

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 multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
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>EXTENSIS RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EXTENSIS GROUP, LLC</u> <u>900 ROUTE 9 N., 3RD FL</u> <u>WOODBIDGE, NJ 07095</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>86-1064991</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>877-773-8770</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>86-1064991</u>	2c Plan Sponsor's telephone number <u>877-773-8770</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>86-1064991</u>					
2c Plan Sponsor's telephone number <u>877-773-8770</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2022	SAUL SHAME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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	6577
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)	5816
a(2) Total number of active participants at the end of the plan year		6a(2)	5467
b Retired or separated participants receiving benefits.....		6b	15
c Other retired or separated participants entitled to future benefits		6c	1120
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6602
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	6604
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4215
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	106
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3B 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <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 EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

Part I	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
TRANSAMERICA FINANCIAL 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
36-6071399	70688	935008	4215		

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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** 6816328**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 766918
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 41668
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)** 11151125

▶ FORFS, TRANSFERS,, LOAN PAYMENTS

(6) Total additions **7c(6)** 11959711**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 11959711**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1363048
(2) Administration charge made by carrier..... **7e(2)** 13443
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)** 3766892

▶ TRANSFERS, LOANS, ALLOCATED FORFS

(5) Total deductions **7e(5)** 5143383**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 6816328

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC.
94-1737782

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

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

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 17 37 38 49 50 64 65 99	RECORDKEEPER	727436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	254406	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 23 53	INVESTMENT ADVISORY	69699	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	SECURITIES BROKER	72	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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:	
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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.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan EXTENSIS RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 333	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC				D Employer Identification Number (EIN) 86-1064991	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FD CL 3					
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY					
c EIN-PN 93-6274329-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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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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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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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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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b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end	

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

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

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

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

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

Part I	Asset and Liability Statement
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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	1051752	82983
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	897650	1075173
(2) Participant contributions.....	1b(2)	807240	1007190
(3) Other	1b(3)	1771575	2146511
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7305372	111481
(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)	1982092	2059455
(9) Value of interest in common/collective trusts	1c(9)	1547979	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	202742457	242107726
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	6816328
(15) Other.....	1c(15)	1321456	2116319

		(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	219427573 257523166
Liabilities			
g	Benefit claims payable	1g	203960
h	Operating payables	1h	1243
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	241103
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	446306
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	218981267 257523166

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)	9300820
	(B) Participants	2a(1)(B)	30671835
	(C) Others (including rollovers).....	2a(1)(C)	6601429
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	46574084
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1981
	(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)	106397
	(F) Other	2b(1)(F)	41637
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	150015
(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)	4886254
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4886254
(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)	
(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)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		6881
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		22008800
c Other income.....	2c		145119
d Total income. Add all income amounts in column (b) and enter total.....	2d		73771153
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	23447194	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		23447194
f Corrective distributions (see instructions).....	2f		6802
g Certain deemed distributions of participant loans (see instructions).....	2g		23376
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	69699	
(4) Other.....	2i(4)	980599	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1050298
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24527670
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		49243483
l Transfers of assets:			
(1) To this plan.....	2l(1)		10997725
(2) From this plan.....	2l(2)		21699309

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: EISNERAMPER, LLP

(2) EIN: 87-1363769

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	

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
SPIN-OFF TERMINATION PLAN FOR CONCORDE LIMOUSINE, INC	22-3286743	001	
SPIN-OFF TERMINATION PLAN FOR GLOBAL BUSINESS INTELLIGENCE CONSULTING	80-0028832	333	
TRINET 401K PLAN	48-1304650	334	
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 EXTENSIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

Part I	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): 82-3967259 13-3689044		
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.)
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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.
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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 _____

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

EISNERAMPER

**EXTENSIS GROUP
RETIREMENT SAVINGS PLAN**
(formerly, Extensis Retirement Savings Plan)

FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020
(with supplemental information)



EXTENSIS GROUP RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

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

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

We have performed an audit of the financial statements of Extensis Group Retirement Savings Plan (formerly, Extensis Retirement Savings 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.

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 certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note C 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 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 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 accompanying 2021 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).



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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 that 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 certifications, 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 Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of the year) as of December 31, 2021 and the schedule of delinquent participant contributions 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 were 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, have been subjected to 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 the 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 are 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 are 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 December, 21, 2020, 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.

A stylized, handwritten-style signature of "EisnerAmper LLP" in black ink.

EISNERAMPER LLP
Iselin, New Jersey
October 17, 2022



EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2021	2020
ASSETS		
Investments at fair value	\$ 244,335,526	\$ 212,917,264
Investment at contract value	6,816,328	-
Non-interest-bearing cash	82,983	1,051,752
Notes receivable from participants	2,059,455	1,982,092
	<u>253,294,292</u>	<u>215,951,108</u>
Plan transfer in receivable	<u>2,140,463</u>	<u>1,771,575</u>
Contributions receivable:		
Participant	1,007,190	807,240
Employer	1,075,173	897,650
Other	<u>6,048</u>	<u>-</u>
Total	<u>2,088,411</u>	<u>1,704,890</u>
Total assets	<u>257,523,166</u>	<u>219,427,573</u>
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>242,346</u>
Total liabilities	<u>-</u>	<u>242,346</u>
Net assets available for benefits	<u>\$ 257,523,166</u>	<u>\$ 219,185,227</u>

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions:

Investment income:

Net realized/unrealized appreciation in value of investments	\$ 22,202,437
Interest	1,981
Dividends	<u>4,886,254</u>

27,090,672

Interest income on notes receivable from participants	<u>106,397</u>
---	----------------

Contributions:

Participant	30,671,835
Employer	9,300,820
Rollovers	<u>6,601,429</u>

46,574,084

Total additions	<u>73,771,153</u>
-----------------	-------------------

Deductions:

Benefits paid to participants	23,681,332
Administrative expenses	<u>1,050,298</u>

Total deductions	<u>24,731,630</u>
------------------	-------------------

Net increase prior to transfers	49,039,523
Plan transfers, net	<u>(10,701,584)</u>

Net increase	38,337,939
---------------------	-------------------

Net assets available for benefits – beginning of year	<u>219,185,227</u>
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Net assets available for benefits – end of year	<u>\$ 257,523,166</u>
--	------------------------------

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN

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

[1] General:

The Plan, a multiple employer plan, is a collection of single-employer plans adopted by unrelated employers (“adopting employers”). The adopting employers of the Plan may have different policies and parameters regarding various aspects of the Plan (such as eligibility requirements, employer matching contribution formulas, etc.). The Plan covers all employees of the adopting employers who are at least twenty-one years of age and have certain tenure of service ranging from immediate eligibility up to a required one year of employment, depending on the adopting employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The primary custodian is Transamerica Financial Life Insurance Company Inc. and the recordkeeper is Transamerica Retirement Solutions. Charles Schwab Trust Bank was a custodian of the Plan. In April 2021, substantially all of the Plan assets transferred to Transamerica Financial Life Insurance Company Inc. from Charles Schwab Bank. As of the date of the transfer the record keeper changed from Bluestar Retirement Services to Transamerica Retirement Solutions and the Plan name was changed to Extensis Group Retirement Savings Plan.

[2] Contributions:

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

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

[3] Participant accounts:

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

[4] Vesting:

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

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances ranged from 4.25% to 7.50% at December 31, 2021 and from 4.25% to 7.25% at December 31, 2020. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred.

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020 and provided certain loan provisions. Participants, who met specific conditions, were eligible to take a COVID-19 related loan up to \$100,000 (an increase from \$50,000 previously allowed) for the period March 27, 2020 to September 22, 2020. Loan repayments due between March 27, 2020 and December 31, 2020 could have been suspended until January 1, 2021 for eligible participants, with the repayment amount re-amortized and the due date of the loan extended for up to one year.

[6] Payment of benefits:

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

The CARES Act also provided optional distribution as well as suspension of required minimum distributions ("RMDs") for anyone required to receive an RMD in 2020. The Plan Sponsor has implemented the following provisions of the CARES Act and the Plan will be formally amended prior to December 31, 2022 as required by the Act.

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

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

[7] Forfeitures:

Forfeited nonvested accounts may be used to reduce future adopting employer contributions and pay Plan expenses. During the year ended December 31, 2021, forfeitures of approximately \$67,000 were used to reduce employer contributions and no forfeitures were used to pay Plan expenses. Forfeited nonvested accounts available at December 31, 2021 and 2020 were approximately \$176,000 and \$121,000, respectively.

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

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

[2] Subsequent events:

The Plan has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported 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. See Note E for discussion of fair value measurements.

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

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

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

[6] Use of estimates:

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

[7] Excess contributions payable:

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

[8] Non-interest-bearing cash:

Contributions received by the custodians are held in a non-interest-bearing account for a short period of time until the funds can be allocated to the various participant accounts. Investments in the non-interest-bearing cash account at December 31, 2021 and 2020 were \$82,983 and \$1,051,752, respectively.

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Transamerica Financial Life Insurance Company Inc., as of December 31, 2021 and for the period April 1, 2021 to December 31, 2021, and Charles Schwab Trust Bank, as of December 31, 2020 and for the period January 1, 2021 to March 31, 2021, have certified to the completeness and accuracy of certain investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statement of changes in net assets available for benefits for the year ended December 31, 2021 and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2021.

NOTE D - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2021, the Plan entered into a benefit-responsive guaranteed investment contract with Transamerica Financial Life Insurance Company Inc., ("Transamerica"), where Transamerica invests the Plan contributions, as directed by the Plan and the recordkeeper, in a Separate Account. The Plan's Separate Account Guaranteed Investment Contract (SAGIC) maintains both Book Value Account and Market Value Account balances. The Book Value Account balance is based on the Plan's participant-directed cash flow (bona-fide benefit payments and participant-directed transfers to and from the SAGIC Contract) and the guaranteed Book Value Crediting Rates, which are net of administrative contract fees. The Market Value Account balance is based on the Plan's cash flow and earnings on the underlying pooled bond investment portfolio and charged administrative expenses. Transamerica is contractually obligated to credit the net guaranteed interest rates to the Book Value Account Balance, and such guarantee is backed by the full faith and credit of Transamerica's general account.

Because the Separate Account Guaranteed Investment Contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant-initiated withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The crediting rate is based on a formula established by the contract issuer but may not be less than 0.00%. The crediting rate is reviewed and reset semiannually at December 31, 2021 and the rate was 0.75%.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. The Separate Account, however, is segregated from the general obligations of Transamerica, in the event of insolvency of the insurer.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code;
2. Premature termination of the contracts;
3. Plan termination or merger;
4. Changes to the Plan's prohibition on competing investment options; or
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE D - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;
2. A breach of material obligation under the contract;
3. A material misrepresentation; or
4. A material amendment to the agreements without the consent of the issuer.

NOTE E - FAIR VALUE MEASUREMENTS

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

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

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

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

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

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

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

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

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

The following tables set forth, by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020:

Investment Assets at Fair Value as of December 31, 2021

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 242,107,726	\$ -	\$ -	\$ 242,107,726
Self-directed brokerage account	2,116,319	-	-	2,116,319
Money market deposit account	<u>-</u>	<u>111,481</u>	<u>-</u>	<u>111,481</u>
Total investment assets in the fair value hierarchy	<u>244,224,045</u>	<u>111,481</u>	<u>-</u>	<u>244,335,526</u>
Investments at fair value	<u>\$ 244,224,045</u>	<u>\$ 111,481</u>	<u>\$ -</u>	<u>\$ 244,335,526</u>

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Investment Assets at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 202,742,457	\$ -	\$ -	\$ 202,742,457
Self-directed brokerage account	1,321,456	-	-	1,321,456
Money market deposit account	-	7,305,372	-	7,305,372
Total investment assets in the fair value hierarchy	<u>204,063,913</u>	<u>7,305,372</u>	<u>-</u>	<u>211,369,285</u>
Common collective trust (A)	-	-	-	1,547,979
Investments at fair value	<u>\$ 204,063,913</u>	<u>\$ 7,305,372</u>	<u>\$ -</u>	<u>\$ 212,917,264</u>

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

Changes in Fair Value Levels

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

Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020:

	<u>December 31, 2020</u>			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trust	\$ 1,547,979	n/a	Daily	12 Months

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE F - TAX STATUS

The Plan has adopted a Pre-Approved Tax-Favored Savings and Discretionary Contribution Plan sponsored by Transamerica Retirement Services, LLC. On June 30, 2020, the Internal Revenue Service ("IRS") stated in an advisory letter that the Tax-Favored Savings and Discretionary Contribution Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

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

Certain investments are managed by Transamerica Financial Life Insurance Company Inc. Transamerica Financial Life Insurance Company Inc. is a party-in-interest, as defined by ERISA, and therefore, transactions related to these investments qualify as parties-in-interest transactions. Fees paid by the Plan to Transamerica were \$348,000 for the year ended December 31, 2021. The Plan paid Transamerica Retirement Services, LLC, the recordkeeper and a party-in-interest, as defined by ERISA, approximately \$35,000 for recordkeeping and advisory fees for the year ended December 31, 2021. The Plan paid Blue Star Retirement Services, the previous recordkeeper and a party-in-interest, as defined by ERISA, approximately \$527,000 for recordkeeping and advisory fees for the year ended December 31, 2021.

NOTE H - RISKS AND UNCERTAINTIES

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

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2021 may not necessarily be indicative of amounts that could be realized in a current market exchange.

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

COVID-19 poses risks to the Company as well, given that such public health epidemics, if sustained, could impact adopting employers' employees and customers, supply chain and production in affected regions. Such impacts could adversely affect adopting employers' profitability, cash flows, financial results, and the ability to make Plan contributions. At this point, the extent to which the coronavirus may impact the adopting employers' financial results is uncertain.

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE I - MUTUAL FUND FEES

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

NOTE J - PLAN TERMINATION

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

NOTE K - TRANSFER TO/FROM RELATED PLAN

Since the Plan is a collection of single-employer plans, there are times during the year when an employer will leave or enter the Plan and transfer all of the assets of its plan to or from the Plan. During the year ended December 31, 2021, there were transfers out of the Plan of approximately \$21,700,000 and transfers into the Plan of approximately \$11,000,000 resulting in net asset transfers out of the Plan of approximately \$10,710,000 for the year ended December 31, 2021.

NOTE L - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2021 and 2020 to Form 5500.

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 257,523,166	\$ 219,185,227
Benefit payable to participants at year-end	<u>-</u>	<u>(203,960)</u>
Net assets available for benefits per Form 5500	<u>\$ 257,523,166</u>	<u>\$ 218,981,267</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2021 to Form 5500:

	<u>2021</u>
Net increase prior to transfers per the financial statements	\$ 49,039,523
Benefit payable to participants at year-end	<u>203,960</u>
Net income (loss) per Form 5500	<u>\$ 49,243,483</u>

SUPPLEMENTAL INFORMATION

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196, Plan No. 333

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Mutual funds:		
	American Beacon	American Funds American Mutual R6	\$ 9,187,560
	American Century	American Funds New World R6	3,511,558
	BNY Mellon	BNY Mellon Small/Mid Cap Growth Y	6,775,043
	Columbia	Columbia Small Cap Growth I3	5,625,079
	Fidelity Investments	Fidelity 500 Index	26,358,555
	Fidelity Investments	Fidelity Advisor Total Bond Z	3,659,132
	Fidelity Investments	Fidelity International Index	5,394,083
	Fidelity Investments	Fidelity Mid Cap Index	11,012,819
	Fidelity Investments	Fidelity Small Cap Index	7,852,576
	Fidelity Investments	Fidelity U.S. Bond Index	4,696,386
	Franklin	Franklin Small Cap Value R6	2,842,281
	PGIM	PGIM High-Yield Fund R6	2,999,855
	PIMCO	PIMCO Diversified Inc. Instl	108,786
	Vanguard	Vanguard FTSE Social Index Adm	2,773,686
	Vanguard	Vanguard Inflation Protected Secs Adm	1,259,740
	Vanguard	Vanguard Target Retirement 2015 FD I	2,167,502
	Vanguard	Vanguard Target Retirement 2020 FD I	3,817,985
	Vanguard	Vanguard Target Retirement 2025 FD I	13,206,189
	Vanguard	Vanguard Target Retirement 2030 FD I	13,058,968
	Vanguard	Vanguard Target Retirement 2035 FD I	19,034,436
	Vanguard	Vanguard Target Retirement 2040 FD I	15,055,171
	Vanguard	Vanguard Target Retirement 2045 FD I	16,264,634
	Vanguard	Vanguard Target Retirement 2050 FD I	15,913,583
	Vanguard	Vanguard Target Retirement 2055 FD I	9,813,899
	Vanguard	Vanguard Target Retirement 2060 FD I	5,979,839
	Vanguard	Vanguard Target Retirement 2065 FD I	2,014,201
	Vanguard	Vanguard Institutional Target Retirement Income	975,133
	Vanguard	Vanguard International Growth Adm	7,151,635
	Vanguard	Vanguard International Growth Inv	675,817
	Vanguard	Vanguard Life Strategy Growth Inv	146,853
	Vanguard	Vanguard Life Strategy Moderate Gr Inv	51,067
	Vanguard	Vanguard Real Estate Index Admiral	451,314
	Vanguard	Vanguard US Growth Admiral	19,455,324

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196, Plan No. 333
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Vanguard	Vanguard Wellesley Income Adm	269,447
	Victory	Victory Sycamore Established Val R6	2,547,590
			<u>242,107,726</u>
*	Participant directed brokerage account:		<u>2,116,319</u>
	Transamerica	Transamerica Personal Choice	
*	Guaranteed Stable Value account:		<u>6,816,328</u>
	Transamerica	Transamerica	
*	Money market Account		<u>111,481</u>
	Transamerica		
*	Notes receivable from participants	Interest rates range from 4.25% - 7.25% Maturity dates range from 2021 to 2039	<u>2,059,455</u>
	Non-interest-bearing cash account:		
*	Transamerica	Un-invested cash	<u>82,983</u>
		Total	<u>\$ 253,294,292</u>

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

EXTENSIS GROUP RETIREMENT SAVINGS PLAN

Employer Identification No. 52-2136196, Plan No. 333
2020 Form 5500 - Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan * Check Here If Late Participant Loan Repayments are Included ✓	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$75,956	\$ -	\$ -

* Contributions have been remitted to the Plan. Lost earnings in the amount of approximately \$700 were remitted in 2021.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Extensis Retirement Savings Plan
EIN No.: 86-1064991, Plan No. 333
Plan Year Ending: December 31, 2021

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Extensis Holdings, LLC	52-2136196	4.05%	16,722,365
Concorde Limousine, Inc.	22-3286743		-
The Laurie M. Tisch Foundation	13-3693585	0.31%	1,169,984
Metro Physicians Management Services, Inc.	22-2947238	0.05%	441,892
Elph Stone Company Inc.	22-2884642	0.19%	1,025,625
Cathay Capital NA LLC	47-4408898	0.23%	471,880
Bronfman Youth Fellowship in Israel	14-1836083	0.24%	651,065
Filter Equipment, Inc.	22-2095471	0.22%	1,558,892
J. IRA Harris & Associates LLC	65-1157907	0.10%	428,196
Lectorum Publications, Inc	13-3736176		64,437
AIM, LLC	13-4129674	0.76%	6,379,961
Resource Interactive LTD dba Ammirati	46-5230047		158,751
Mark Cross Leathergoods LLC	45-2280244	0.07%	193,096
Abbot & Abbot Box Corporation	56-2431795	0.38%	962,423
Asphalt Yacht Club LLC	46-1629666		149,210
NEST Fragrances, LLC	35-2454288	0.93%	1,787,303
R3 Holdco, LLC	81-1773743	2.79%	4,307,006
Sacco Carpet Corporation	11-3620648	0.46%	836,903
Qarik Group, LLC	83-4589464	0.33%	243,636
AppBus, Inc.	46-5339319		187,014
Aura Alliance Inc.	38-3957797	0.07%	14,825
Estee Marketing Group, Inc.	13-3718945	0.13%	2,482,895
BHB Holdings, LLC dba BHB Realty Co.	33-1126468	0.04%	294,160
Leaf Logix Technologies, LLC	86-3406692	0.41%	-
Celli & Schlossberg LLC	22-3737754		24,520
Dashbid Media, Inc.	47-4242613		144,014
FocalPoint Marketing LLC	71-1690791		441,803
People Can Fly U.S., LLC	36-4866738	0.71%	222,753
Quality Coding Software Solutions LLC dba QCSS	84-3128907	0.02%	65,233
Runway Safe, Inc.	36-4794792	0.75%	824,807
Testo Inc.	22-2483111	1.26%	5,153,164
Inspirit Group, LLC dba Stop!T	47-1600407	0.18%	794,691
Kenneth Langone Family	11-9261388	0.09%	442,450
Orange Capital LLC	20-2365801		191,674
The Samuel Bronfman Foundation	13-3769022	0.11%	2,937,673
Single Throw, Inc.	22-3760228	0.16%	450,134
Skyline Automation, LLC	46-2399805		152,059
Wagner Berkow, LLP	47-2322791	0.30%	732,295
Basic Resources, Inc.	13-3707539	0.92%	1,261,431
Billing Services, Inc.	13-3766803		167,184
Graymatters Medical Practice P.C	81-4169080	0.21%	232,262
Surely Health, INC.	84-4046532	0.01%	31,643
Glo Science, Inc.	27-1301713	0.21%	461,651
Listening Partners Inc	77-0626782	0.26%	186,508
Bronfman Family Office LLC	82-4141962	0.01%	70,901
Defiant Studios LLC	81-3570523		1,865
Innovation Investment & Consulting North American Inc.	47-4089635	0.08%	216,209
Aterian Inc.	46-5497072	0.68%	1,199,060
Mutti USA Inc.	82-3395498	0.22%	639,969
Newark Charter School Fund, Inc.	26-2224940		70,245
New York Communities for Change, Inc.	27-1359103	0.17%	415,677
Nutraceutical Wellness Inc.	35-2582450	2.45%	1,789,606
Opticonx Inc.	04-3301569	0.14%	767,732
Optimum Prop., LLC	26-0793461	0.19%	197,346
Blue Owl Capital Inc.	86-3906032	4.43%	13,521,172
PandoLogic, Inc.	36-4609347	1.68%	2,166,538

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Extensis Retirement Savings Plan
EIN No.: 86-1064991, Plan No. 333
Plan Year Ending: December 31, 2021

LANDCORE Engineering Consultants, PC	20-5070756	0.31%	2,119,281
Churchill Capital USA, Inc.	20-5512980	0.59%	1,515,958
Integrated Document Technologies	22-3377633		221
Climate Analytics, Inc.	30-0795021	0.13%	55,413
Super Kids Childcare Learning Center	45-0485441	0.00%	260,095
Cosmic Picture Distribution LLC	82-3626617	0.03%	141,820
Cubex Group Corp	36-4459656	0.03%	19,542
Sojourn Consulting LLC	46-2339822	1.31%	2,487,768
Custodio Consulting LLC	20-4483539	0.03%	237,850
Prescription Advisory Systems and Technology, Inc. d/b/a PASTrx	46-1672743		106,476
Cornerstone Capital, Inc.	35-2480966	0.01%	335,096
Emerging Power, Inc.	72-2975537	0.59%	3,014,582
Sasco Hill Brands	82-1138737		225,523
BCK Capital Management, LP	47-5139564	0.02%	126,595
Infinity Lifestyle Brands, LLC	26-4249452		80,574
KEC Management LP	46-4785991		42,881
Access Self Storage Inc. dba Access Management Co.	22-2577055	0.67%	2,803,519
Infinity Collective LLC	85-2311578	0.10%	-
Agri Exotic Trading	22-3675807	0.48%	2,271,520
Light Sky Macro, LP	81-2896766	0.17%	1,140,351
NutraStar, Inc.	27-4115266	0.61%	1,162,699
DT Records LLC d/b/a Downtown Records	82-3945253		122,888
Euro-Center USA, Inc.	13-4114636	0.03%	255,921
Fauna Foods Corp.	13-2874056	0.13%	125,880
Pitch In For Baseball	86-1141299	0.04%	43,551
Proenza Schouler LLC	04-3681074	0.71%	2,298,667
QCIC, Inc.	36-4812367	0.02%	56,218
Quantitative Brokers, LLC	27-0420594	0.99%	3,031,611
Raistone Capital LLC	84-2262742	1.53%	1,309,364
Rayana Designs Inc	13-2993242	0.01%	59,400
Reliance Global Holdings, LLC	47-4208032		2,013,783
Renaissance Global Services, LLC	27-4464213	0.95%	705,886
Auchter Industrial Vac Service, Inc.	13-3050345	0.77%	2,174,595
AKA NYC Limited	42-1773190	0.71%	2,479,700
Dance Media Publications, LLC	26-2660785	0.09%	729,711
SD Solutions LLC	27-5395662	1.04%	313,592
The One Love Foundation In Honor Of Yeadley Love, Inc.	27-2904497	1.02%	1,782,793
Pexip, Inc.	46-1260436	3.53%	4,989,784
Signition, LP	47-4231884		33,014
Signum Biosciences, Inc.	01-0615746	0.32%	2,190,915
Edgar M. Bronfman Jr.	13-3123254	0.05%	139,056
Ancient Management LP dba Ancient	84-5047566	0.70%	200,476
You & Mr. Jones Inc.	47-2523488	2.46%	2,496,003
NJ 2-1-1 Partnership	22-3338917	0.08%	135,894
Oddcast Inc.	13-4106784	0.02%	1,794,564
Paratransit Services of NJ, Inc.	51-0251152		494,745
Bridge Growth Partners, LLC	99-0979414	0.92%	3,330,487
K2 Environmental Consulting, LLC	81-4087105	0.46%	1,347,354
Ground Management Holdings, LLC d/b/a GroundSpan	27-3004371	0.08%	159,394
Accrete LLC	82-1318999	0.28%	192,482
Valens Research, LLC	82-1171358	0.06%	146,859
Zola Media, LLC	20-2068972	0.47%	900,812
Modotech, Inc.	51-0397498	0.64%	3,479,587
New Jersey Podiatric Physicians & Surgeons Group, LLC	27-2406803	0.78%	2,419,279
Alliance Technologies, LLC	22-3823868	0.12%	231,360
Alpha Venture Partners, LLC	46-2549436	0.10%	36,273
American Hose & Hydraulic Co., Inc.	22-3424259	0.42%	1,154,980
Amring Pharmaceuticals Inc.	47-1604786	1.36%	359
Bronfman Associates LLC	51-0522783	0.08%	1,630,510
CT Lab Global Media LLC	82-1379353	0.02%	190,317

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Extensis Retirement Savings Plan
EIN No.: 86-1064991, Plan No. 333
Plan Year Ending: December 31, 2021

Wellness in the Schools, Inc.	25-1919494	0.10%	368,458
Visionary Consulting Partners, LLC	26-2736634	0.16%	584,030
Veteran Advocacy Project, Inc.	82-3103233	0.02%	24,010
Verina Consulting Group, LLC	45-3438224	0.30%	1,164,770
Vascular Management Consultants LLC	83-2727661	0.51%	311,461
The Fluets Corporation	22-1830228	0.16%	144,544
Ursa Space Systems, Inc.	47-2260321	1.56%	1,861,537
USA Legwear LLC	27-1157350	1.01%	1,544,850
Laudio, Inc.	85-0935939	0.31%	157,015
Urethane Sciences, LLC	46-4619343	0.43%	442,018
United Way of Monmouth and Ocean Counties, Inc.	22-1828435	0.23%	801,041
Katie Couric Media, LLC	82-5235245	0.73%	565,592
Trilantic Capital Management L.P.	26-4600829	2.67%	10,064,337
Tough Mudder Bootcamp Operations, LLC	84-1809508	0.05%	72,905
HV Office Services LLC	82-0708725	0.04%	14,672
Market Fusion Analytics, LLC	06-1539638	0.25%	2,707,948
The Print Group, Inc.	22-2354580	0.03%	501,921
The Cody Group, Inc.	38-3910337	0.04%	25,182
Ramsay Fairs, LLC	20-4205686		11,758
DMS Governance (USA) Inc.	45-2995602	0.18%	342,623
SunRay Scientific LLC	46-1700371	0.01%	1,822
Stanfield Consulting, Inc.	82-5069240	0.04%	47,915
Simply Stylist LLC	82-1241902		13,915
Silver Regulatory Associates LLC	83-0595221	0.05%	42,319
Shore Services d/b/a Arrow Limousine	22-1916954	0.12%	2,688,371
Bag Studio, LLC	47-5675331		951,265
Bayshore Networks, Inc.	45-5492544	0.13%	236,719
Sancus Insurance Agency, Ltd.	81-0692506	0.01%	16,809
Romano & Associates CPA's, P.C.	81-3867787	0.06%	84,988
River Partners Capital Management, L.P.	47-1374219	0.31%	1,863,381
DPS America, Inc., A Division of DP Survey Group NV	30-1221993	0.08%	114,737
PVH Legwear LLC	84-2367632	0.52%	617,340
Premier Music Group LLC	82-3687119	0.58%	689,456
Pharus Advisors Holdings LLC	26-4426589	0.19%	1,087,479
Pfingst & Company, Inc.	13-5521660	0.08%	1,129,305
Dtouch New York LTD	20-3883274	0.22%	615,260
Orissa Holdings, LLC d/b/a GroundWidgets	26-0739949	0.44%	659,926
One Rockwell Corp.	71-1012971	0.24%	568,415
Governors Island Alliance, Inc. d/b/a The Friends of Governors Island	45-4317911	0.09%	172,362
NIP Group, Inc.	22-2908225	2.99%	11,312,631
Gowanus Canal Conservancy, Inc.	26-0681729	0.15%	133,496
Greenway Lawn Maintenance Co., Inc.	22-2458877	0.14%	2,154,892
Newman Moran, LLC d/b/a CO OP	13-4210211	0.39%	1,062,848
Navience Healthcare Solutions, LLC	27-3842700	0.75%	-
Balance Partners, LLC	83-2795242	0.45%	330,618
Boris Benic and Associates LLP	54-2190047	0.59%	2,153,123
Moishe House	26-2599786	1.09%	2,005,996
Method Group, Inc.	13-3639066	0.20%	692,302
Braemar Energy Ventures	52-2390044		656,305
March Made, LLC	20-1150335	0.15%	561,066
Major Products Co., Inc.	22-1556181	1.05%	2,717,859

Extensis Retirement Savings Plan
EIN No.: 86-1064991, Plan No. 333
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Reliance Trust Company	Cash Reserve Account	\$ 194,464
*	Transamerica Financial Life Ins. Co.	Transamerica Stable Value Core Account	\$ 6,816,328
		General Insurance Account Total	\$ 6,816,328
	American Funds	American Funds American Mutual R6	\$ 9,187,560
	American Funds	American Funds New World R6	\$ 3,511,558
	Dreyfus	BNY Mellon Sm/Md Cp Gr Y	\$ 6,775,043
	Columbia	Columbia Small Cap Growth I Inst3	\$ 5,625,079
	Fidelity	Fidelity 500 Index	\$ 26,358,555
	Fidelity	Fidelity Adv Total Bond Z	\$ 3,659,132
	Fidelity	Fidelity International Index	\$ 5,394,083
	Fidelity	Fidelity Mid Cap Index	\$ 11,012,819
	Fidelity	Fidelity Small Cap Index	\$ 7,852,577
	Fidelity	Fidelity US Bond Index	\$ 4,696,386
	Franklin Templeton	Franklin Small Cap Value R6	\$ 2,842,281
	Prudential	PGIM High Yield R6	\$ 2,999,855
	Pimco	PIMCO Diversified Income Instl	\$ 108,786
	Vanguard	Vanguard FTSE Social Index Admiral	\$ 2,773,686
	Vanguard	Vanguard Inf-Protected Secs Adm	\$ 1,259,740
	Vanguard	Vanguard Instl Trgt Rtmnt 2015 Instl	\$ 2,167,502
	Vanguard	Vanguard Instl Trgt Rtmnt 2020 Instl	\$ 3,817,985
	Vanguard	Vanguard Instl Trgt Rtmnt 2025 Instl	\$ 13,206,189
	Vanguard	Vanguard Instl Trgt Rtmnt 2030 Instl	\$ 13,058,968
	Vanguard	Vanguard Instl Trgt Rtmnt 2035 Instl	\$ 19,034,435
	Vanguard	Vanguard Instl Trgt Rtmnt 2040 Instl	\$ 15,055,171
	Vanguard	Vanguard Instl Trgt Rtmnt 2045 Instl	\$ 16,264,632
	Vanguard	Vanguard Instl Trgt Rtmnt 2050 Instl	\$ 15,913,582
	Vanguard	Vanguard Instl Trgt Rtmnt 2055 Instl	\$ 9,813,899
	Vanguard	Vanguard Instl Trgt Rtmnt 2060 Instl	\$ 5,979,839
	Vanguard	Vanguard Instl Target Retment 2065	\$ 2,014,201
	Vanguard	Vanguard Instl Target Retment Inc	\$ 975,133
	Vanguard	Vanguard International Growth Adm	\$ 7,151,635
	Vanguard	Vanguard International Value Fund	\$ 675,818
	Vanguard	Vanguard LifeStrategy Growth Fund	\$ 146,853
	Vanguard	Vanguard LifeStrategy Mod Gr Inv	\$ 51,067
	Vanguard	Vanguard REIT Index Adm	\$ 451,314
	Vanguard	Vanguard US Growth Admiral	\$ 19,455,324
	Vanguard	Vanguard Wellesley Income Adm	\$ 269,447
	Victory	Victory Sycamore Est Value R6	\$ 2,547,590
		Mutual Funds Total	\$ 242,107,726
	Charles Schwab Instl	Personal Choice Retment Account	\$ 2,116,319
		Other Accounts Total	\$ 2,116,319
*	Participants	Notes Receivable with interest rates of 4.25% to 7.50%	\$ 2,059,455
		TOTAL PLAN ASSETS	\$ 253,294,292

* Indicates Party-In-Interest to the Plan