March 2020, the Plan adopted certain measures that changed various provisions pertaining to notes receivable from participants, as referenced below.

Note 1 – Description of Plan (continued)

Coronavirus Aid, Relief and Economic Security Act
The Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") was enacted on March 27, 2020. The CARES Act includes a number of relief provisions available to tax-qualified retirement plans. The provisions of the CARES Act may be effective and operationalized immediately (i.e., prior to amending the Plan document). The Plan has adopted certain measures included in the CARES Act as follows:

- Permit qualified individuals (as defined under the CARES Act) to request Coronavirus-Related Distributions up to $100,000 from their vested portion of the Plan between January 1, 2020 and December 31, 2020.

- For loans taken within 180 days after the enactment of the CARES Act (i.e., March 27, 2020), permit qualified CARES Act individuals to take loans from their account up to the lesser of 100% of their vested account balance or $100,000. In addition, permit any Plan loan repayment that comes due during the period March 27, 2020 through December 31, 2020 to be delayed for up to one year.

- Permit the delay of Required Minimum Distributions ("RMD") for a period of one year, with the delay applying to both 2019 distributions that were required to begin no later than April 1, 2020, and 2020 distributions, unless an employee elects to receive an RMD in 2020. Participants electing to receive a 2020 RMD amount are able to use the 60-day rollover option.

The timing and manner for formal plan amendments, as determined by the CARES Act, is for the Plan year ending December 31, 2022.

Note 2 – Summary of Significant Accounting Policies

Accounting Standards Update ("ASU")
On August 28, 2018, FASB issued ASU 2018-13, Disclosure Framework–Changes to the Disclosure Requirement for Fair Value Measurement (Topic 820). The ASU, which applies to all entities (including defined contribution plans) removes, modifies and adds fair value and/or NAV related disclosures. The ASU is effective for years beginning after December 15, 2019. Certain of these amendments are prospective changes with the balance to be applied retrospectively. Early adoption was permitted; however, the Plan did not early adopt. The Board of Trustees has determined that the adoption of ASU 2018-13 has no impact on its financial statements.

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. Management of the Employer determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, custodian, trustee and insurance company.

Note 2 – Summary of Significant Accounting Policies (continued)

The Plan utilizes Net Asset Value ("NAV") as practical expedient to measure the fair value if its investment in a Stable Value Fund.

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses have been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits
Benefits are recorded when paid by the Plan.

Administrative Expenses
The Plan's expenses are paid by either the Plan or the Company as provided by the Plan agreement. Certain administrative expenses of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Reclassifications of a General Nature
Certain amounts in the prior period presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported net decrease or net assets available for benefits.

Note 3 – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2020 and 2019, and net appreciation in the fair value of investments, and interest and dividends for the years then ended, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by John Hancock Trust Company LLC ("John Hancock") and Charles Schwab Bank ("Charles Schwab") (the custodians of the Plan).

The assets of the Plan are invested at the direction of the participants in various investment funds at December 31, 2020 and 2019.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the daily closing price as reported by the fund. Common/collective trusts held by the Plan are composed of target retirement funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The target retirement funds held by the Plan are deemed to be actively traded.

Common/collective trust MetLife Stable Value Solutions ("Stable Value Fund"): The Stable Value Fund, common collective pooled trust, is primarily composed of bonds and fully-benefit responsive investment contracts that are valued at the NAV units of the collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the Stable

Note 4 – Fair Value Measurements (continued)

Fair Value of Investments in Entities That Use NAV
The following table summarizes the investments measured at fair value based on NAV per shares as of December 31, 2020 and 2019, respectively:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Stable Value Fund	$230,219	n/a	Daily	1-2 Days

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Stable Value Fund	$33,213	n/a	Daily	1-2 Days

Note 5 – Restrictions of Stable Value Fund

Withdrawals to accommodate participant distributions may be made on any business day. Withdrawals made by participants for investment in another fund may be held in a non-competing investment option for up to 90 days if it were to be directed to a competing fund. Were the Plan to initiate a full redemption of its investment in the Stable Value Fund, the investment adviser reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Note 6 – 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 a plan termination, participants will become 100 percent vested in their employer discretionary matching and profit sharing contributions.

Note 7 – Tax Status

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter dated March 31, 2014, in which the IRS states that the volume submitter plan, as then designed, was in compliance with the applicable sections of the IRC.

Effective November 15, 2019, the Company adopted a Prototype Non-standardized Profit Sharing Plan which received a favorable opinion letter dated May 18, 2015, in which the IRS stated that the volume submitter plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan (i) has been amended, (ii) accepted several merged plans and participants from those plans, and (iii) affected transfers from affiliated plans since receiving the determination letter (the latest transfer being April 1, 2020), the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

Note 4 – Fair Value Measurements (continued)

Value Fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methodologies 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's recurring investments at fair value as of December 31, 2020 and 2019:

	Investments at Fair Value at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Emerging Market	$ 45,242	$ -	$ -	$ 45,242
Bond Market	1,138,264	-	-	1,138,264
Blend	151,628	-	-	151,628
Growth	638,937	-	-	638,937
Value	175,332	-	-	175,332
Target Date	18,265,355	-	-	18,265,355
Money Market	62,159	-	-	62,159
Common/Collective Trusts	-	1,179,491	-	1,179,491
Investment measured at NAV (a)	-	-	-	230,219
Total investments at fair value	$ 20,476,917	$ 1,179,491	$ -	$ 21,886,627

	Investments at Fair Value at December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Emerging Market	$ 353	$ -	$ -	$ 353
Bond Market	1,025,876	-	-	1,025,876
Blend	33,893	-	-	33,893
Growth	185,508	-	-	185,508
Value	40,132	-	-	40,132
Target Date	12,639,797	-	-	12,639,797
Money Market	38,588	-	-	38,588
Common/Collective Trusts	-	574,137	-	574,137
Investment measured at NAV (a)	-	-	-	33,213
Total investments at fair value	$ 13,964,147	$ 574,137	$ -	$ 14,571,497

(a) In accordance with ASU 2015-07, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Note 7 – Tax Status (continued)

U.S. GAAP requires 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 the IRS. The trustee of the Plan have analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2020 and 2019, no uncertain positions were taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

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

COVID-19 Pandemic
The impact of the COVID-19 pandemic outbreak continues to evolve. Said pandemic has adversely affected net global economic activity and has greatly contributed to a significant deterioration and then recovery in financial markets as of the date of these financial statements were issued. Because the values of the Plan's investments have and will fluctuate in response to these changing market conditions, the impact of this situation on the Plan (and the Company) and its future results and financial position is not presently determinable.

Note 9 – Related Party Transactions

The investments owned by the Plan were managed by Charles Schwab, the previous custodian of the Plan, through November 14, 2019. Fees incurred by the Plan for these investment management services through that date, were paid by revenue sharing, rather than direct payment. The investments owned by the Plan are managed by John Hancock, the custodian of the Plan, commencing November 15, 2019. Fees incurred by the Plan for these investment management services as of that date, are paid by revenue sharing, rather than direct payment.

As described in Note 2, the Plan made direct payments for administrative services to John Hancock of $53,698 for the year ended December 31, 2020, and payments to John Hancock of $3,203 and Charles Schwab of $49,488 for the year ended December 31, 2019. The Employer pays directly any other fees related to the Plan's operations.

Charles Schwab provided certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Charles Schwab through November 14, 2019. Charles Schwab received revenue from mutual fund service providers for services Charles Schwab provided to the funds. This revenue was used to offset certain amounts owed to Charles Schwab for its administrative services to the Plan.

If the revenue received by Charles Schwab from such mutual fund service providers exceeded the amount owed under the MSA, Charles Schwab remitted the excess to the Plan's trust on a quarterly basis. Such amounts may have been applied to pay Plan administrative expenses or allocated to the accounts of the participants. There were no excess amounts during 2019. The Plan or Plan Sponsor may have made a payment to Charles Schwab for administrative expenses not covered by revenue sharing.

Note 9 – Related Party Transactions (continued)

Effective November 15, 2019, John Hancock Retirement Plan Services, LLC ("JHRPS") provides certain administrative services to the Plan pursuant to a Service Agreement ("Agreement") between the Company and JHRPS. JHRPS receives certain service revenue from amounts paid to JHRPS or its affiliates under contracts with the investment option issuers to provide certain services to those funds. This revenue is used to offset the cost of plan services by crediting participant accounts on the last business day of the month with an offset credit ("credit amount") reasonably approximating that portion of the total Plan offset amount attributable to each participant's account holding during the month.

This credit amount will be deposited into the Plan Expense Reimbursement Account ("PERA") and will be available to the Plan for the payment of ERISA-qualified Plan administrative expenses, as determined by the Plan administrator. Any credit amounts deposited in the PERA shall be available to pay or offset allowable Plan expenses incurred through March 31 of the following calendar year as determined by the Plan Administrator. There were no credit amounts deposited for the period ended December 31, 2020.

Note 10 – Transfers from Affiliated Plans

On January 20, 2021, management, as permitted by the Plan document, made the decision and elected that the net assets of Attribytes 401(k) Plan (an affiliated plan) would be transferred and merged into the Plan. Total transfer was made as follows:

Affiliated plan	Date decision made	Date transferred and merged	Total
Attribytes 401(k)	1/20/2021	9/3/2021	$ 324,967

On February 25, 2020, management, as permitted by the Plan document, made the decision and elected that the net assets of Sellpoints, Inc. 401(k) Plan (an affiliated plan) would be transferred and merged into the Plan. Total transfer was made as follows:

Affiliated plan	Date decision made	Date transferred and merged	Total
Sellpoints, Inc 401(k) Plan	2/25/2020	4/1/2020	$ 707,799

On May 15, 2019 and June 15, 2019, management, as permitted by the Plan document, made the decision and elected that the net assets of both EdgeAQ, LLC 401(k) Plan and ItemMaster 401(k) Plan (both affiliated plans) would be transferred and merged into the Plan. Total transfers were made as follows:

Affiliated plan	Date decision made	Date transferred and merged	Total
EdgeAQ, LLC 401(k) Plan	5/15/2019	5/15/2019	$ 5,123,369
ItemMaster 401(k) Plan	6/15/2019	6/18/2019	431,520
			$ 5,554,889

Note 10 – Transfers from Affiliated Plans (continued)

On December 31, 2018, management, as permitted by the Plan document, made the decision and elected that all participants and related Plan assets of Webcollage, Inc. 401(k) Plan, Nutritionix 401(k) Plan and FSE Inc. 401(k) Profit Sharing Plan & Trust (affiliated plans) would be transferred and merged into the Plan. Due to the assets being transferred in 2019, the plan mergers are reflected as transfers receivable on the Statement of Net Assets Available for Benefits as of December 31, 2018. Total transfers were made as follows:

Affiliated plan	Date decision made	Date transferred and merged	Total
Webcollage, Inc. 401(k) Plan	12/31/2018	1/2/2019	$ 823,925
Nutritionix 401(k) Plan	12/31/2018	2/13/2019	182,799
FSE Inc. 401(k) Profit Sharing Plan & Trust	12/31/2018	2/26/2019	874,405
			$ 1,881,129

Note 11 – Untimely Participant Contributions

It was noted that for the year ended December 31, 2020, there were unintentional delays by the Company in submitting employee contributions totaling $326,265 to the custodian. The Company is in the process of correcting the untimely contributions under the self-correction program. The amount of lost earnings that will be payable to the participants has not been determined, but the Company does not believe that it will be a material to the accompanying financial statements.

It was noted that for the year ended December 31, 2019, there were unintentional delays by the Company in submitting employee contributions totaling $68,672 to the custodian. The Company is in the process of correcting the untimely contributions under the self-correction program. The amount of lost earnings that will be payable to the participants has not been determined, but the Company does not believe that it will be a material to the accompanying financial statements.

Note 12 – Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through November 29, 2021 the date the financial statements were available to be issued.

Supplementary Information

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
PN: 001 EIN: 20-3328053
Form 5500 Schedule H, Part IV, Item 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2020

(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
*	Registered Investment Company	Amer Target 2060 Fund R4		831,169
*	Registered Investment Company	American Cent Mid Cap Value R6		30,705
*	Registered Investment Company	AQR LC Defensive Style R6		105,144
*	Registered Investment Company	Carillon Scout Mid Cap R6		12,484
*	Registered Investment Company	Franklin DynaTech Fund R6		154,582
*	Registered Investment Company	Lord Abbett Dev Growth Fund R6		97,525
*	Registered Investment Company	MFS Mid Cap Growth Fund R6		92,949
*	Registered Investment Company	MFS New Discovery Value R6		72,368
*	Registered Investment Company	PIMCO Stocksplus Abs Ret Inst		19,840
*	Registered Investment Company	PIMCO Small Cap Stks Plus Inst		3,688
*	Registered Investment Company	Vanguard MidCap Grwth Ind Adm		131,692
*	Registered Investment Company	Vanguard Mid-Cap Val Index Adm		72,259
*	Registered Investment Company	American EuroPacific Growth R6		162,189
*	Registered Investment Company	Calvert Emerg Mrkts Equ R6		45,242
*	Registered Investment Company	PIMCO Int StocksPLUS USD Hg I		10,472
*	Registered Investment Company	JPMorgan US Govt MMkt Cap Cl		62,159
*	Stable Value Fund	Metlife Stable Value Solutions		230,219
				21,886,627
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.50%, various maturity dates, secured by participants' account balances.	--	167,636
	Total			$ 22,054,263

* Indicates an identified person known to be a party-in-interest to the Plan.

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
PN: 001 EIN: 20-3328053
Form 5500 Schedule H, Part IV, Item 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2020

	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments Are Included	Date Withheld	Date Remitted	Amount	Contributions Not Corrected*	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
✓	1/29/2020	2/5/2020	$ 142,133	$ 142,133	$ -	$ -	$ -
✓	2/26/2020	3/6/2020	129,951	129,951	-	-	-
	3/30/2020	4/22/2020	4,159	4,159	-	-	-
	4/15/2020	4/22/2020	8,404	8,404	-	-	-
	5/1/2020	5/12/2020	3,989	3,989	-	-	-
	5/15/2020	6/5/2020	6,220	6,220	-	-	-
	6/30/2020	7/10/2020	7,614	7,614	-	-	-
	7/15/2020	7/22/2020	7,122	7,122	-	-	-
	12/31/2020	1/8/2021	15,601	15,601	-	-	-
	12/31/2020	1/11/2021	1,072	1,072	-	-	-
			$ 326,265	$ 326,265	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2021.

See independent auditor's report.

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
PN: 001 EIN: 20-3328053
Form 5500 Schedule H, Part IV, Item 4(a)
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2019

	Participant Contributions Transferred Late to Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments Are Included	Date Withheld	Date Remitted	Amount	Contributions Not Corrected*	Contributions Corrected Outside VFCP	Contributions Pending Correction Under VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
✓	5/24/2019	6/3/2019	$ 5,175	$ 5,175	$ -	$ -	$ -
✓	5/24/2019	6/7/2019	59,878	59,878	-	-	-
✓	8/16/2019	8/23/2019	3,619	3,619	-	-	-
			$ 68,672	$ 68,672	$ -	$ -	$ -

* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2021.

See independent auditor's report.

Syndigo 401(k) Plan
(Formerly known as Gladson, LLC Profit Sharing Plan)
PN: 001 EIN: 20-3328053
Form 5500 Schedule H, Part IV, Item 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2020

(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
*	Common Trust Fund	BlackRock 13 Yr Gv Bd Idx Fee		$ 77,839
*	Common Trust Fund	BlackRock Em Mkts Eq Idx Fee R		37,073
*	Common Trust Fund	BlackRock Russ 1000 Idx Fee R		222,239
*	Common Trust Fund	BR MSCI ACWI exUS Idx Fee R		8,059
*	Common Trust Fund	BR Russell 2000 Gr Idx Fee R		34,777
*	Common Trust Fund	BR Russell 2000 Val Idx Fee R		5,124
*	Common Trust Fund	Lord Abbett TR Trust II R		30,747
*	Common Trust Fund	Pioneer LC Val Portfolio R1		39,801
*	Common Trust Fund	Wilmington BR EAFE Eq Idx R		64,561
*	Common Trust Fund	Wilmington BR Mid Cap Eq Idx R		15,223
*	Common Trust Fund	Wilmington BR Russ 1000 Grth R		154,025
*	Common Trust Fund	Wilmington BR Russ 1000 Val R		100,466
*	Common Trust Fund	Wilmington BR Russ 2000 Idx R		277,520
*	Common Trust Fund	Wilmington BR U.S. Debt Idx R		112,037
*	Registered Investment Company	Lord Abbett Bond Debenture R6		109,878
*	Registered Investment Company	Western Asset ST Bond I		1,028,386
*	Registered Investment Company	Amer Target 2010 Fund R4		1,549
*	Registered Investment Company	Amer Target 2015 Fund R4		26,607
*	Registered Investment Company	Amer Target 2020 Fund R4		745,260
*	Registered Investment Company	Amer Target 2025 Fund R4		469,084
*	Registered Investment Company	Amer Target 2030 Fund R4		2,845,179
*	Registered Investment Company	Amer Target 2035 Fund R4		3,633,432
*	Registered Investment Company	Amer Target 2040 Fund R4		2,217,253
*	Registered Investment Company	Amer Target 2045 Fund R4		3,414,593
*	Registered Investment Company	Amer Target 2050 Fund R4		2,613,012
*	Registered Investment Company	Amer Target 2055 Fund R4		1,469,217