

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>03/30/2007</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>CONTINENTAL EXCHANGE SOLUTIONS, INC.</u> <u>7000 VILLAGE DRIVE SUITE 200</u> <u>BUENA PARK, CA 90621</u>
2b	Employer Identification Number (EIN) <u>22-2829900</u>
2c	Plan Sponsor's telephone number <u>562-345-2100</u>
2d	Business code (see instructions) <u>522300</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.	10/11/2022	TESFA GEBRESELASSIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	TESFA GEBRESELASSIE
	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 (2021)
v. 210624

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	1469
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)	1245
a(2) Total number of active participants at the end of the plan year		6a(2)	1274
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	323
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1597
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	1599
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1523
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL EXCHANGE SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-2829900

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	454459	1599	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	279282
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3001890

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year	7b	252982
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c	Additions: (1) Contributions deposited during the year	7c(1)	15397	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	2500	
	(4) Transferred from separate account.....	7c(4)	49900	
	(5) Other (specify below).....	7c(5)	10465	

▶ LOAN PAYMENT

(6) Total additions	7c(6)	78262
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	331244
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21186	
	(2) Administration charge made by carrier.....	7e(2)	1695	
	(3) Transferred to separate account.....	7e(3)	19115	
	(4) Other (specify below).....	7e(4)	4974	

▶ LOAN WITHDRAWAL

(5) Total deductions	7e(5)	46970
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	284274
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL EXCHANGE SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-2829900	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

ALL SEASONS INVESTMENT ADVISOR, INC

26-0328980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	72400	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	195315	Yes ☒ No ☐	Yes ☒ No ☐	0	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
ALL SEASONS INVESTMENT ADVISOR, INC	27 99	72400

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL EXCHANGE SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-2829900</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)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1747063</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>140122</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</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: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>990127</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN REAL ESTATE SECS SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-095</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124577</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX CONSERV RET R1</u>				
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>				
c EIN-PN <u>47-2264760-212</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>63396</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH INDEX CONSERV 2025 R1</u>				
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>				
c EIN-PN <u>47-2458234-215</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>65894</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CONSERV 2035 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2491300-218	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97489
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CONSERV 2045 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2529162-221	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32757
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CONSERV 2055 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2575758-224	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97803
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MODERATE RET R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2248665-211	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3367742
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MODERAT 2025 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2285799-214	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6141092
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MODERAT 2035 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2478524-217	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8604353
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MODERAT 2045 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2516187-220	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6821807
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MODERAT 2055 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2563528-223	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1893723
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRE RETIRE R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2238264-210	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRE 2025 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2275031-213	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163509
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRE 2035 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2468898-216	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148782
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRE 2045 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2503540-219	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266148
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRE 2055 R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 47-2554270-222	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321029
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EQTY INDX FD CLASS 1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 20-3802168-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2992886
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK US DBT IDX FD CL 1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 20-3802445-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245929
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EAFE EQ INDX FD CL 1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160342
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND R1 FUND**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 82-1986152-325	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14667
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE R1 FUND**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST, N.A.**

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 434543
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL EXCHANGE SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>22-2829900</u>	

Part I	Asset and Liability Statement
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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)	1521804	1740373
(2) Participant contributions.....	1b(2)	305	1164
(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)	1410131	1461734
(9) Value of interest in common/collective trusts.....	1c(9)	24064889	31934211
(10) Value of interest in pooled separate accounts	1c(10)	3654175	3001890
(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)	9424689	11887907
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	252794	279282
(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	40328787 50306561
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	40328787 50306561

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1740373
	(B) Participants	2a(1)(B)	5465344
	(C) Others (including rollovers).....	2a(1)(C)	789548
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7995265
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)	87341
	(F) Other	2b(1)(F)	2500
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	89841
(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)	161405
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	161405
(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)		3751966
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		320187
(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)		1086036
c Other income.....	2c		-434
d Total income. Add all income amounts in column (b) and enter total.....	2d		13404266
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3218860	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	3241	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3222101
f Corrective distributions (see instructions).....	2f		2346
g Certain deemed distributions of participant loans (see instructions).....	2g		6729
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	195316	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		195316
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3426492
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9977774
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: MILLER KAPLAN ARASE, LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		323

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL EXCHANGE SOLUTIONS, INC.	D Employer Identification Number (EIN) 22-2829900

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	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): 42-0127290		
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
--	--

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) 2021
v. 201209

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 _____

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(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 _____

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020



INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Continental Exchange Solutions, Inc. 401(k) Plan
6565 Knott Avenue
Buena Park, California 90620

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Continental Exchange Solutions, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 24, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

San Francisco, California

September 29, 2022

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	<u>December 31, 2021</u>	<u>December 31, 2020</u>
INVESTMENTS AT FAIR VALUE		
Mutual Funds	\$ 11,887,907	\$ 9,424,689
Common/Collective Trusts	31,934,211	24,064,889
Pooled Separate Accounts	<u>3,001,890</u>	<u>3,654,175</u>
	46,824,008	37,143,753
INVESTMENT AT CONTRACT VALUE	<u>284,274</u>	<u>252,982</u>
TOTAL INVESTMENTS	<u>47,108,282</u>	<u>37,396,735</u>
RECEIVABLES		
Participant Contributions	1,164	305
Employer Contributions	1,740,373	1,521,804
Notes Receivable from Participants	<u>1,461,734</u>	<u>1,410,131</u>
TOTAL RECEIVABLES	<u>3,203,271</u>	<u>2,932,240</u>
TOTAL ASSETS	<u>50,311,553</u>	<u>40,328,975</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 50,311,553</u></u>	<u><u>\$ 40,328,975</u></u>

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 1, 2021 TO DECEMBER 31, 2021

ADDITIONS

INVESTMENT INCOME

Dividends and Interest	\$ 163,905
Net Appreciation of Investments	<u>5,162,559</u>
TOTAL INVESTMENT INCOME	<u>5,326,464</u>

CONTRIBUTIONS AND OTHER ADDITIONS

Participant Contributions	5,465,344
Employer Contributions	1,740,373
Rollovers	789,548
Interest on Notes Receivable from Participants	<u>87,341</u>
TOTAL CONTRIBUTIONS AND OTHER ADDITIONS	<u>8,082,606</u>

TOTAL ADDITIONS	<u>13,409,070</u>
------------------------	--------------------------

DEDUCTIONS

Withdrawals and Distributions	3,231,176
Administrative Expenses	<u>195,316</u>
TOTAL DEDUCTIONS	<u>3,426,492</u>

NET INCREASE	9,982,578
---------------------	------------------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>40,328,975</u>
END OF YEAR	<u><u>\$ 50,311,553</u></u>

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Continental Exchange Solutions, Inc. 401(k) Plan (the "Plan") is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan document.

A. General

The Plan is a defined contribution plan established March 30, 2007 by Continental Exchange Solutions, Inc. ("CES" or the "Company") to provide benefits to eligible employees as defined in the Plan document. The plan administrator believes the Plan is designed and operated in compliance with applicable provisions of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Administration and Expenses

Principal Life Insurance Company and its affiliate Principal Trust Company (collectively, "Principal") serve as custodians of Plan assets and maintain the records of participant data under a group annuity contract. Certain investment fund management fees and operating expenses are charged directly to the funds and are thereby factored into each fund as a reduction in investment return. Participant loan fees and certain other administrative costs are charged directly to participants. Other costs incurred for administering the Plan are paid by the Company.

C. Eligibility

Substantially all employees of the Company are eligible to participate in the Plan on the first day of the month following sixty days of service. Plan entry is immediate upon satisfying eligibility requirements.

D. Contributions

Participants may elect to have the Company contribute their eligible pre-tax compensation up to the amount allowable under the Plan document and current income tax regulations. Participants who elect to have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable compensation. Participants age 50 and older may contribute up to \$6,500 in additional catch-up contributions in 2021. All newly eligible employees are automatically enrolled in the Plan on the first day of the month following sixty days of service, at a deferral rate of 6% of eligible compensation.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with participant investment directions.

The Company is allowed to make discretionary matching contributions, as defined in the Plan and as approved by the Board of Directors. A participant must be active on the last day of the plan year and have at least 1,000 hours of service during the plan year to be eligible for an annual matching contribution. During the year ended December 31, 2021, the Company matched 50% of the first 6% of compensation deferred by participants.

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

E. Vesting

Participant contributions, rollovers, Company contributions and accumulated earnings thereon are fully vested at all times.

F. Payment of Benefits

Upon termination of service, including termination due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the vested interest in his or her account. Normal retirement age is 55. Early retirement is not permitted. Hardship distributions are permitted under limited circumstances as provided in the Plan if approved by the plan administrator. Benefits are recorded when paid.

G. Notes Receivable from Participants

The Plan allows participants to borrow not less than \$1,000 up to the lesser of \$50,000 or 50% of their vested account balance. A loan is secured by the participant's account balance; bears interest at a fixed rate established at loan inception based on prevailing market financing rates, and must be repaid to the Plan within 5 years unless the loan is used toward the purchase of a primary residence in which case the term may be extended. Principal and interest are paid ratably through payroll deductions. The plan administrator establishes the specific terms and conditions of participant loans. Notes receivable from participants at December 31, 2021 carry interest rates ranging from 5.25% to 7.50% with various maturities through June 2037.

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest. Delinquent notes are recorded as a distribution based on the terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Use of Estimates

The preparation of the 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 reported amounts and disclosures. Actual results may differ from these estimates.

C. Investment Valuation and Income Recognition

Plan investments are stated at fair value, except for the Principal Guaranteed Interest Account which is a fully benefit-responsive investment and is valued at contract 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 (Note 7). Contract value represents contributions made to the account, plus earnings, less participant withdrawals and administrative expenses (Note 9).

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Mutual fund capital gains distributions are included in dividend income. Net appreciation includes gains and losses on investments bought and sold as well as held during the year.

D. Risks and Uncertainties

Plan investments are exposed to various investment risks such as interest rate, market and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in value of investments will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

NOTE 3 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments in pooled separate accounts and the guaranteed interest account are provided by Principal. Purchases and sales of these funds and payments of direct and indirect administrative fees to Plan service providers by the Plan are considered party-in-interest transactions under ERISA regulations. Such transactions are permitted under provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 4 - INCOME TAX STATUS

The Company adopted a prototype plan that has received a favorable opinion letter from the Internal Revenue Service. The Company believes the Plan is operated in accordance with and qualifies under applicable requirements of the Code and related state statutes, and the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate or amend the Plan subject to provisions of ERISA. The accounts of participants affected by partial or complete termination of the Plan are nonforfeitable and will be determined as of the termination date.

NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) including investments held at December 31, 2021 and 2020, and net appreciation of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Principal Life Insurance Company and Principal Trust Company, the custodians of the Plan.

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 - FAIR VALUE MEASUREMENTS

Accounting guidance establishes a hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are quoted prices for identical securities in an active market. Level 2 inputs are quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management estimates of assumptions market participants would use in pricing the asset or liability.

Mutual fund investments are valued based on closing market prices for shares held by the Plan at year end. Although the plan administrator believes this valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value could result in a different fair value measurement at the reporting date. The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	2021			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 11,887,907	\$ -	\$ -	\$ 11,887,907
Total Assets in the Fair Value Hierarchy	<u>\$ 11,887,907</u>	<u>\$ -</u>	<u>\$ -</u>	11,887,907
Investments Measured at Net Asset Value ^A				<u>34,936,101</u>
				<u>\$ 46,824,008</u>

	2020			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 9,424,689	\$ -	\$ -	\$ 9,424,689
Total Assets in the Fair Value Hierarchy	<u>\$ 9,424,689</u>	<u>\$ -</u>	<u>\$ -</u>	9,424,689
Investments Measured at Net Asset Value ^A				<u>27,719,064</u>
				<u>\$ 37,143,753</u>

^A In accordance with ASC 820, investments that are measured at net asset value 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 a reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 8 - FAIR VALUE MEASUREMENTS THAT CALCULATE NET ASSET VALUE

The following table summarizes investments measured at fair value using net asset value per share as a practical expedient. Each fund files U.S. Department of Labor Form 5500 as a direct filing entity. There are no participant redemption restrictions for these investments.

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 8 - FAIR VALUE MEASUREMENTS THAT CALCULATE NET ASSET VALUE (Continued)

	Fair Value at December 31,		Unfunded	Redemption
	2021	2020	Commitments	Frequency
Common/Collective Trusts:				
BlackRock EAFE Equity Index Fund	\$ 160,342	\$ 152,306	None	Daily
BlackRock US Debt Index Fund	245,929	522,644	None	Daily
BlackRock US Equity Index Fund	2,992,886	1,843,025	None	Daily
flexPATH Index Aggressive 2025 Fund	163,509	132,246	None	Daily
flexPATH Index Aggressive 2035 Fund	148,782	119,697	None	Daily
flexPATH Index Aggressive 2045 Fund	266,148	151,185	None	Daily
flexPATH Index Aggressive 2055 Fund	321,029	94,061	None	Daily
flexPATH Index Aggressive Retirement Fund	321	1,869	None	Daily
flexPATH Index Conservative 2025 Fund	65,894	71,581	None	Daily
flexPATH Index Conservative 2035 Fund	97,489	83,271	None	Daily
flexPATH Index Conservative 2045 Fund	32,757	2,516	None	Daily
flexPATH Index Conservative 2055 Fund	97,803	9,379	None	Daily
flexPATH Index Conservative Retirement Fund	63,396	42,487	None	Daily
flexPATH Index Moderate 2025 Fund	6,141,092	5,096,898	None	Daily
flexPATH Index Moderate 2035 Fund	8,604,353	6,439,696	None	Daily
flexPATH Index Moderate 2045 Fund	6,821,807	5,022,496	None	Daily
flexPATH Index Moderate 2055 Fund	1,893,723	1,372,143	None	Daily
flexPATH Index Moderate Retirement Fund	3,367,742	2,895,236	None	Daily
Wilmington Core Bond Fund	14,667	12,153	None	Daily
Wilmington Large Cap Value Fund	434,542	-	None	Daily
Pooled Separate Accounts:				
Principal Life Ins. Co. - Money Market Sep Acct	1,747,063	2,062,454	None	Daily
Principal Life Ins. Co. - Mid Cap S&P 400 Index Sep Acct	990,128	705,586	None	Daily
Principal Life Ins. Co. - Small Cap S&P 600 Index Sep Acct	-	684,614	None	Daily
Principal Life Ins. Co. - Real Estate Sep Acct	124,577	85,429	None	Daily
Principal Life Ins. Co. - Diversified International Sep Acct	140,122	116,092	None	Daily
	<u>\$ 34,936,101</u>	<u>\$ 27,719,064</u>		

NOTE 9 - GUARANTEED INTEREST ACCOUNT

Plan investments in the Principal Guaranteed Interest Account are maintained in a general account by Principal. Principal is contractually obligated to repay principal and a specific interest rate to the Plan. Because contracts issued under the account are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to this account. Participants may direct the withdrawal or transfer of all or a portion of their investments in the account at contract value.

Certain restrictions may limit the Plan's ability to redeem its investment in the account at contract value, and market value adjustments and/or redemption charges may apply. The plan administrator does not believe that any events limiting the Plan's ability to transact at contract value are probable of occurring. The average yield on contracts in the account ranged from 0.40% to 1.96% in 2021 and 0.74% to 1.91% in 2020.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	December 31,	
	2021	2020
Net Assets Available for Benefits per the Financial Statements	\$ 50,311,553	\$ 40,328,975
Less: Adjustment from Contract Value to Fair Value of Guaranteed Interest Account	<u>(4,992)</u>	<u>(188)</u>
Net Assets per the Form 5500	<u>\$ 50,306,561</u>	<u>\$ 40,328,787</u>

The following is a reconciliation of the net increase in Plan assets per the financial statements to the Form 5500:

	January 1, 2021 to December 31, 2021
Net Increase per the Financial Statements	\$ 9,982,578
Less: Change in Adjustment from Contract Value to Fair Value of Guaranteed Interest Account	<u>(4,804)</u>
Net Income per the Form 5500	<u>\$ 9,977,774</u>

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

Contributions totaling approximately \$18 withheld from participants' pay during 2021 were not received by the trustee within the time frame established by Department of Labor regulations. The plan administrator engaged in a prohibited transaction under ERISA as a consequence of the failure to timely remit amounts withheld from participants' pay to the Plan. The plan administrator fully restored earnings to the accounts of affected participants in March 2022.

Note 12 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 29, 2022, the date on which the financial statements were available to be issued. There are no subsequent events that require recognition or additional disclosure in these financial statements.

SUPPLEMENTAL SCHEDULES

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN

FORM 5500

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

E.I.N. 95-3252081; PLAN NO. 001

JANUARY 1, 2021 TO DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$18 - (2021)	\$18*	\$ -	\$ -	\$ -
\$305 - (2020)	\$305**	\$ -	\$ -	\$ -

Check here () if Late
Participant Loan Payments
are Included

CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(k) PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 95-3252081; PLAN NO. 001

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Principal Life Insurance Company:			
	Guaranteed Interest Account	Insurance Company General Account	**	\$ 279,282 ***
	Money Market Separate Account	Pooled Separate Account	**	1,747,063
	Mid Cap S&P 400 Index Separate Account	Pooled Separate Account	**	990,128
	Real Estate Separate Account	Pooled Separate Account	**	124,577
	Diversified International Separate Account	Pooled Separate Account	**	140,122
	BlackRock EAFE Equity Index Fund	Common/Collective Trust	**	160,342
	BlackRock US Debt Index Fund	Common/Collective Trust	**	245,929
	BlackRock US Equity Index Fund	Common/Collective Trust	**	2,992,886
	flexPATH Index Aggressive 2025 Fund	Common/Collective Trust	**	163,509
	flexPATH Index Aggressive 2035 Fund	Common/Collective Trust	**	148,782
	flexPATH Index Aggressive 2045 Fund	Common/Collective Trust	**	266,148
	flexPATH Index Aggressive 2055 Fund	Common/Collective Trust	**	321,029
	flexPATH Index Aggressive Retirement Fund	Common/Collective Trust	**	321
	flexPATH Index Conservative 2025 Fund	Common/Collective Trust	**	65,894
	flexPATH Index Conservative 2035 Fund	Common/Collective Trust	**	97,489
	flexPATH Index Conservative 2045 Fund	Common/Collective Trust	**	32,757
	flexPATH Index Conservative 2055 Fund	Common/Collective Trust	**	97,803
	flexPATH Index Conservative Retirement Fund	Common/Collective Trust	**	63,396
	flexPATH Index Moderate 2025 Fund	Common/Collective Trust	**	6,141,092
	flexPATH Index Moderate 2035 Fund	Common/Collective Trust	**	8,604,353
	flexPATH Index Moderate 2045 Fund	Common/Collective Trust	**	6,821,807
	flexPATH Index Moderate 2055 Fund	Common/Collective Trust	**	1,893,723
	flexPATH Index Moderate Retirement Fund	Common/Collective Trust	**	3,367,742
	Wilmington Core Bond Fund	Common/Collective Trust	**	14,667
	Wilmington Large Cap Value Fund	Common/Collective Trust	**	434,542
	AB Global Bond Fund	Mutual Fund	**	95,762
	AB Large Cap Growth Fund	Mutual Fund	**	1,633,103
	AB Small Cap Growth Fund	Mutual Fund	**	1,051,968
	Alger Capital Appreciation Z Fund	Mutual Fund	**	2,085,598
	Alger Emerging Markets Z Fund	Mutual Fund	**	135,773
	BlackRock iShs Russ 2000 SC Index K Fund	Mutual Fund	**	830,836
	Delaware Extended Duration Bond Fund	Mutual Fund	**	1,467,161
	Delaware Ivy Sys Em Mk Eq R6	Mutual Fund	**	497
	Dimensional Fund Advisors Infl Protected Sec Fund	Mutual Fund	**	809,110
	DWS RREEF RE Sec R6 Fund	Mutual Fund	**	573
	DWS RREEF Gbl RE Sec A Fund	Mutual Fund	**	209
	Janus Henderson Flex Bond Fund	Mutual Fund	**	601,839
	Federated Hermes MTD Small Cap Fund	Mutual Fund	**	5,493
	Federated Hermes MTD Small Cap Growth Fund	Mutual Fund	**	247,613
	Franklin Equity Income R6 Fund	Mutual Fund	**	506,525
	Franklin Sm-MidCap Grth Adv Fd	Mutual Fund	**	570,351
	Invesco Oppenheimer Developing Markets Fund	Mutual Fund	**	126,676
	MFS International Intrinsic Value Fund	Mutual Fund	**	447,193
	MFS International New Discovery Fund	Mutual Fund	**	427,553
	PIMCO Investment Grade Credit Bond Fund	Mutual Fund	**	138,199
	Victory Sycamore Established Value Fund	Mutual Fund	**	423,779
	Victory Sycamore Small Company Opportunity Fund	Mutual Fund	**	282,096
*	Participant Loans	Interest rates of 5.25% to 7.50% maturing through June 2037	**	1,461,734
				<u>\$ 48,565,024</u>

* Indicates party-in-interest

** Information is not required as investments are participant-directed

*** As reported at fair market value on Form 5500

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C E S, I. 401() P

EIN 22 2829900

PLAN NUMBER 001

PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, 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
	Wilmington Trust	Common/Collective Trust flexPATH Index Aggre Retire R1	\$ 0.00	\$ 320.61
	Wilmington Trust	Common/Collective Trust flexPATH Index Aggre 2025 R1	\$ 0.00	\$ 163,508.52
	Wilmington Trust	Common/Collective Trust flexPATH Index Aggre 2035 R1	\$ 0.00	\$ 148,781.76
	Wilmington Trust	Common/Collective Trust flexPATH Index Aggre 2045 R1	\$ 0.00	\$ 266,148.01
	Wilmington Trust	Common/Collective Trust flexPATH Index Aggre 2055 R1	\$ 0.00	\$ 321,028.83
	Wilmington Trust	Common/Collective Trust flexPATH Index Conserv Ret R1	\$ 0.00	\$ 63,396.40
	Wilmington Trust	Common/Collective Trust flexPATH Index Conserv 2025 R1	\$ 0.00	\$ 65,894.23
	Wilmington Trust	Common/Collective Trust flexPATH Index Conserv 2035 R1	\$ 0.00	\$ 97,489.13
	Wilmington Trust	Common/Collective Trust flexPATH Index Conserv 2045 R1	\$ 0.00	\$ 32,756.83
	Wilmington Trust	Common/Collective Trust flexPATH Index Conserv 2055 R1	\$ 0.00	\$ 97,802.81
	Wilmington Trust	Common/Collective Trust flexPATH Index Moderat 2025 R1	\$ 0.00	\$ 6,141,092.31
	Wilmington Trust	Common/Collective Trust flexPATH Index Moderat 2035 R1	\$ 0.00	\$ 8,604,352.64
	Wilmington Trust	Common/Collective Trust flexPATH Index Moderat 2045 R1	\$ 0.00	\$ 6,821,807.36
	Wilmington Trust	Common/Collective Trust flexPATH Index Moderat 2055 R1	\$ 0.00	\$ 1,893,723.16
	Wilmington Trust	Common/Collective Trust flexPATH Index Moderate Ret R1	\$ 0.00	\$ 3,367,742.17

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C E S, I. 401() P
 EIN 22 2829900
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, 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
	Alger	Registered Investment Company Alger Capital App Z Fund	\$ 0.00	\$ 2,085,597.74
	Alliance Bernstein	Registered Investment Company AB Global Bond Z Fund	\$ 0.00	\$ 95,760.55
	Alliance Bernstein	Registered Investment Company AB Large Cap Growth Z Fund	\$ 0.00	\$ 1,633,103.40
	Alliance Bernstein	Registered Investment Company AB Small Cap Grwth Port Z Fd	\$ 0.00	\$ 1,051,968.32
	Alger	Registered Investment Company ALGER EMERGING MARKETS Z FUND	\$ 0.00	\$ 135,773.39
	Wilmington Trust	Common/Collective Trust BlackRock Eqty Indx Fd Class 1	\$ 0.00	\$ 2,992,886.28
	Wilmington Trust	Common/Collective Trust BlackRock EAFE Eq Indx Fd Cl 1	\$ 0.00	\$ 160,342.04
	Wilmington Trust	Common/Collective Trust BlackRock US Dbt Idx Fd Cl 1	\$ 0.00	\$ 245,928.80
	Wilmington Trust	Common/Collective Trust Core Bond R1 Fund	\$ 0.00	\$ 14,666.58
	Delaware Investments	Registered Investment Company Delaware Ext Dur Bond Inst Fd	\$ 0.00	\$ 1,467,161.09
	Ivy Investment Management Co	Registered Investment Company DELAWARE IVY SYS EM MK EQ R6	\$ 0.00	\$ 496.63
	Dimensional Fund Advisors	Registered Investment Company DFA INFL PROTECTED SEC I FUND	\$ 0.00	\$ 809,109.59
	DWS	Registered Investment Company DWS RREEF GLBL RE SEC A FUND	\$ 0.00	\$ 209.40
	Deutsche	Registered Investment Company DWS RREEF RE SEC R6 FUND	\$ 0.00	\$ 572.56
	Federated Investors Funds	Registered Investment Company Fed Hermes MDT SC Growth A Fd	\$ 0.00	\$ 247,612.75

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C E S, I. 401() P

EIN 22 2829900
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, 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
	Federated Investors Funds	Registered Investment Company Fed Himes MDT Sm Cp Cor Ins Fd	\$ 0.00	\$ 5,493.42
	Franklin Templeton Investments	Registered Investment Company FRANKLIN EQUITY INCOME R6 FUND	\$ 0.00	\$ 506,525.38
	Franklin Templeton Investments	Registered Investment Company FRANKLIN SM-MIDCAP GRTH ADV FD	\$ 0.00	\$ 570,351.09
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 279,281.67
	Oppenheimer	Registered Investment Company Inv Dev Mark R6 Fd	\$ 0.00	\$ 126,676.45
	BlackRock	Registered Investment Company ISHS RUSS 2000 SC INDEX K FUND	\$ 0.00	\$ 830,835.87
	Janus International Holding, LLC	Registered Investment Company JANUSHENDERSON FLEX BND I	\$ 0.00	\$ 601,838.85
	Wilmington Trust, N.A.	Common/Collective Trust LARGE CAP VALUE R1 FUND	\$ 0.00	\$ 434,542.65
	MFS Investment Management	Registered Investment Company MFS Int'l New Discovery R6 Fd	\$ 0.00	\$ 427,552.69
	MFS Investment Management	Registered Investment Company MFS Intl Intrinsic Value R6 Fd	\$ 0.00	\$ 447,193.21
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-Z	\$ 0.00	\$ 140,122.23
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Liquid Assets Sep Acct-Z	\$ 0.00	\$ 1,747,063.15
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-Z	\$ 0.00	\$ 990,127.48
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-Z	\$ 0.00	\$ 124,576.96
	PIMCO Funds	Registered Investment Company PIMCO Inv Gd Credi Bd Instl Fd	\$ 0.00	\$ 138,198.91

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C E S, I. 401() P
EIN 22 2829900
PLAN NUMBER 001
PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, 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
	Victory Funds	Registered Investment Company Victory Syca Sm Co Opp R6 Fund	\$ 0.00	\$ 282,096.35
	Victory Funds	Registered Investment Company Victory Sycamore Est Val R6 Fd	\$ 0.00	\$ 423,778.94
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.50%	\$ 0.00	\$ 1,461,734.00