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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                       |

|                |                                                                                                                                                                                                                                                                                                                                                |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                  |
| <b>1a</b>      | Name of plan<br><u>SYNDIGO 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                     |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                      |
|                | <b>1c</b> Effective date of plan<br><u>10/01/1993</u>                                                                                                                                                                                                                                                                                          |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SYNDIGO LLC</u><br><br><u>141 WEST JACKSON BOULEVARD</u><br><u>CHICAGO, IL 60604</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>20-3328053</u>                                                                                                                                                                                                                                                                                      |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>312-766-4801</u>                                                                                                                                                                                                                                                                                         |
| <b>2d</b>      | Business code (see instructions)<br><u>812990</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/18/2022 | JAY SHARP                                                    |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 585 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 516 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 520 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 139 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 659 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 659 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 659 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 47  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D 2T 3H 2S                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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**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.

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>SYNDIGO 401(K) PLAN                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SYNDIGO LLC                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>20-3328053                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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**(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)

JOHN HANCOCK

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 62<br>64         | RETAINED BY EMPLOYER                                                                              | 80805                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                            |                                                                    |            |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SYNDIGO 401(K) PLAN</u>                                        | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SYNDIGO LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-3328053</u> |            |

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

|                                                                                           |                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK 1-3 YR GV BOND INDEX FUND</u> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>20-3802368-009</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91408</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQUITY INDEX FUND</u>    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>20-3802495-007</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114864</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EM MKTS EQ IDX</u>            |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>20-3802262-008</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49680</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSS 1000 IDX</u>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>81-1025041-012</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259308</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT TR TRUST II R</u>           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>82-1151625-324</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13887</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE STABLE VALUE SOLUTIONS</u>      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>81-3301561-505</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>309634</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER LC VAL PORTFOLIO R1</u>         |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>81-4278868-290</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20212</u>  |

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

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-1025041-012 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167443 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-3802587-004 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412374 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-3802445-010 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183784 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-3802395-006 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65525 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-3802296-005 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17333 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-3802327-003 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21118 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-1009614-011 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210745 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-1950980-013 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16723 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>SYNDIGO 401(K) PLAN</b>                                                      | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SYNDIGO LLC</b>                      | <b>D</b> Employer Identification Number (EIN)<br><b>20-3328053</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 118716                | 49535           |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 69505                 | 116079          |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 167636                | 240359          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1409709               | 1954039         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 20476918              | 25764664        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 22242484 28124676 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 22242484 28124676 |

**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 |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1395928   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 3227418   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 1416935   |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 6040281   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 10057     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 10057     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 206212    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 206212    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 165857    |
| (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) |            | 3030656   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 9453063   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 3809701    |           |
| (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)  |            | 3809701   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 85523      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 614        |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 86137     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 3895838   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 5557225   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 324967    |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: GETTRY MARCUS CPA, P.C.

(2) EIN: 13-3418879

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

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

**Part IV Compliance Questions**

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

During the plan year:

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   |    | 948256 |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------|
| <b>b</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.) .....                                                                                |                     |                    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>d</b> 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.) .....                                                                                                                                                                                                 |                     |                    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>j</b> 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.) .....                                                                                                                                                                    |                     |                    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |         |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |         |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |         |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |         |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |         |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                   |                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>SYNDIGO 401(K) PLAN</div>                                 | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>SYNDIGO LLC</div> | <div>D Employer Identification Number (EIN)<br/>20-3328053</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                   |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                         | <div>1</div> | <div>0</div> |
| <div>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):<br/><br/>EIN(s): 80-0709115</div> |              |              |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                       |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                              | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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 \_\_\_\_\_

**SYNDIGO 401(K) PLAN**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2021 AND 2020**

GETTRYMARCUS



**Syndigo 401(k) Plan**

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**Years Ended December 31, 2021 and 2020**

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## Independent Auditor's Report

To the Board of Trustees  
Syndigo 401(k) 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 Syndigo 401(k) 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 2020, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (the "2021 financial statements").

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 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).

## **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 Syndigo 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 Syndigo 401(k) Plan's ability to continue as a going concern within 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 2021 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 Syndigo 401(k) 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 Syndigo 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matters**

##### **2021 Supplemental Schedules Required by ERISA**

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

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

In our opinion:

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

## Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Syndigo 401(k) 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 November 29, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Gettry Marcus CPA, P.C.*

Gettry Marcus CPA, P.C.  
Woodbury, New York  
October 17, 2022

**Syndigo 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2021 and 2020**

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|                                          | <u>2021</u>                 | <u>2020</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                            |                             |                             |
| <b>Investments at fair value</b>         | <u>\$ 27,718,703</u>        | <u>\$ 21,886,627</u>        |
| <b>Receivables</b>                       |                             |                             |
| Contributions receivable - participants  | 116,079                     | 69,505                      |
| Contributions receivable - employer      | 49,535                      | 118,716                     |
| Notes receivable from participants       | <u>240,359</u>              | <u>167,636</u>              |
| <b>Total receivables</b>                 | <u>405,973</u>              | <u>355,857</u>              |
| <b>Net assets available for benefits</b> | <u><u>\$ 28,124,676</u></u> | <u><u>\$ 22,242,484</u></u> |

**Syndigo 401(k) Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2021 and 2020**

|                                                              | <u>2021</u>          | <u>2020</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>Additions:</b>                                            |                      |                      |
| <b>Additions to net assets attributed to:</b>                |                      |                      |
| <b>Investment income</b>                                     |                      |                      |
| Net appreciation in fair value of investments                | \$ 3,196,513         | \$ 3,056,693         |
| Dividends                                                    | 206,212              | 188,310              |
| <b>Net investment income</b>                                 | <u>3,402,725</u>     | <u>3,245,003</u>     |
| <b>Interest income on notes receivable from participants</b> | <u>10,057</u>        | <u>9,079</u>         |
| <b>Contributions</b>                                         |                      |                      |
| Participants                                                 | 3,227,418            | 2,639,077            |
| Employer                                                     | 1,395,928            | 1,022,770            |
| Rollovers                                                    | 1,416,935            | 1,616,622            |
| <b>Total contributions</b>                                   | <u>6,040,281</u>     | <u>5,278,469</u>     |
| <b>Total additions</b>                                       | <u>9,453,063</u>     | <u>8,532,551</u>     |
| <b>Deductions:</b>                                           |                      |                      |
| <b>Deductions from net assets attributed to:</b>             |                      |                      |
| Benefits paid to participants                                | 3,809,701            | 1,737,332            |
| Administrative expenses                                      | 86,137               | 53,698               |
| <b>Total deductions</b>                                      | <u>3,895,838</u>     | <u>1,791,030</u>     |
| <b>Net increase</b>                                          | 5,557,225            | 6,741,521            |
| <b>Transfers from affiliated plans</b>                       | 324,967              | 707,799              |
| <b>Net assets available for benefits:</b>                    |                      |                      |
| Beginning of year                                            | <u>22,242,484</u>    | <u>14,793,164</u>    |
| End of year                                                  | <u>\$ 28,124,676</u> | <u>\$ 22,242,484</u> |

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 1 – Description of Plan**

The following description of Syndigo 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General*

The Plan, which was established October 1, 1993, is a defined contribution plan organized under Internal Revenue Code ("IRC") Section 401(k). It covers all eligible employees of Syndigo, LLC or any subsidiary or affiliate (collectively the "Employer" or "Company") who are age 18 years and older and have completed three months of eligibility service. Effective November 15, 2019, the Plan was restated to a John Hancock Prototype Non-Standardized Profit Sharing Plan ("Prototype Plan"). Effective January 1, 2021, the Plan adopted the John Hancock Non-Standardized Pre-Approved Defined Contribution Plan ("John Hancock Non-Standardized Plan"). The Plan is subject to the provisions of ERISA. The trustee is responsible for oversight of the Plan. Management of the Company determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of trustees. The assets of the Plan are administered under a trust agreement with John Hancock Trust Company LLC ("John Hancock"), the plan trustee and custodian. The trust agreement requires that the custodian administer in accordance with the provisions of the Plan, the trust agreement, and instructions from the plan administrator. The custodian holds and manages the assets of the Plan.

*Contributions*

Each year, participants may contribute to the Plan from 1 to 100 percent (in full percentage points) of their pretax earnings, as defined in the Plan, up to a maximum in accordance with Section 415(c) of the IRC. Effective November 1, 2017, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. Effective October 1, 2017, the Plan was amended to accept Roth Elective Deferrals made on behalf of participants. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("rollovers"). Participants direct the investment of their contributions, the employer contributions and rollovers into various investment options offered by the Plan. For the year ended December 31, 2020, the Employer discretionary matching contribution was 50 percent of the first 6 percent of each participant's contributions, which amounted to \$1,022,770. Effective January 1, 2021, the Employer discretionary matching contribution was increased to 50 percent of the first 8 percent of each participant's contributions, which amounted to \$1,395,928. During the year ended December 31, 2020, the Company accrued true up contributions of \$94,820, which were paid in March 2021. The Company has not finalized its true up contribution for 2021 and does not believe that it will be material to the financial statements. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

The Company may also make an additional profit sharing contribution to the participants at the option of the Company. No such contribution was made during the years ended December 31, 2021 and 2020. Contributions are subject to certain IRS limitations.

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 1 – Description of Plan (continued)**

*Participant Accounts*

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

*Vesting*

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

*Forfeitures*

Forfeitures of non-vested benefits are available to be used to reduce Plan expenses and/or employer contributions. Forfeited non-vested accounts totaled \$140,141 and \$70,226 at December 31, 2021 and 2020, respectively. For the years ended December 31, 2021 and 2020, there were no forfeitures used to offset employer contributions or plan expenditures.

*Payment of Benefits*

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

*Notes Receivable from Participants*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loan terms range from one to five years or a longer repayment period allowed by the administrator for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates that range from 4.25 percent to 6.50 percent. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan allows each participant to have up to two outstanding loans at any given time.

*Coronavirus Aid, Relief and Economic Security Act*

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

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

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 1 – Description of Plan (continued)**

- For loans taken within 180 days after the enactment of the CARES Act (i.e., March 27, 2020), permit qualified CARES Act individuals to take loans from their account up to the lesser of 100% of their vested account balance or \$100,000. In addition, permit any Plan loan repayment that comes due during the period March 27, 2020 through December 31, 2020 to be delayed for up to one year.
- Permit the delay of Required Minimum Distributions ("RMD") for a period of one year, with the delay applying to both 2019 distributions that were required to begin no later than April 1, 2020, and 2020 distributions, unless an employee elects to receive an RMD in 2020. Participants electing to receive a 2020 RMD amount are able to use the 60-day rollover option.

The timing and manner for formal plan amendments, as determined by the CARES Act, is for the Plan year ending December 31, 2022; however, the timing of the RMD provision was extended to the Plan year ending December 31, 2025.

**Note 2 – Summary of Significant Accounting Policies**

*Basis of Accounting*

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

*Use of Estimates*

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

*Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value as reported to the Plan by the custodian of the Plan, John Hancock. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Employer determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, custodian, trustee and insurance company.

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

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

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses have been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Payment of Benefits*

Benefits are recorded when paid by the Plan.

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 2 – Summary of Significant Accounting Policies (continued)**

*Administrative Expenses*

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

*Accounting Standards Update ("ASU")*

On August 28, 2018, FASB issued ASU 2018-13, Disclosure Framework—Changes to the Disclosure Requirement for Fair Value Measurement (Topic 820). The ASU, which applies to all entities (including defined contribution plans) removes, modifies and adds fair value and/or NAV related disclosures. The ASU is effective for years beginning after December 15, 2019. The Board of Trustees has determined that the adoption of ASU 2018-13 had no impact on its financial statements.

**Note 3 – Information Prepared and Certified by John Hancock Trust Company LLC**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by John Hancock:

|                                                       | <u>December 31, 2021</u>                | <u>December 31, 2020</u>                |
|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Investments, at fair value:                           |                                         |                                         |
| Mutual Funds                                          | \$ 25,764,664                           | \$ 20,476,917                           |
| Common Collective Trusts                              | 1,644,405                               | 1,179,491                               |
| Stable Value Fund                                     | 309,634                                 | 230,219                                 |
| Total Investments                                     | <u>\$ 27,718,703</u>                    | <u>\$ 21,886,627</u>                    |
| Notes receivable from participants                    | <u>\$ 240,359</u>                       | <u>\$ 167,636</u>                       |
|                                                       |                                         |                                         |
|                                                       | <u>Year Ended<br/>December 31, 2021</u> | <u>Year Ended<br/>December 31, 2020</u> |
| Interest income on notes receivable from participants | <u>\$ 10,057</u>                        | <u>\$ 9,079</u>                         |
| Investment income:                                    |                                         |                                         |
| Net appreciation in fair value of investments         | \$ 3,196,513                            | \$ 3,056,693                            |
| Dividends                                             | 206,212                                 | 188,310                                 |
| Total investment income                               | <u>\$ 3,402,725</u>                     | <u>\$ 3,245,003</u>                     |

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 4 – Fair Value Measurements**

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

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|         |                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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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.

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

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

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

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

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

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

**Syndigo 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**Note 4 – Fair Value Measurements (continued)**

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's recurring investments at fair value as of December 31, 2021 and 2020:

Investments at Fair Value at December 31, 2021

|                                 | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|---------------------------------|----------------------|---------------------|----------------|----------------------|
| Mutual funds                    |                      |                     |                |                      |
| Emerging Market                 | \$ 72,041            | \$ -                | \$ -           | \$ 72,041            |
| Bond Market                     | 1,166,660            | -                   | -              | 1,166,660            |
| Blend                           | 278,728              | -                   | -              | 278,728              |
| Growth                          | 923,487              | -                   | -              | 923,487              |
| Value                           | 337,294              | -                   | -              | 337,294              |
| Target Date                     | 22,854,381           | -                   | -              | 22,854,381           |
| Money Market                    | 132,073              | -                   | -              | 132,073              |
| Common/Collective Trusts        | -                    | 1,644,405           | -              | 1,644,405            |
| Investment measured at NAV (a)  | -                    | -                   | -              | 309,634              |
| Total investments at fair value | <u>\$ 25,764,664</u> | <u>\$ 1,644,405</u> | <u>\$ -</u>    | <u>\$ 27,718,703</u> |

Investments at Fair Value at December 31, 2020

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

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

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 4 – Fair Value Measurements (continued)**

*Fair Value of Investments in Entities That Use NAV*

The following table summarizes the investments measured at fair value based on NAV per shares as of December 31, 2021 and 2020, respectively:

| <u>December 31, 2021</u> | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
|--------------------------|-------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
| Stable Value Fund        | \$309,634         | n/a                         | Daily                                               | 1-2 Days                        |
| <u>December 31, 2020</u> | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Stable Value Fund        | \$230,219         | n/a                         | Daily                                               | 1-2 Days                        |

**Note 5 – Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a plan termination, participants will become 100 percent vested in their employer discretionary matching and profit sharing contributions.

**Note 6 – Tax Status**

The John Hancock Non-Standardized Plan received a favorable opinion letter dated June 30, 2020, in which the IRS stated that the pre-approved Plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan (i) has been amended, (ii) accepted several merged plans and participants from those plans, and (iii) affected transfers from affiliated plans since receiving the determination letter (the latest transfer being January 4, 2022), the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt. Prior to the adoption of the John Hancock Non-Standardized Plan, the Plan had received its favorable opinion letter dated May 18, 2015, in which the IRS stated that the Prototype Plan, as then designed, was in compliance with the applicable sections of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The trustee of the Plan have analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2021 and 2020, no uncertain positions were taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 7 – Related Party Transactions**

The investments owned by the Plan are managed by John Hancock, the custodian of the Plan. Fees incurred by the Plan for these investment management services are paid by revenue sharing, rather than direct payment.

As described in Note 2, the Plan made direct payments for administrative services to John Hancock of \$86,137 and \$53,698 for the years ended December 31, 2021 and 2020. The Employer pays directly any other fees related to the Plan's operations.

**Note 8 – Risks and Uncertainties**

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

The impact of the COVID-19 pandemic outbreak continues to evolve. Said pandemic has adversely affected net global economic activity. Because the values of the Plan's investments have and will fluctuate in response to these changing market conditions, the impact of this situation on the Plan (and the Company) and its future results and financial position is not presently determinable.

**Note 9 – Transfers from Affiliated Plans**

During 2021 and 2020, the Company was involved in several mergers and acquisitions. Accordingly, the following transfers affected the plan:

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

| <u>Affiliated plan</u> | <u>Date decision made</u> | <u>Date transferred<br/>and merged</u> | <u>Total</u>      |
|------------------------|---------------------------|----------------------------------------|-------------------|
| Attribytes 401(k) Plan | 1/20/2021                 | 9/3/2021                               | <u>\$ 324,967</u> |

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

| <u>Affiliated plan</u>      | <u>Date decision made</u> | <u>Date transferred<br/>and merged</u> | <u>Total</u>      |
|-----------------------------|---------------------------|----------------------------------------|-------------------|
| Sellpoints, Inc 401(k) Plan | 2/25/2020                 | 4/1/2020                               | <u>\$ 707,799</u> |

In April 2020, the Company acquired the assets of Kwikiee Products Co. LLC ("Kwikiee") and accordingly, its employees were hired by the Company. Effective January 1, 2021, the Plan was amended to waive eligibility requirements for employees who were employed by Kwikiee. As a result, former employees of Kwikiee were eligible to rollover their 401(k) accounts into the Plan if they met a three-month prior service eligibility requirement.

**Syndigo 401(k) Plan  
Notes to Financial Statements  
December 31, 2021 and 2020**

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**Note 10 – Untimely Participant Contributions**

It was noted that for the years ended December 31, 2021, 2020, and 2019, there were unintentional delays by the Company in submitting employee contributions totaling \$553,319, \$326,265, and \$68,672, respectively, to the custodian. The Company is in the process of correcting the untimely contributions under the self-correction program. The amount of lost earnings that will be payable to the participants has not been determined, and the Company does not believe that it will be a material to the accompanying financial statements.

**Note 11 – Benefits Payable**

As of the date the financial statements were available to be issued, the Company had not completed the annual discrimination testing for the Plan for the year ended December 31, 2021. Management believes the amount of refunds, if any, resulting from the 2021 testing would not be material to the financial statements and, therefore, no liability has been recorded for such refunds.

**Note 12 – Subsequent Events**

The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through October 17, 2022, the date the financial statements were available to be issued.

Recent increases in inflation and interest rates, as well as other changes in economic and political events, have resulted in increased volatility in financial markets. Accordingly, the Plan's investment portfolio, subsequent to December 31, 2021, has incurred a decline in aggregate fair value. It is not known if values will continue to decline or how long a recovery, if any, of these values will take to recapture their peak values.

*Transfer from an Affiliated Plan*

On September 23, 2021, management, as permitted by the Plan document, made the decision and elected that the net assets of Riversand Technologies 401(k) Plan (an affiliated plan) would be transferred and merged into the Plan and was completed on January 4, 2022. Total transfer was made as follows:

| Affiliated plan                    | Date decision made | Date transferred<br>and merged | Total               |
|------------------------------------|--------------------|--------------------------------|---------------------|
| Riversand Technologies 401(k) Plan | 9/23/2021          | 1/4/2022                       | <u>\$ 4,413,312</u> |

*Plan Amendments*

Subsequent to December 31, 2021, the Plan was amended for (i) certain auto-enrollment provisions and (ii) for certain vesting schedule provisions for the participants of Riversand Technologies 401(k) Plan (an affiliated plan) that was merged into the Plan during 2022.

## **Supplementary Information**

**Syndigo 401(k) Plan**  
**PN: 001 EIN: 20-3328053**  
**Form 5500 Schedule H, Part IV, Item 4(a)**  
**Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2021**

| Check Here If<br>Late<br>Participant Loan<br>Repayments<br>Are Included | Participant Contributions Transferred Late to Plan |               |                   | Total That Constitute Nonexempt Prohibited Transactions |                                               |                                                      |                                                           |
|-------------------------------------------------------------------------|----------------------------------------------------|---------------|-------------------|---------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|
|                                                                         | Date Withheld                                      | Date Remitted | Amount            | Contributions Not<br>Corrected*                         | Contributions<br>Corrected<br>Outside<br>VFCP | Contributions<br>Pending<br>Correction Under<br>VFCP | Total Fully<br>Corrected<br>Under VFCP and<br>PTE 2002-51 |
|                                                                         | 1/6/2021                                           | 2/16/2021     | \$ 10,046         | \$ 10,046                                               | \$ -                                          | \$ -                                                 | \$ -                                                      |
| ✓                                                                       | 1/29/2021                                          | 2/16/2021     | 124,080           | 124,080                                                 | -                                             | -                                                    | -                                                         |
|                                                                         | 2/3/2021                                           | 2/11/2021     | 12,425            | 12,425                                                  | -                                             | -                                                    | -                                                         |
|                                                                         | 2/23/2021                                          | 3/4/2021      | 6,982             | 6,982                                                   | -                                             | -                                                    | -                                                         |
| ✓                                                                       | 3/12/2021                                          | 3/19/2021     | 88,502            | 88,502                                                  | -                                             | -                                                    | -                                                         |
| ✓                                                                       | 6/2/2021                                           | 6/9/2021      | 89,755            | 89,755                                                  | -                                             | -                                                    | -                                                         |
| ✓                                                                       | 7/2/2021                                           | 7/15/2021     | 71                | 71                                                      | -                                             | -                                                    | -                                                         |
|                                                                         | 9/15/2021                                          | 10/27/2021    | 2,679             | 2,679                                                   | -                                             | -                                                    | -                                                         |
| ✓                                                                       | 9/22/2021                                          | 9/30/2021     | 102,033           | 102,033                                                 | -                                             | -                                                    | -                                                         |
|                                                                         | 9/30/2021                                          | 10/27/2021    | 2,191             | 2,191                                                   | -                                             | -                                                    | -                                                         |
|                                                                         | 12/15/2021                                         | 12/23/2021    | 1,979             | 1,979                                                   | -                                             | -                                                    | -                                                         |
|                                                                         | 12/28/2021                                         | 1/6/2022      | 109,976           | 109,976                                                 | -                                             | -                                                    | -                                                         |
|                                                                         | 12/30/2021                                         | 1/11/2022     | 718               | 718                                                     | -                                             | -                                                    | -                                                         |
| ✓                                                                       | various**                                          | 3/9/2022      | 1,881 **          | 1,881 **                                                | -                                             | -                                                    | -                                                         |
|                                                                         |                                                    |               | <u>\$ 553,319</u> | <u>\$ 553,319</u>                                       | <u>\$ -</u>                                   | <u>\$ -</u>                                          | <u>\$ -</u>                                               |

\* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2022.

\*\* During 2021, loan repayment withholdings were made for two participants for pay periods from 1/15/2021 through 12/31/2021 but were not remitted to the custodian until 3/9/2022. The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2022.

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

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

\* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2022.

\*\* Amounts include employer contributions

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

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

\* The Company is in the process of calculating lost earnings under the self correction program and expects to have the correction completed in 2022.

\*\* Amounts include employer contributions

**Syndigo 401(k) Plan**  
**PN: 001 EIN: 20-3328053**  
**Form 5500 Schedule H, Part IV, Item 4(i)**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a) | (b)                                                     | (c)                                                                                                         | (d)    | (e)           |
|-----|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------|---------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest<br>collateral, par or maturity value | Cost** | Current value |
| *   | John Hancock                                            | BlackRock 13 Yr Gv Bd Idx Fee                                                                               |        | \$ 91,409     |
| *   | John Hancock                                            | BlackRock Em Mkts Eq Idx Fee R                                                                              |        | 49,680        |
| *   | John Hancock                                            | BlackRock Russ 1000 Idx Fee R                                                                               |        | 259,308       |
| *   | John Hancock                                            | BlackRock MSCI ACWI exUS Idx Fee R                                                                          |        | 16,723        |
| *   | John Hancock                                            | BlackRock Russell 2000 Gr Idx Fee R                                                                         |        | 65,525        |
| *   | John Hancock                                            | BlackRock Russell 2000 Val Idx Fee R                                                                        |        | 17,333        |
| *   | John Hancock                                            | Lord Abbett TR Trust II R                                                                                   |        | 13,887        |
| *   | John Hancock                                            | Pioneer LC Val Portfolio R1                                                                                 |        | 20,212        |
| *   | John Hancock                                            | Wilmington BR EAFE Eq Idx R                                                                                 |        | 114,864       |
| *   | John Hancock                                            | Wilmington BR Mid Cap Eq Idx R                                                                              |        | 21,118        |
| *   | John Hancock                                            | Wilmington BR Russ 1000 Grth R                                                                              |        | 167,443       |
| *   | John Hancock                                            | Wilmington BR Russ 1000 Val R                                                                               |        | 210,745       |
| *   | John Hancock                                            | Wilmington BR Russ 2000 Idx R                                                                               |        | 412,374       |
| *   | John Hancock                                            | Wilmington BR U.S. Debt Idx R                                                                               |        | 183,784       |
| *   | John Hancock                                            | Lord Abbett Bond Debenture R6                                                                               |        | 66,446        |
| *   | John Hancock                                            | Western Asset ST Bond I                                                                                     |        | 1,100,214     |
| *   | John Hancock                                            | American Funds Target 2010 Fund R4                                                                          |        | 1,788         |
| *   | John Hancock                                            | American Funds Target 2015 Fund R4                                                                          |        | 2,940         |
| *   | John Hancock                                            | American Funds Target 2020 Fund R4                                                                          |        | 207,283       |
| *   | John Hancock                                            | American Funds Target 2025 Fund R4                                                                          |        | 604,211       |
| *   | John Hancock                                            | American Funds Target 2030 Fund R4                                                                          |        | 3,542,425     |
| *   | John Hancock                                            | American Funds Target 2035 Fund R4                                                                          |        | 4,981,113     |
| *   | John Hancock                                            | American Funds Target 2040 Fund R4                                                                          |        | 2,891,376     |
| *   | John Hancock                                            | American Funds Target 2045 Fund R4                                                                          |        | 4,209,820     |
| *   | John Hancock                                            | American Funds Target 2050 Fund R4                                                                          |        | 3,187,330     |
| *   | John Hancock                                            | American Funds Target 2055 Fund R4                                                                          |        | 2,134,993     |

See independent auditor's report.

**Syndigo 401(k) Plan**  
**PN: 001 EIN: 20-3328053**  
**Form 5500 Schedule H, Part IV, Item 4(i)**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a) | (b)                                                     | (c)                                                                                                                | (d)    | (e)                         |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest<br>collateral, par or maturity value        | Cost** | Current value               |
| *   | John Hancock                                            | American Funds Target 2060 Fund R4                                                                                 |        | 1,091,102                   |
| *   | John Hancock                                            | American Cent Mid Cap Value R6                                                                                     |        | 7,101                       |
| *   | John Hancock                                            | AQR LC Defensive Style R6                                                                                          |        | 143,833                     |
| *   | John Hancock                                            | Carillon Scout Mid Cap R6                                                                                          |        | 21,448                      |
| *   | John Hancock                                            | Franklin DynaTech Fund R6                                                                                          |        | 196,787                     |
| *   | John Hancock                                            | Lord Abbett Dev Growth Fund R6                                                                                     |        | 79,241                      |
| *   | John Hancock                                            | MFS Mid Cap Growth Fund R6                                                                                         |        | 146,781                     |
| *   | John Hancock                                            | MFS New Discovery Value R6                                                                                         |        | 154,339                     |
| *   | John Hancock                                            | PIMCO Stocksplus Abs Ret Inst                                                                                      |        | 63,175                      |
| *   | John Hancock                                            | PIMCO Small Cap Stks Plus Inst                                                                                     |        | 36,500                      |
| *   | John Hancock                                            | Vanguard MidCap Grwth Ind Adm                                                                                      |        | 322,952                     |
| *   | John Hancock                                            | Vanguard Mid-Cap Val Index Adm                                                                                     |        | 175,854                     |
| *   | John Hancock                                            | American EuroPacific Growth R6                                                                                     |        | 177,726                     |
| *   | John Hancock                                            | Calvert Emerg Mkts Equ R6                                                                                          |        | 72,041                      |
| *   | John Hancock                                            | PIMCO Int StocksPLUS USD Hg I                                                                                      |        | 13,772                      |
| *   | John Hancock                                            | JPMorgan US Govt MMkt Cap CI                                                                                       |        | 132,073                     |
| *   | John Hancock                                            | Metlife Stable Value Solutions                                                                                     |        | 309,634                     |
|     |                                                         |                                                                                                                    |        | <u>27,718,703</u>           |
| *   | Notes receivable from participants                      | Interest rates ranging from 4.25% to 6.50%, maturing 2022 through 2037, secured by participants' account balances. | --     | <u>240,359</u>              |
|     | <b>Total</b>                                            |                                                                                                                    |        | <u><u>\$ 27,959,062</u></u> |

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

**Syndigo 401(k) Plan**  
**PN: 001 EIN: 20-3328053**  
**Form 5500 Schedule H, Part IV, Item 4(i)**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a) | (b)                                                     | (c)                                                                                                         | (d)    | (e)           |
|-----|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------|---------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest<br>collateral, par or maturity value | Cost** | Current value |
| *   | John Hancock                                            | BlackRock 13 Yr Gv Bd Idx Fee                                                                               |        | \$ 91,409     |
| *   | John Hancock                                            | BlackRock Em Mkts Eq Idx Fee R                                                                              |        | 49,680        |
| *   | John Hancock                                            | BlackRock Russ 1000 Idx Fee R                                                                               |        | 259,308       |
| *   | John Hancock                                            | BlackRock MSCI ACWI exUS Idx Fee R                                                                          |        | 16,723        |
| *   | John Hancock                                            | BlackRock Russell 2000 Gr Idx Fee R                                                                         |        | 65,525        |
| *   | John Hancock                                            | BlackRock Russell 2000 Val Idx Fee R                                                                        |        | 17,333        |
| *   | John Hancock                                            | Lord Abbett TR Trust II R                                                                                   |        | 13,887        |
| *   | John Hancock                                            | Pioneer LC Val Portfolio R1                                                                                 |        | 20,212        |
| *   | John Hancock                                            | Wilmington BR EAFE Eq Idx R                                                                                 |        | 114,864       |
| *   | John Hancock                                            | Wilmington BR Mid Cap Eq Idx R                                                                              |        | 21,118        |
| *   | John Hancock                                            | Wilmington BR Russ 1000 Grth R                                                                              |        | 167,443       |
| *   | John Hancock                                            | Wilmington BR Russ 1000 Val R                                                                               |        | 210,745       |
| *   | John Hancock                                            | Wilmington BR Russ 2000 Idx R                                                                               |        | 412,374       |
| *   | John Hancock                                            | Wilmington BR U.S. Debt Idx R                                                                               |        | 183,784       |
| *   | John Hancock                                            | Lord Abbett Bond Debenture R6                                                                               |        | 66,446        |
| *   | John Hancock                                            | Western Asset ST Bond I                                                                                     |        | 1,100,214     |
| *   | John Hancock                                            | American Funds Target 2010 Fund R4                                                                          |        | 1,788         |
| *   | John Hancock                                            | American Funds Target 2015 Fund R4                                                                          |        | 2,940         |
| *   | John Hancock                                            | American Funds Target 2020 Fund R4                                                                          |        | 207,283       |
| *   | John Hancock                                            | American Funds Target 2025 Fund R4                                                                          |        | 604,211       |
| *   | John Hancock                                            | American Funds Target 2030 Fund R4                                                                          |        | 3,542,425     |
| *   | John Hancock                                            | American Funds Target 2035 Fund R4                                                                          |        | 4,981,113     |
| *   | John Hancock                                            | American Funds Target 2040 Fund R4                                                                          |        | 2,891,376     |
| *   | John Hancock                                            | American Funds Target 2045 Fund R4                                                                          |        | 4,209,820     |
| *   | John Hancock                                            | American Funds Target 2050 Fund R4                                                                          |        | 3,187,330     |
| *   | John Hancock                                            | American Funds Target 2055 Fund R4                                                                          |        | 2,134,993     |

See independent auditor's report.

**Syndigo 401(k) Plan**  
**PN: 001 EIN: 20-3328053**  
**Form 5500 Schedule H, Part IV, Item 4(i)**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a) | (b)                                                     | (c)                                                                                                                | (d)    | (e)                         |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
|     | Identity of issue, borrower,<br>lessor or similar party | Description of investment including<br>maturity date, rate of interest<br>collateral, par or maturity value        | Cost** | Current value               |
| *   | John Hancock                                            | American Funds Target 2060 Fund R4                                                                                 |        | 1,091,102                   |
| *   | John Hancock                                            | American Cent Mid Cap Value R6                                                                                     |        | 7,101                       |
| *   | John Hancock                                            | AQR LC Defensive Style R6                                                                                          |        | 143,833                     |
| *   | John Hancock                                            | Carillon Scout Mid Cap R6                                                                                          |        | 21,448                      |
| *   | John Hancock                                            | Franklin DynaTech Fund R6                                                                                          |        | 196,787                     |
| *   | John Hancock                                            | Lord Abbett Dev Growth Fund R6                                                                                     |        | 79,241                      |
| *   | John Hancock                                            | MFS Mid Cap Growth Fund R6                                                                                         |        | 146,781                     |
| *   | John Hancock                                            | MFS New Discovery Value R6                                                                                         |        | 154,339                     |
| *   | John Hancock                                            | PIMCO Stocksplus Abs Ret Inst                                                                                      |        | 63,175                      |
| *   | John Hancock                                            | PIMCO Small Cap Stks Plus Inst                                                                                     |        | 36,500                      |
| *   | John Hancock                                            | Vanguard MidCap Grwth Ind Adm                                                                                      |        | 322,952                     |
| *   | John Hancock                                            | Vanguard Mid-Cap Val Index Adm                                                                                     |        | 175,854                     |
| *   | John Hancock                                            | American EuroPacific Growth R6                                                                                     |        | 177,726                     |
| *   | John Hancock                                            | Calvert Emerg Mkts Equ R6                                                                                          |        | 72,041                      |
| *   | John Hancock                                            | PIMCO Int StocksPLUS USD Hg I                                                                                      |        | 13,772                      |
| *   | John Hancock                                            | JPMorgan US Govt MMkt Cap CI                                                                                       |        | 132,073                     |
| *   | John Hancock                                            | Metlife Stable Value Solutions                                                                                     |        | 309,634                     |
|     |                                                         |                                                                                                                    |        | <u>27,718,703</u>           |
| *   | Notes receivable from participants                      | Interest rates ranging from 4.25% to 6.50%, maturing 2022 through 2037, secured by participants' account balances. | --     | <u>240,359</u>              |
|     | <b>Total</b>                                            |                                                                                                                    |        | <u><u>\$ 27,959,062</u></u> |

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