

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EXTENSIS GROUP, LLC 900 ROUTE 9 N., 3RD FL WOODBIDGE, NJ 07095
2b	Employer Identification Number (EIN) 86-1064991
2c	Plan Sponsor's telephone number 877-773-8770
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2024	SAUL SHAME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9291
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 7238 6a(2) 9251 6b 12 6c 2064 6d 11327 6e 6 6f 11333 6g(1) 6007 6g(2) 7920 6h 265
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 2R 2S 2T 2V 3B 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	935008	7920	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 12721251**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 12390000**c** Additions: (1) Contributions deposited during the year **7c(1)** 2333727
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 141043
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 4418801

▶ FORFS, TRANSFERS, LOAN PAYMENTS

(6) Total additions **7c(6)** 6893571**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 19283571**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2677751(2) Administration charge made by carrier **7e(2)** 37727(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 3846842

▶ TRANSFERS, LOANS, ALLOCATED FORFS

(5) Total deductions **7e(5)** 6562320**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 12721251

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	615994	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 23 53	INVESTMENT ADVISORY	76000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	166	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENTS 43-0821857	RATE OF 0.28% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RIVERPARK FUNDS PO BOX 219008 KANSAS CITY, MO 64105	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE-PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC	D Employer Identification Number (EIN) 86-1064991

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	179965	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1592374	2576474
(2) Participant contributions	1b(2)	1408514	2004724
(3) Other	1b(3)	12280425	28878537
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1704406	5549065
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3385430	4558394
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	266369335	416312293
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12390000	12721251
(15) Other	1c(15)	1823189	2994975

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	301133638	475595713
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	301133638	475595713

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20187528	
(B) Participants	2a(1)(B)	52462268	
(C) Others (including rollovers)	2a(1)(C)	18295214	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		90945010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	109076	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	231913	
(F) Other	2b(1)(F)	140531	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		481520
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8422651	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8422651
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		49879625
c Other income	2c		510033
d Total income. Add all income amounts in column (b) and enter total	2d		150238839

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35842458	
(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)		35842458
f Corrective distributions (see instructions)	2f		122160
g Certain deemed distributions of participant loans (see instructions)	2g		123
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	615994	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	76000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		691994
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36656735

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		113582104
l Transfers of assets:			
(1) To this plan	2l(1)		108758088
(2) From this plan	2l(2)		47878117

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: **COHNREZNICK**

(2) EIN: **22-1478009**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
QARIK GROUP 401K PLAN	83-4589464	001
TRINET 401K PLAN	82-2362154	333
SPIN-OFF TERMINATION PLAN FOR OPTICONX INC.	04-3301569	002
BLUE OWN CAPITAL 401K PLAN	85-3708472	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VERITONE, INC. 401K PLAN	47-1161641	001
DANCE MEDIA PUBLICATIONS, LLC 401K PLAN	26-2660785	002
SD SOLUTIONS 401K PLAN	27-5395662	001
PEXIP INC 401K PLAN	46-1260436	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INSPERITY 401K PLAN	76-0178498	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
TRINET 401K PLAN	48-1304650	333

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MOISHE HOUSE 401K PROFIT SHARING PLAN & TRUST	26-2599786	001
VENSURE EMPLOYER SERVICES, INC. 401K PROFIT SHARING PLAN	37-1508469	001
TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	62-1874762	001
GUAGLARDI & MELITI LLP 401K PROFIT SHARING PLAN	20-4007107	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AMARACON TESTING & INSPECTIONS, LLC 401K PLAN	47-5181629	001
SPIN-OFF TERMINATION PLAN FOR HOROWITZ ASSOCIATES, INC.	13-3280766	001
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	45-3365897	001
SPIN-OFF TERMINATION PLAN FOR THOMAS & GIBBS CPAS, PLLC	56-2271237	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN-OFF TERMINATION PLAN FOR PEO SPECTRUM, INC.	27-1161386	001
HORIZON MEDIA, INC. 401K RETIREMENT SAVINGS PLAN	13-3494927	002
FRIENDLY URGENT CARE LLC 401K PLAN	82-2818742	001
KRAUS HAMDANI AEROSPACE INC. 401K	83-1030119	002

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EXTENSIS GROUP, LLC				D Employer Identification Number (EIN) 86-1064991	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702462A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF EXTENSIS GROUP, LLC	D Administrator's EIN 86-1064991	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 02 PARTNERS, LLC	2b EIN 20-2025858	2c Percentage of Total Contributions for the Plan Year 0.63	2d Aggregate Account Balances Attributable to Participating Employer 3283215
2a Name of Participating Employer 22 MILES, INC.	2b EIN 26-1332378	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 184910

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
27 VIRTUAL CONSULTING, LLC	81-4928133	0.01	0
2a Name of Participating Employer ABBOT & ABBOT BOX CORPORATION	56-2431795	0.16	1149520
2a Name of Participating Employer ACCELERATE THE NATIONAL COLLABORATIVE FOR ACCELERATED LEARNING	88-3207484	0.23	714988
2a Name of Participating Employer ACCELERATED GLOBAL SOLUTIONS, INC.	84-4781570	0.15	515854
2a Name of Participating Employer ACCESS SELF STORAGE INC. DBA ACCESS MANAGEMENT CO.	22-2577055	0.36	2363417
2a Name of Participating Employer ACCESSORY INNOVATIONS, LLC	20-4437922	0.03	19846
2a Name of Participating Employer ADS PROCESSING LLC	46-1646026	0.31	233536
2a Name of Participating Employer ADVANCED FAMILY EYE CARE-DOCTORS OF OPTOMETRY, PLLC	86-1063250	0.19	948679
2a Name of Participating Employer AESOP USA INC.	27-3147943	1.20	3535995

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AGRI EXOTIC TRADING	22-3675807	0.26	2593526
AIM, LLC	13-4129674	0.44	5761003
AK LOGISTICS, INC.	22-3127641	0.00	11913
AKA NYC LIMITED	42-1773190	0.51	3849286
AKUVO LLC	83-3625142	0.47	2111005
ALEMBIC PHARMACEUTICALS INC.	46-1378951	0.37	1694882
ALL-SYSTEM AEROSPACE INTERNATIONAL, INC.	11-2460526	0.28	3020185
ALLIANCE TECHNOLOGIES, LLC	22-3823868	0.20	451760
ALLOSTERY INVESTMENTS LP	88-3328512	0.02	13066

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALPHA VENTURE PARTNERS, LLC	46-2549436	0.11	78002
2a Name of Participating Employer AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.	51-0286953	0.06	141485
2a Name of Participating Employer AMERICAN HOSE & HYDRAULIC CO., INC.	22-3424259	0.28	0
2a Name of Participating Employer AMERICAN RUNNER CO., LLC	11-8733074	0.00	102281
2a Name of Participating Employer AMERICO GROUP, INC	13-3707961	0.64	4125745
2a Name of Participating Employer AMWELL AUTO & TIRE CENTER INC.	22-3489669	0.00	2
2a Name of Participating Employer ANACAPA CAPITAL MANAGEMENT, LLC DBA ANACAPA PARTNERS	46-2312164	0.08	210183
2a Name of Participating Employer ANCIENT MANAGEMENT LP DBA ANCIENT	84-5047566	0.33	695137
2a Name of Participating Employer ANONX INC	83-4630846	0.26	380164

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APPBUS, INC.	46-5339319	0.00	175785
APPLYLOGIC CONSULTING GROUP LLC	52-2441987	0.34	1548002
APTIVITI, INC.	45-3365897	0.15	0
ARUNA BIO, INC.	55-0899162	0.37	928539
ASEAGE LLC	84-2168146	0.22	1416695
ASPHALT YACHT CLUB LLC	46-1629666	0.00	36089
ATERIAN INC.	46-5497072	0.47	1283126
ATLANTIC FLUID POWER INC	11-2655792	0.11	161537
AUCHTER INDUSTRIAL VAC SERVICE, INC.	13-3050345	0.34	2411217

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AURA ALLIANCE INC.	38-3957797	0.01	36963
AUREUS ASSET MANAGEMENT LLC	20-2368667	0.27	4172594
AXL GP, INC.	87-3446981	0.25	413005
AZIMUTH ENGINEERING GROUP LLC	82-5056271	0.13	272143
B BOYS INC.	87-1125833	0.16	271332
B. LANE, INC. DBA FASHION TO FIGURE	14-1856982	0.00	17754
BAG STUDIO, LLC	47-5675331	0.00	60574
BALANCE PARTNERS, LLC	83-2795242	1.06	1713804
BALBEC CAPITAL LP	27-1696845	0.12	5817931

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BAMBUMETA, LLC	88-0639564	0.15	163615
BAMBUSER USA CORPORATION	85-2801769	0.16	241424
BARBARA WAGNER COMMUNICATION, LLC	86-1323274	0.08	102132
BASIC RESOURCES, INC.	13-3707539	0.69	2095643
BASSER KAUFMAN INC.	11-3148953	0.18	1214315
BAY PRINT SOLUTIONS INC	47-3036475	0.03	182237
BAYSHORE NETWORKS, INC.	45-5492544	0.00	134246
BB SERVICING GROUP LLC	83-2846926	0.01	6446
BCK CAPITAL MANAGEMENT, LP	47-5139564	0.08	308475

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELFER MANAGEMENT LLC	13-4148862	0.75	7543960
BELLA INSPECTION SERVICES, LLC	81-3884859	0.00	9690
BENSON'S INTERNATIONAL SYSTEMS, INC.	13-2931458	0.00	51997
BERINGER CAPITAL MANAGEMENT INC.	85-0935377	0.03	20913
BEST MATCH CORPORATION	92-3482041	0.35	1418656
BETHANY MEDICAL CLINIC OF NEW YORK	45-3639827	0.01	5686
BHB HOLDINGS, LLC DBA BHB REALTY CO.	33-1126468	0.06	1361188
BILLING SERVICES, INC.	13-3766803	0.00	66073
BIOTECH VALVE ADVISORS LLC	83-1273828	0.20	424634

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLACKHAWK DATA LLC	83-0830484	0.09	203210
2a Name of Participating Employer BLUE OWL CAPITAL INC.	2b EIN 86-3906032	2c Percentage of Total Contributions for the Plan Year 0.16	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer BOARDWALK FROZEN TREATS LLC	2b EIN 46-2701363	2c Percentage of Total Contributions for the Plan Year 0.13	2d Aggregate Account Balances Attributable to Participating Employer 851042
2a Name of Participating Employer BOLDER FUND SERVICES (USA) LLC	2b EIN 41-2249447	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 648498
2a Name of Participating Employer BORIS BENIC AND ASSOCIATES LLP	2b EIN 54-2190047	2c Percentage of Total Contributions for the Plan Year 0.37	2d Aggregate Account Balances Attributable to Participating Employer 2429963
2a Name of Participating Employer BRAEMAR ENERGY VENTURES	2b EIN 52-2390044	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 468595
2a Name of Participating Employer BRANDTECH INC.	2b EIN 47-2523488	2c Percentage of Total Contributions for the Plan Year 3.28	2d Aggregate Account Balances Attributable to Participating Employer 6923568
2a Name of Participating Employer BREAKOUT COMMERCE INC.	2b EIN 45-3535837	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 567227
2a Name of Participating Employer BRIDGE GROWTH PARTNERS, LLC	2b EIN 99-0979414	2c Percentage of Total Contributions for the Plan Year 0.39	2d Aggregate Account Balances Attributable to Participating Employer 3418267

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROADSCALE GROUP, LLC	80-0830745	0.05	387137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRONFMAN ASSOCIATES LLC	51-0522783	0.00	548682
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRONFMAN FAMILY OFFICE LLC	82-4141962	0.00	4016
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRONFMAN YOUTH FELLOWSHIP IN ISRAEL	14-1836083	0.12	685631
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOKLYN URBAN GARDENS CHARTER SCHOOL	45-3453383	0.45	2338273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRYN PHARMA, LLC	82-2937443	0.09	70759
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMBRIDGE DESIGN PARTNERSHIP INC	83-3648268	0.09	1904666
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPSTONE HILL SEARCH INC.	46-3829861	0.02	71845
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY	46-5607272	0.09	297818

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CASTLEHILL INVESTMENT MGMT LP	20-8865925	0.00	101553
CATHAY CAPITAL NA LLC	47-4408898	0.16	662227
CELLI & SCHLOSSBERG LLC	22-3737754	0.00	22731
CEREBRAL THERAPEUTICS INC.	27-2586052	0.00	1031353
CHURCHILL CAPITAL USA, INC.	20-5512980	0.26	1714568
CLARK OPTOMETRIC CENTER, P.A.	56-1853491	0.98	2859104
CLARUS CAPITAL GROUP MGMT LP	20-8098367	0.00	481141
CLIMATE ANALYTICS, INC.	30-0795021	0.03	88837
CLOUDRISE, INC.	84-2558804	0.24	1179061

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CMAXIMUS LLC	82-0917184	0.00	49874
2a Name of Participating Employer COMPUTER SQUARE, INC. DBA CSI TECHNOLOGY GROUP	22-3077430	0.60	2630997
2a Name of Participating Employer CONNECTIONS MENTOR INC	84-3747403	0.05	87057
2a Name of Participating Employer CONNOLLY PROPERTIES, INC.	22-3533229	0.00	38817
2a Name of Participating Employer CORNERSTONE CAPITAL, INC.	35-2480966	0.00	17337
2a Name of Participating Employer COSMIC PICTURE DISTRIBUTION LLC	82-3626617	0.05	211774
2a Name of Participating Employer CRADLE TO CRADLE PRODUCTS INNOVATION INSTITUTE	27-1832830	0.18	732846
2a Name of Participating Employer CREAMY CREATION, LLC	27-0594460	0.25	2833107
2a Name of Participating Employer CROWDPHARM, LLC	85-2879616	0.49	1474577

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CS HUDSON, INC.	82-0746029	0.00	0
CSB INTERNATIONAL INC	11-3373352	0.01	76892
CSI ENTERTAINMENT INC	95-4641105	0.04	127139
CT LAB GLOBAL MEDIA LLC	82-1379353	0.02	67755
CUBEX GROUP CORP	36-4459656	0.01	40829
CURRENT REHABILITATION CO., LLC	45-2443192	0.02	91111
CUSTODIO CONSULTING LLC	20-4483539	0.02	282823
DA COMPANIES LP	81-3030196	0.10	1336736
DADOES, INC. DBA RENDERED.AI	84-1847089	0.12	466900

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAIRY GRAZING APPRENTICESHIP	46-2694047	0.02	13709
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANCE MEDIA PUBLICATIONS, LLC	26-2660785	0.02	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DASHBID MEDIA, INC.	47-4242613	0.00	66268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID BOWLER, LLC DBA BOWLER	90-0101813	0.88	7544260
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID TRUMBORE, PT, DPT, P.C.	83-3377173	0.07	105491
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID WEBB GLOBAL, LLC	45-3326117	0.05	539914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DBV TECHNOLOGIES, INC.	30-0820585	0.50	3852503
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEACON TRANSPORTATION CORP	22-2672276	0.00	12672
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEFIANT STUDIOS LLC	81-3570523	0.00	1791

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELAWARE RIVER SOLOAR LLC	81-2311156	0.06	222572
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELTA BRANDS INC.	55-0811940	0.34	934730
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DISTRIBUTION SOLUTIONS	22-3176266	0.00	159729
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOCUMENT CRUNCH, INC.	84-1804141	0.32	413337
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DONNA GOUKLER, O.D., P.C.	92-3339932	0.02	11414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DPS AMERICA, INC., A DIVISION OF DP SURVEY GROUP NV	30-1221993	0.04	180618
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR. VAN VINCIGUERRA OPTOMETRY, P.C.	87-2299039	0.10	104077
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR. WILLOUGHBY AND ASSOCIATES, LLC	81-2810633	0.18	299338
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DT RECORDS LLC D/B/A DOWNTOWN RECORDS	82-3945253	0.00	121269

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DTOUCH NEW YORK LTD	20-3883274	0.15	861344
E-MEDIA PLUS, INC.	13-3212949	0.00	72481
EAST ROCKAWAY NEUROPSYCHOLOGY, P.C.	81-5150213	0.10	87504
EDGAR M. BRONFMAN JR.	13-3123254	0.03	103390
EDGEIQ, INC.	45-4035659	0.10	218617
EFFICIENT PROPERTY MANAGEMENT, LLC	45-4494596	0.00	4064
ELIAS SPORTS BUREAU, INC.	13-1948326	0.61	1370976
ELPH STONE COMPANY INC.	22-2884642	0.05	338434
EMBEDDED, LLC	85-2078530	0.21	175971

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EMERGING POWER, INC.	72-2975537	0.34	3476019
EMPOWER HER NETWORK, INC	82-2102421	0.01	16370
ENSPIRA INC.	83-1469476	0.34	1051463
ERNO LASZLO, INC.	86-1064991	0.52	3752919
ESTEE MARKETING GROUP, INC.	13-3718945	0.08	1682633
ESTUARY CAPITAL MANAGEMENT LP	87-3347881	0.14	110086
EURO CARGO AVIATION INC	86-3038746	0.01	51813
EURO-CENTER USA, INC.	13-4114636	0.00	68234
EXPANSCIENCE LABORATORIES, INC.	54-1435459	0.44	1914504

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EXTENSIS GROUP LLC STYLECASTER, INC.	26-1103127	0.00	66270
EXTENSIS HOLDINGS, LLC	52-2136196	3.30	19370323
EYECARE SPECIALTIES OF MISSOURI, LLC	47-1188820	0.39	2072714
FAST TWITCH REHAB MANAGEMENT, LLC	87-1557306	0.05	9289
FAUNA FOODS CORP.	13-2874056	0.05	187001
FIELD PROS DIRECT, LLC	81-4992454	0.33	1239956
FILEWAVE (USA) INC	68-0435953	0.11	1137931
FILTER EQUIPMENT, INC.	22-2095471	0.12	1549767
FIRST TUBE MEDIA, LLC	47-2263422	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FITCH CONSULTING LLC	27-4183228	0.02	22899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLAG AND ANTHEM LLC	47-4833808	0.28	868881
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLEETROCK LLC	82-0895267	0.02	37159
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOURISH RESEARCH ACQUISITION, LLC	87-1463008	3.01	3264667
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOCALPOINT MARKETING LLC	71-1690791	0.00	411903
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORTRESS NFT GROUP INC	87-2765847	0.29	323991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOSTER MANUFACTURING COMPANY	23-1472949	0.01	83676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRANK OCASIO MD PC	47-4069586	0.00	800
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREESTONE PROPERTY GROUP LLC	87-1586265	0.26	239697

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FRIENDLY URGENT CARE	82-2818742	0.10	0
FYX FLEET, LLC	81-1230687	1.20	3581530
GEM LIMOUSINE SERVICE, INC.	22-2172312	0.00	29811
GFT USA INC.	26-2792526	1.29	3997785
GLOBAL VIRUS NETWORK	45-2734306	0.04	30185
GOLDEN OPTOMETRIC GROUP	90-0758036	0.54	3128855
GOOD ROOTS, INC.	88-2508723	0.25	393534
GOVERNORS ISLAND ALLIANCE, INC. D/B/A THE FRIENDS OF GOVERNORS ISLAND	45-4317911	0.04	165299
GOWANUS CANAL CONSERVANCY, INC.	26-0681729	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAIN GROUP LLC	27-2995449	0.37	1372898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAYMATTERS MEDICAL PRACTICE P.C	81-4169080	0.18	441231
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENBELT CAPITAL MANAGEMENT L.P.	87-3225574	0.28	884271
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENWAY LAWN MAINTENANCE CO., INC.	22-2458877	0.00	1863335
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUND MANAGEMENT HOLDINGS, LLC D/B/A GROUNDSPAN	27-3004371	0.03	147153
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROWTH CATALYST PARTNERS LP	83-3519243	0.04	31153
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HALLORAN FARKAS + KITTILA LLP	81-4667067	0.38	1147294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARDY PLUMBING LLC	88-2945048	0.08	52786
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARPER + SCOTT LLC	84-2675165	0.29	961520

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HEAVY INC.	13-4085864	0.05	151168
HERITAGE OUTDOOR MANAGEMENT LLC	86-2136962	0.03	22425
HIGH LIFE LLC	20-3475653	1.21	5940241
HILLS POINT INDUSTRIES, LLC	47-1573043	0.34	831104
HKEX (US) LLC	92-0260840	0.07	52071
HOLO-LIGHT USA, INC.	37-2044718	0.02	5516
HOMENATURE, INC	11-3428719	0.03	98114
HOSPICE MANAGEMENT SERVICES LLC	83-3518973	0.04	49340
HOT PAPER LANTERN LLC	30-1101455	0.18	3474868

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HUDSON AWNING CO, INC.	22-2250189	0.00	57203
HUDSON VALLEY ENDOSCOPY CENTER, INC.	14-1800629	0.03	0
HV OFFICE SERVICES LLC	82-0708725	0.06	108107
HYDE LEADERSHIP CHARTER SCHOOL BROOKLYN	27-1894231	0.07	2940013
ICONNECTIONS LLC	84-5184205	0.39	830839
ICS SOFTWARE, LTD.	11-2979988	0.00	18584
INCOME LABORATORY, INC	83-1657990	0.11	94310
INCOPRO LIMITED	30-0952094	0.00	40464
INFINITY LIFESTYLE BRANDS, LLC	26-4249452	0.00	70296

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INNOVADERM RESEARCH LTD	38-4042465	0.27	285071
INNOVATION INVESTMENT & CONSULTING NORTH AMERICAN INC.	47-4089635	0.15	391375
INSANA CAPITAL PARTNERS	11-3777940	0.00	52442
INSIGHT PSYCHOLOGICAL GROUP	46-5382812	0.10	78232
INSPIRIT GROUP, LLC DBA STOPIT	47-1600407	0.14	864516
INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY	13-2689918	0.00	2289
INSTRUCTION PARTNERS	47-5380182	1.80	4662090
INTEGRATED DOCUMENT TECHNOLOGIES	22-3377633	0.00	2
INTEGRATION MEDIA INC.	26-4827102	0.19	445058

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL SOCIETY FOR THE STUDY OF TRAUMA AND DISSOCIATION	36-3465788	0.01	16500
INTERNATIONAL STUDENT EXCHANGE, INC.	94-2843176	0.05	490355
INYO BROADCAST HOLDINGS LLC	85-2084797	0.31	701866
ITNH, INC.	03-0521130	0.02	208406
J. IRA HARRIS & ASSOCIATES LLC	65-1157907	0.06	452168
JEFFREY COOPER, O.D., P.C.	02-0613109	0.29	938975
JEREMIAS INC.	90-1006949	0.15	297573
JERI A. SCHNEEBECK, OD, PC	84-1066731	0.07	851836
JERSEY ROCK GROUP OF ISELIN	26-1710022	0.00	19433

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JONAS CAPITAL MANAGEMENT LLC	13-4198516	0.05	243947
JOSS SEARCH AND SELECTION INC	32-0614074	0.05	36830
K2 ENVIRONMENTAL CONSULTING, LLC	81-4087105	0.30	1720617
K&H MEDICAL PLLC	83-0644456	0.27	459697
KASIRER LLC	20-1364389	0.39	1185306
KATIE COURIC MEDIA, LLC	82-5235245	0.64	1392496
KEC MANAGEMENT LP	46-4785991	0.00	41676
KEEN DECISION SYSTEMS, INC.	82-3760871	0.73	2070782
KENNETH LANGONE FAMILY	11-9261388	0.05	492902

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KEVIN ANDERSON & ASSOCIATES INC.	81-1748094	0.07	370348
KINGSDALE SHAREHOLDER SERVICES US LLC	35-2526365	0.10	588382
KIRKBRIDE CENTER- 101	23-2790070	0.00	15578
KNOWNWELL, INC.	88-3640699	0.11	193089
KRAUS HAMDANI AEROSPACE INC	83-1030119	0.00	0
LAKE HAVASU FAMILY EYECARE	20-2146274	0.18	1233774
LANDMARK BANYAN REAL ESTATE ADVISORS LLC	20-4217627	0.00	248531
LAROCCA HORNIK ROSEN GREENBERG & BLAHA, LLP	13-4162470	0.15	925596
LAUDIO, INC.	85-0935939	0.36	584831

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAW OFFICE OF JOHN O. MCMANUS, PC	22-3700827	0.02	0
LECTORUM PUBLICATIONS, INC	13-3736176	0.00	61717
LISTENING PARTNERS INC	77-0626782	0.11	317812
LOCATORX, INC.	47-2378256	0.00	207657
LOGISTICS MANAGEMENT INSTITUTE	52-0741393	1.30	2854127
LUMITHERA DIAGNOSTIC INC	88-3395687	0.12	2151503
M.J.C.L.K., LLC	26-3526779	0.03	1056015
MADCAP PARTNERS LLC	56-2482227	0.24	1187110
MAJOR PRODUCTS CO., INC.	22-1556181	0.67	3438752

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAKE-A-WISH FOUNDATION OF NEW JERSEY, INC.	22-2488495	0.20	789908
MAN CAVE FOODS, LLC	46-3223719	0.20	584841
MANUFACTURING SOLUTIONS OF MINNESOTA, LLC	27-0168957	0.31	2085101
MARC E BOSEM, M.D., P.A.	65-0711403	0.05	554545
MARCH MADE, LLC	20-1150335	0.10	710405
MARK CROSS LEATHERGOODS LLC	45-2280244	0.02	70702
MARKET FUSION ANALYTICS, LLC	06-1539638	0.23	2979385
MARKHOFF & MITTMAN, PC	13-2690178	0.12	1827511
MEADOW CAPITAL MANAGEMENT LP	27-0505443	0.39	2169665

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MEDIAPLUS NORTH AMERICA LP	82-3326961	0.02	16460
MEDICI LAND GOVERNANCE	83-1595344	0.48	1144877
MERIDIAN BENEFIT ADVISORS, LLC	84-2214172	0.10	134392
METHOD GROUP, INC.	13-3639066	0.31	801851
METRO PHYSICIANS MANAGEMENT SERVICES, INC.	22-2947238	0.02	389098
MHI, INC.	22-3538323	0.00	3739
MINDSPARK, INC. DBA AUTICON	46-2863103	0.17	276043
MODOTECH, INC.	51-0397498	0.47	3875921
MOISHE HOUSE	26-2599786	0.63	471

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Part II Participating Employer Information (Continued).

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MOORESTOWN PEDIATRICS, LLP	14-1906843	0.00	65369
MORRIS ENGINEERING, LLC	83-0502104	0.14	208758
MOTIVE PARTNERS OPERATING COMPANY, LP	81-3005988	1.13	3660624
MY JEWISH LEARNING, INC.	75-3121525	0.00	27106
NEST FRAGRANCES, LLC	35-2454288	0.99	2922228
NEW AGE UNDERWRITERS AGENCY INC	20-1430759	0.04	352086
NEW BLUEPRINT PARTNERS, LLC	84-1827767	0.02	93132
NEW JERSEY PODIATRIC PHYSICIANS & SURGEONS GROUP, LLC	27-2406803	0.51	2954176
NEW YORK COMMUNITIES FOR CHANGE, INC.	27-1359103	0.11	526016

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWARK CHARTER SCHOOL FUND, INC.	26-2224940	0.00	69154
NEWARK MOTOR AND EXPORT CORP.	22-0061113	0.00	454656
NEWMAN MORAN, LLC D/B/A CO OP	13-4210211	0.25	1317086
NEWSRIGHT, LLC	27-5122208	0.00	131874
NIP GROUP, INC.	22-2908225	2.07	12177591
NJ 2-1-1 PARTNERSHIP	22-3338917	0.06	0
NUTRASTAR, INC.	27-4115266	0.43	1581914
ODDCAST INC.	13-4106784	0.01	1605376
OLYMPIA VISION CLINIC AND CONTACT LENS CENTER, PLLC	91-2124576	0.19	1351531

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OMEGA PHARMACY GROUP, LLC	45-2548708	0.21	686645
OMNIZANT, LLC	20-2068972	0.18	773691
ONE ROCKWELL CORP.	71-1012971	0.14	569633
OPEN ROAD INTEGRATED MEDIA	90-0712555	0.26	1574938
OPTIMUM PROP., LLC	26-0793461	0.21	433526
ORANGE CAPITAL LLC	20-2365801	0.00	173013
ORCHARD CREATIVE, LLC	83-3583022	0.17	473659
ORISSA HOLDINGS, LLC D/B/A GROUNDWIDGETS	26-0739949	0.31	1117672
PAAY, LLC	45-3117176	0.28	250765

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PANDOLOGIC, INC.	36-4609347	0.04	0
PARATRANSIT SERVICES OF NJ, INC.	51-0251152	0.00	460563
PARK PLACE MEDICAL IMAGING, PC	45-5225171	0.00	26720
PEOPLE CAN FLY U.S., LLC	36-4866738	1.14	2188888
PERMISSION DATA, LLC	30-0033517	0.03	2350534
PEXIP, INC.	46-1260436	1.13	0
PFINGST & COMPANY, INC.	13-5521660	0.04	1118302
PHARUS ADVISORS HOLDINGS LLC	26-4426589	0.15	1225832
PIERPOINT, LLC	47-1978844	0.03	320337

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PIPPIN TITLE INC.	85-1653776	0.04	36302
PITCH IN FOR BASEBALL	86-1141299	0.02	59023
PLAN.NET NORTH AMERICA LP	92-1871160	0.06	41965
PREMIER MUSIC GROUP LLC	82-3687119	0.09	0
PRESCRIPTION ADVISORY SYSTEMS AND TECHNOLOGY, INC. D/B/A PASTRX	46-1672743	0.00	106039
PRIME EXECUTIONS, INC.	11-2903779	0.34	5072071
PROENZA SCHOULER LLC	04-3681074	0.58	2426023
PROFESSIONAL EYE CARE ASSOCIATES PA	22-2144236	0.09	1463049
PRP ADVISORS LLC	47-4843532	0.02	1738804

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PURLIN 2, LLC DBA DCK WORLDWIDE GROUP	86-3242269	0.19	323314
PVH LEGWEAR LLC	84-2367632	0.40	1095251
QARIK GROUP, LLC	83-4589464	0.03	0
QCIC, INC.	36-4812367	0.06	202742
QUALITY CODING SOFTWARE SOLUTIONS LLC DBA QCSS	84-3128907	0.12	209529
QUANTITATIVE BROKERS, LLC	27-0420594	1.03	3791818
R-PHARM US, LLC	46-4796215	0.18	1262804
RAINBOW ACADEMY FRANCHISE COMPANY	27-4037081	0.00	233593
RAISTONE CAPITAL LLC	84-2262742	1.94	4897920

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RAMSAY FAIRS, LLC	20-4205686	0.01	81272
RAY JURGEN CO, LLC	83-0966193	0.02	18362
RAYANA DESIGNS INC	13-2993242	0.00	44250
REAPPLIX, INC.	38-4081921	0.05	36854
RELIANCE GLOBAL HOLDINGS, LLC	47-4208032	0.00	660468
RELIEF THERAPEUTICS US, INC	85-3968176	0.52	368397
RENAISSANCE GLOBAL SERVICES, LLC	27-4464213	0.51	1092408
RESOURCE INTERACTIVE LTD DBA AMMIRATI	46-5230047	0.00	65230
RETAILONE, LLC	88-0240566	0.09	334345

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REV AGENCY LLC	20-8018557	0.94	6092885
2a Name of Participating Employer RIGHT CLICK SOLUTIONS, LLC	20-4236880	0.21	290281
2a Name of Participating Employer RINGMASTER TECHNOLOGIES, INC.	82-3841000	0.00	2746
2a Name of Participating Employer RIVER PARTNERS CAPITAL MANAGEMENT, L.P.	47-1374219	0.38	2368118
2a Name of Participating Employer ROCK ELM HOLDINGS LLC D/B/A ROCK ELM CAPITAL MANAGEMENT	82-4248961	0.00	69789
2a Name of Participating Employer ROMANO & ASSOCIATES CPA'S, P.C.	81-3867787	0.06	160934
2a Name of Participating Employer ROOSEVELT SURGERY CENTER, LLC	27-1778024	0.02	12746
2a Name of Participating Employer RUNWAY SAFE, INC.	36-4794792	0.46	1016388
2a Name of Participating Employer SACCO CARPET CORPORATION	11-3620648	0.29	1107005

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SAGEWIND CAPITAL LLC	47-5365560	0.29	747024
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANCUS INSURANCE AGENCY, LTD.	81-0692506	0.01	23597
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SASCO HILL BRANDS	82-1138737	0.00	83127
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAVVY OPERATIONS, LLC	93-1881939	0.02	18529
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHUYLKILL VALLEY SPORTS, INC.	23-1742188	0.08	62367
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCIENTURE INC.	84-3012580	0.06	171900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEARCH LABORATORY INC	46-4134153	0.19	633453
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SELECTIVE ASSOCIATES, INC	11-2194759	0.11	1103235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHEILA FEREN COMMUNICATIONS, LTD DBA FERENCOMM	13-3775850	0.29	425757

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SHORE SERVICES D/B/A ARROW LIMOUSINE	22-1916954	0.04	2225884
SHOWD.ME LLC	46-4102531	0.02	26493
SHREWSBURY RIVER CAPITAL LP	61-1832008	0.51	2920233
SIG TECHNOLOGIES (US) LLC	86-1698674	0.09	601106
SIGNITION, LP	47-4231884	0.00	32112
SILVER REGULATORY ASSOCIATES LLC	83-0595221	0.12	170854
SIMPLY STYLIST LLC	82-1241902	0.00	13754
SINGLE THROW, INC.	22-3760228	0.10	347292
SKYLINE AUTOMATION, LLC	46-2399805	0.00	38057

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SOJOURN CONSULTING LLC	46-2339822	0.58	2504306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONION US, INC.	36-4052605	0.05	484264
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHBRIDGE LAW GROUP, PC	83-1716067	0.01	621376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANFIELD CONSULTING, INC.	82-5069240	0.00	47531
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRIDE CONSULTING, LLC	46-4980530	0.82	6520385
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPER KIDS CHILDCARE LEARNING CENTER	45-0485441	0.00	99719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWELL MARKETING PARTNERS, LLC	26-4399369	0.35	532504
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWIM N PLAY, INC.	22-2113014	0.00	408488
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TESTO INC.	22-2483111	0.73	4641123

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEVIXMD CORPORATION	46-4848576	0.15	106391
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FLUETS CORPORATION	22-1830228	0.07	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FURNITURE DOCTORS (DOUBLE TROUBLE LLC)	22-3747386	0.00	8060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE J. WILLARD AND ALICE S. MARRIOTT FOUNDATION	52-6068678	0.29	229428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE LAURIE M. TISCH FOUNDATION	13-3693585	0.14	1260819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE NASHTON COMPANY	81-5278698	0.01	109478
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.	27-2904497	0.52	1579158
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PRINT GROUP, INC.	22-2354580	0.02	488328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SAMUEL BRONFMAN FOUNDATION	13-3769022	0.08	2861320

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREE 17 CONSTRUCTION, LLC	46-1217587	0.12	446685
TILE IT, INC	22-2864711	0.07	50916
TIME BASE CORP	11-2902510	0.28	2472462
TOTAL SONO, LLC	27-3956723	0.31	883332
TOUCHCARE LLC	46-4458638	0.19	547169
TRI-STATE TRANSPORTATION CAMPAIGN	13-3790165	0.04	74686
TRILANTIC CAPITAL MANAGEMENT L.P.	26-4600829	1.25	10715050
TRUE NORTH AMERICA, INC.	37-1904156	0.02	9519
TUMALO CREEK TRANSPORTATION, LLC	20-2258491	0.18	554892

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TURNING ROCK PARTNERS, LP	81-4756302	0.60	738979
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWENTY TWENTY THERAPEUTICS LLC	85-2411412	2.68	4882457
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ULTRASOUND SOLUTIONS CORP	01-0785069	0.06	538550
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED WAY OF MONMOUTH AND OCEAN COUNTIES, INC.	22-1828435	0.12	842579
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URSA SPACE SYSTEMS, INC.	47-2260321	1.40	3413810
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USA LEGWEAR LLC	27-1157350	0.73	2334087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
V O S SELECTIONS INC.	22-3055617	0.16	857444
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALENS RESEARCH, LLC	82-1171358	0.15	178833
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANDENHEUVAL & FOUNTAIN, INC.	22-1352159	0.00	506631

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Part II Participating Employer Information (Continued).

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANESSA CREAVEN DBA SPOTLIGHT ORAL CARE INC.	84-3244342	0.12	193387
VASCULAR MANAGEMENT CONSULTANTS LLC	83-2727661	0.31	684726
VERINA CONSULTING GROUP, LLC	45-3438224	0.19	1394280
VISCOT MEDICAL LLC	27-0099962	0.35	1983597
VISIONARY CONSULTING PARTNERS, LLC	26-2736634	0.08	217452
VISTAR MEDIA INC	45-2857556	1.09	7365639
VYTALIZE HEALTH, INC.	81-4678831	4.47	6615344
WAGNER BERKOW, LLP	47-2322791	0.00	49262
WATERFRONT CAPITAL PARTNERS, LLC	80-0523231	0.01	2335389

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYSTONE GOVERNANCE (USA) INC.	45-2995602	0.11	509925
WEISS LAW	87-2351923	0.09	2897721
WELLNESS IN THE SCHOOLS, INC.	25-1919494	0.03	367558
WELLPUT, INC.	86-2971103	0.00	26106
WINGSPIRE CAPITAL LLC	84-2283901	0.95	1991607
X-CELEPRINT INC.	83-3621702	0.14	1159861
XCMR INC.	85-0916748	0.05	40940
Z-RADAR LLC	92-1943504	0.17	268671
Z.PAX LLC	92-0940394	0.07	56445

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Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

Extensis Group Retirement Savings Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2023 and 2022

Extensis Group Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Extensis Group Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Extensis Group Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 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

We conducted our audits 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 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a) and Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of or for the year ended December 31, 2023 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).



New York, New York
October 11, 2024

Extensis Group Retirement Savings Plan

Statements of Net Assets Available for Benefits **December 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Assets		
Investments		
Investments, at fair value	\$ 424,856,333	\$ 269,896,930
Investments, at contract value	<u>12,721,251</u>	<u>12,390,000</u>
Total investments	<u>437,577,584</u>	<u>282,286,930</u>
Cash	<u>-</u>	<u>179,965</u>
Receivables		
Employer contribution	2,576,474	1,592,374
Participant contributions	2,004,724	1,408,514
Notes receivable from participants	4,558,394	3,385,430
Plan transfer in receivable	28,856,172	12,268,518
Other	<u>22,365</u>	<u>11,907</u>
Total receivables	<u>38,018,129</u>	<u>18,666,743</u>
Total assets	<u>475,595,713</u>	<u>301,133,638</u>
Net assets available for benefits	<u><u>\$ 475,595,713</u></u>	<u><u>\$ 301,133,638</u></u>

See Notes to Financial Statements.

Extensis Group Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2023

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 50,389,658
Dividends	8,422,651
Interest	<u>249,606</u>
Total investment income	<u>59,061,915</u>
Interest income on notes receivable from participants	<u>231,913</u>
Contributions	
Employer	20,187,528
Participants	52,462,268
Rollovers	<u>18,295,214</u>
Total contributions	<u>90,945,010</u>
Total additions	<u>150,238,838</u>
Deductions	
Benefits paid to participants	35,842,458
Administrative expenses	691,993
Corrective distributions	<u>122,283</u>
Total deductions	<u>36,656,734</u>
Increase in net assets	113,582,104
Net transfers from other plans	60,879,971
Net assets available for benefits	
Beginning of year	<u>301,133,638</u>
End of year	<u>\$ 475,595,713</u>

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Note 1 - Description of Plan

The following description of the Extensis Group Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer defined benefit contribution plan, as described in Section 413(c) of the Internal Revenue Code (the "Code"), established by Extensis Group, LLC ("the Company") on January 1, 1999. The Company provides payroll processing and human resource services to its clients. A client that does not adopt this Plan may adopt its own retirement plan. Any client adopting its own retirement plan is subject to its plan's regulations and not those of this Plan. Therefore, their plan information is not included in these financial statements.

The Plan is a collection of single-employer plans adopted by unrelated employers. A client that adopts this Plan is known as a participating employer. The participating employers of the Plan may have different policies and parameters regarding various aspects of the Plan (such as eligibility requirements, employer matching contribution formulas, etc.). The Plan covers all employees of the participating employers who are at least twenty-one years of age and have certain tenure of service ranging from immediate eligibility up to a required one year of employment that depends on the participating employer. The primary custodian is Transamerica Financial Life Insurance Company Inc. ("TFLIC") and the recordkeeper is Transamerica Retirement Solutions ("TRS"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

In April 2021, substantially all of the Plan assets transferred to TFLIC from Charles Schwab Bank. As of the date of the transfer the record keeper changed from Bluestar Retirement Services to TRS and the Plan name was changed to Extensis Group Retirement Savings Plan.

Contributions

Each year, participants may contribute up to 90% of pre-tax annual compensation, as defined in the Plan document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Depending upon the participating employer, participants may make after-tax contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

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 a percentage of eligible compensation, depending on the participating employer. Their contributions are invested in a designated balanced fund until changed by the participant.

The Company and each participating employer may elect to make matching, safe harbor, profit sharing, or other discretionary contributions to the Plan.

Participant and employer contributions are invested into various investment options offered by the Plan, as directed by the participant, including self-directed brokerage accounts. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Participant accounts

Each participant's account is credited with the participant's contributions and the participating employers' contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and the participating employers' safe harbor contributions plus actual earnings on the contributions. Vesting in the participating employers' matching and discretionary contribution portion of their accounts is based on years of continuous service with their employer. A participant is 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of six years or attaining the retirement age of 65, or upon death or disability.

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% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate shall be the prime lending rate plus a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments over a period of time.

Forfeited accounts

Forfeited nonvested accounts may be used to reduce future participating employer contributions and pay Plan expenses. Forfeited account balances were \$257,000 and \$385,000 as of December 31, 2023 and 2022, respectively. During the year ended December 31, 2023, forfeitures of approximately \$524,000 were used to reduce employer contributions and no forfeitures were used to pay Plan expenses.

Note 2 - Summary of 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 ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance companies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation 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 the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding increase to distributions if paid after March 15, 2024. If paid before, then they are classified as a decrease to contributions.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. 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.

Subsequent events

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued.

Note 3 - 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 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 Financial Accounting Standards Board issued Accounting standards Codification 820 are described as follows:

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

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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, 2023 and 2022.

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 net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 416,312,293	\$ -	\$ -	\$ 416,312,293
Self-directed brokerage account	2,994,975	-	-	2,994,975
Money market deposit (interest-bearing cash)	-	5,549,065	-	5,549,065
Total assets in the fair value hierarchy	419,307,268	5,549,065	-	424,856,333
Total investments at fair value	<u>\$ 419,307,268</u>	<u>\$ 5,549,065</u>	<u>\$ -</u>	<u>\$ 424,856,333</u>

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

	2022		
	Level 1	Level 2	Level 3
Mutual funds	\$ 266,369,335	\$ -	\$ -
Self-directed brokerage account	1,823,189	-	-
Money market deposit (interest-bearing cash)	-	1,704,406	-
Total assets in the fair value hierarchy	268,192,524	1,704,406	-
Total investments at fair value	\$ 268,192,524	\$ 1,704,406	\$ -

Note 4 - Fully benefit-responsive investment contracts

In 2021, the Plan entered a benefit-responsive investment contract with TFLIC, where TFLIC invests the Plan contributions, as directed by the Plan and the recordkeeper, in the Transamerica Stable Value Option ("TSVO"). The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TFLIC, represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. The TSVO investment is backed by the general account of TFLIC. While TFLIC declare rates periodically and back the principal and interest of the contract, any guarantees are subject to the claims paying ability of the insurance company. The contract seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the contract are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest is based on a formula established by the contract issuer but shall not change during the six-month period for which it is effective. There is no stated minimum or maximum interest rate for the TSVO investment. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The crediting rate at December 31, 2023 and 2022 was 1.25% and 0.90%, respectively.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

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

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (the "IRC") or the failure of the trust to be tax-exempt under Section 501(a) of the IRC.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

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

Note 5 - Related party transactions and party-in-interest transactions

Certain investments are managed by TFLIC, the Plan's custodian. TFLIC is a party-in-interest, as defined by ERISA, and therefore, transactions related to these investments qualify as parties-in-interest transactions. Fees paid by the Plan to TFLIC were approximately \$616,000 for the year ended December 31, 2023. The Plan paid TRS, the recordkeeper and a party-in-interest, as defined by ERISA, approximately \$76,000 for recordkeeping and advisory fees for the year ended December 31, 2023.

Note 6 - Transfers to/from other plans

New participating employers transferring from other plans and employers terminating participation in the Plan are reflected as net transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document. For the year ended December 31, 2023, total transfers into the Plan were \$108,758,088 and total transfers out of the Plan were \$47,878,117.

Note 7 - Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions. Any unallocated assets of the Plan may be allocated to participant accounts or distributed in such a manner as the Company or participating employer may determine.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2023

Note 8 - Tax status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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 Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - 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.

Note 10 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2023 and 2022, and investment income and interest income on notes receivable from participants for the year ended December 31, 2023, that are disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i), were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TFLI, the trustee of the Plan.

Note 11 - Nonexempt transactions

As reported on the supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a), certain participant contributions were not remitted to the trustee as timely as the Company could have, thus constituting nonexempt transactions between the Plan and the Company in the amount of \$466 and \$222 for the years ended December 31, 2023 and 2022, respectively.

Supplementary Information

Extensis Group Retirement Savings Plan
EIN: 86-1064991
Plan #0333

Schedule of Delinquent Participant Contributions (Schedule H, Line 4a)
Year Ended December 31, 2023

Participant contributions transferred late to the Plan	Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and Prohibited Transaction Exemption 2002-51
		Contributions not corrected	Contributions corrected outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions pending correction in VFCP	
<u>\$ 688</u>	✓	<u>\$ -</u>	<u>\$ 688</u>	<u>\$ -</u>	<u>\$ -</u>

See Independent Auditor's Report.

Extensis Group Retirement Savings Plan
EIN: 86-1064991
Plan #0333

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	Transamerica Stable Value Core Account	Common collective trust		\$ 12,721,257
	American Funds American Mutual R6	Mutual fund		10,799,732
	American Funds New World R6	Mutual fund		3,322,652
	BNY Mellon	Mutual fund		4,513,523
	Columbia Small Cap Growth I3	Mutual fund		5,567,178
	Fidelity 500 Index	Mutual fund		57,482,925
	Fidelity Advisor Total Bond Z	Mutual fund		5,554,044
	Fidelity International Index	Mutual fund		11,928,603
	Fidelity Mid Cap Index	Mutual fund		13,666,689
	Fidelity Small Cap Index	Mutual fund		9,161,766
	Fidelity US Bond Index	Mutual fund		8,236,310
	Franklin Small Cap Value R6	Mutual fund		4,368,886
	PGIM High Yield R6	Mutual fund		3,463,522
	PIMCO Diversified Inc Instl	Mutual fund		887,820
	Vanguard FTSE Social Index Adm	Mutual fund		2,870,672
	Vanguard Inflation Protected Secs Adm	Mutual fund		3,073,911
	Vanguard International Growth Adm	Mutual fund		5,631,919
	Vanguard International Value Inv	Mutual fund		3,200,321
	Vanguard LifeStrategy Growth Inv	Mutual fund		952,371
	Vanguard LifeStrategy Moderate Gr Inv	Mutual fund		173,377
	Vanguard Real Estate Index Admiral	Mutual fund		3,242,505
	Vanguard Target Retirement 2020 Inv	Mutual fund		6,608,646
	Vanguard Target Retirement 2025 Inv	Mutual fund		22,121,541
	Vanguard Target Retirement 2030 Inv	Mutual fund		23,957,113
	Vanguard Target Retirement 2035 Inv	Mutual fund		29,390,921
	Vanguard Target Retirement 2040 Inv	Mutual fund		32,385,093
	Vanguard Target Retirement 2045 Inv	Mutual fund		33,149,648
	Vanguard Target Retirement 2050 Inv	Mutual fund		31,601,471
	Vanguard Target Retirement 2055 Inv	Mutual fund		27,694,083
	Vanguard Target Retirement 2060 Inv	Mutual fund		14,316,655
	Vanguard Target Retirement 2065 Inv	Mutual fund		3,486,682
	Vanguard Target Retirement 2070 Inv	Mutual fund		1,023,037
	Vanguard Target Retirement Income Inv	Mutual fund		4,383,699
	Vanguard US Growth Admiral	Mutual fund		19,265,584
	Vanguard Wellesley Income Adm	Mutual fund		956,778
	Victory Sycamore Established Value R6	Mutual fund		7,872,611
*	Interest-Bearing Cash Account	Money market account		5,549,064
*	Transamerica Personal Choice	Self-directed brokerage account		2,994,975
	Total			437,577,584
*	Participant loans	Interest at 3.25% to 8.00%, maturing at various dates, secured by participant account balance		4,558,394
				<u>\$ 442,135,978</u>

* Party-in-interest.

(A) Cost not required.

See Independent Auditor's Report.



Independent Member of Nexia International

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Extensis Group Retirement Savings Plan
EIN No.: 86-1064991, Plan No. 333
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2023

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Reliance Trust Company	Cash Reserve Account	\$ 5,549,065
*	Transamerica Financial Life Ins. Co.	Transamerica Stbl Val Core Account	\$ 12,721,251
		General Insurance Account Total	\$ 12,721,251
	American Funds	American Funds American Mtl R6	\$ 10,799,732
	American Funds	American Funds New World R6	\$ 3,322,652
	BNY	BNY Mellon Sm/Md Cp Gr Y	\$ 4,513,523
	Columbia	Columbia Small Cap Gr I Inst3	\$ 5,567,178
	Fidelity	Fidelity 500 Index	\$ 57,482,925
	Fidelity	Fidelity Adv Total Bd Z	\$ 5,554,044
	Fidelity	Fidelity Intl Index	\$ 11,928,603
	Fidelity	Fidelity Mid Cap Index	\$ 13,666,689
	Fidelity	Fidelity Small Cap Index	\$ 9,161,766
	Fidelity	Fidelity US Bd Index	\$ 8,236,310
	Franklin Templeton	Franklin Small Cap Val R6	\$ 4,368,886
	Prudential	PGIM High Yield R6	\$ 3,463,522
	Pimco	PIMCO Diversified Inc Instl	\$ 887,820
	Vanguard	Vanguard FTSE Social Index Admiral	\$ 2,870,672
	Vanguard	Vanguard Inf-Protected Secs Adm	\$ 3,073,911
	Vanguard	Vanguard Intl Gr Adm	\$ 5,631,919
	Vanguard	Vanguard Intl Val Fund	\$ 3,200,321
	Vanguard	Vanguard LifeStrategy Gr Fund	\$ 952,371
	Vanguard	Vanguard LifeStrategy Mod Gr Inv	\$ 173,377
	Vanguard	Vanguard REIT Index Adm	\$ 3,242,505
	Vanguard	Vanguard Target Retment 2020 Fund	\$ 6,608,646
	Vanguard	Vanguard Target Retment 2025 Fund	\$ 22,121,541
	Vanguard	Vanguard Target Retment 2030 Fund	\$ 23,957,113
	Vanguard	Vanguard Target Retment 2035 Fund	\$ 29,390,921
	Vanguard	Vanguard Target Retment 2040 Fund	\$ 32,385,093
	Vanguard	Vanguard Target Retment 2045 Fund	\$ 33,149,648
	Vanguard	Vanguard Target Retment 2050 Fund	\$ 31,601,471
	Vanguard	Vanguard Target Retment 2055 Fund	\$ 27,694,083
	Vanguard	Vanguard Target Retment 2060 Fund	\$ 14,316,655
	Vanguard	Vanguard Target Retrmnt 2065 Inv	\$ 3,486,682
	Vanguard	Vanguard Target Retrmnt 2070 Inv	\$ 1,023,037
	Vanguard	Vanguard Target Retrmnt Inc Fund	\$ 4,383,699
	Vanguard	Vanguard US Gr Admiral	\$ 19,265,584
	Vanguard	Vanguard Wellesley Inc Adm	\$ 956,778
	Victory	Victory Sycamore Est Val R6	\$ 7,872,615
		Mututal Funds Total	\$ 416,312,293
	Charles Schwab Instl	Personal Choice Retment Account	\$ 2,994,975
		Other Accounts Total	\$ 2,994,975
*	Participants	Notes Receivable with interest rates of 3.25% to 10.50%	\$ 4,558,394
		TOTAL PLAN ASSETS	\$ 442,135,978

* Indicates Party-In-Interest to the Plan