

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] 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) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] 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 WOODBRIDGE, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	11778
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)	9696
	6a(2)	11488
	6b	17
	6c	2949
	6d	14454
	6e	14
	6f	14468
	6g(1)	7920
6g(2)	10263	
6h	405	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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.

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	10263	01/01/2024	12/31/2024

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
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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	

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(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	13954804
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 12721251
c	Additions: (1) Contributions deposited during the year	7c(1) 2181528
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 239544
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ FORFS, TRANSFERS, LOAN PAYMENTS	7c(5) 10211035
	(6) Total additions	7c(6) 12632107
d	Total of balance and additions (add lines 7b and 7c(6))	7d 25353358
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 6117379
	(2) Administration charge made by carrier.....	7e(2) 56850
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFERS, LOANS, ALLOCATED FORFS	7e(4) 5224325
(5) Total deductions	7e(5) 11398554	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 13954804

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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)

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 RETIREMENT SOLUTIONS

13-3689044

(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 RETIREMENT SOLUTIONS

13-3689044

(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	1048569	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	95000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EISNERAMPER LLP

87-1363769

(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?
10 50	AUDIT	105020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COHNREZNICK LLP

22-1478099

(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?
10 50	AUDIT	49875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUM SMITH + BROWN PC

22-2027092

(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?
10 50	AUDIT	29120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXTENSIS HR

86-1064991

(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?
14 50	PLAN ADMINISTRATOR	114159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	240	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.	
CROSSINGBRIDGE 427 BEDFORD RD, STE 220 PLEASANTVILLE, NY 10570	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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
---------------	--------------------------------------

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2576474	1550786
(2) Participant contributions	1b(2)	2004724	2068639
(3) Other	1b(3)	28878537	32305061
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5549065	556655
(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)	4558394	6120297
(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)	416312293	621834097
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	12721251	13954804
(15) Other	1c(15)	2994975	3688245

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	475595713	682078584
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	475595713	682078584

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)	25896219	
(B) Participants.....	2a(1)(B)	72213405	
(C) Others (including rollovers).....	2a(1)(C)	17648528	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		115758152
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	111894	
(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)	406091	
(F) Other.....	2b(1)(F)	226962	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		744947
(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)	12681214	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12681214
(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)	56027515
c Other income	2c	718139
d Total income. Add all income amounts in column (b) and enter total	2d	185929967

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61513830
(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)	61513830
f Corrective distributions (see instructions)	2f	341232
g Certain deemed distributions of participant loans (see instructions)	2g	181523
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	105020
(2) Contract administrator fees	2i(2)	114159
(3) Recordkeeping fees	2i(3)	1048569
(4) IQPA audit fees	2i(4)	49875
(5) Investment advisory and investment management fees	2i(5)	95000
(6) Bank or trust company trustee/custodial fees	2i(6)	208
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	29120
(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)	1441951
j Total expenses. Add all expense amounts in column (b) and enter total	2j	63478536

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	122451431
l Transfers of assets:		
(1) To this plan	2l(1)	144765331
(2) From this plan	2l(2)	60733891

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 LLP

(2) EIN: 33-4144829

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4234
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
TRINET SELECT 401K PLAN	48-1304650	333
SPIN-OFF TERMINATION PLAN FOR CT LAB GLOBAL MEDIA LLC	82-1379353	001
SPIN-OFF TERMINATION PLAN FOR VASCULAR MANAGEMENT CONSULTANTS LLC	83-2727661	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
SPIN-OFF TERINATION PLAN FOR ORISSA HOLDINGS, LLC D/B/A GROUND WIDGETS	26-0739949	001
SPIN-OFF TERMINATION PLAN FOR GOVERNORS ISLAND ALLIANCE, INC.	45-4317911	001
MOISHE HOUSE 401K PROFIT SHARING PLAN & TRUST	26-2599786	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 K&H MEDICAL PLLC	83-0644456	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
DAVID BOWLER WINE LLC	90-0101813	001
ICONNECTIONS 401K	84-5184205	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)
GOOD ROOTS 401K PLAN	88-2508723	001
SPIN-OFF TERMINATION PLAN FOR FAST TWITCH REHAB MANAGEMENT, LLC	87-1557306	001
FYX FLEET, LLC 401K RETIREMENT PLAN	81-1230687	333
AVOYA TRAVEL 401K PLAN	20-8018557	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)
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	333
SPIN-OFF TERMINATION PLAN FOR RELIEF THERAPEUTICS US, INC	85-3968176	001
ARMHR RETIREMENT SAVINGS PLAN	81-0723442	001
SPIN-OFF TERMINATION PLAN FOR PAAY LLC	45-3117176	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 CROWDPHARM, LLC	85-2879616	001
SPIN-OFF TERMINATION PLAN FOR SAVVY OPERATIONS, LLC	93-1881939	001
SPIN-OFF TERMINATION PLAN FOR CEREBRAL THERAPEUTICS INC.	27-2586052	001
MERIDIAN BENEFIT ADVISORS, LLC	84-2214172	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)
TRINET 401K PLAN AXL GP, INC	48-1304650	334

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702462A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EXTENSIS GROUP RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>333</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF EXTENSIS GROUP, LLC</p>	<p>D Administrator's EIN 86-1064991</p>	

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 EXTENSIS HOLDINGS, LLC	2b EIN 52-2136196	2c Percentage of Total Contributions for the Plan Year 2.71	2d Aggregate Account Balances Attributable to Participating Employer 23082450
2a Name of Participating Employer THE LAURIE M. TISCH FOUNDATION	2b EIN 13-3693585	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 1594533

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (2024)
v. 240311**

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
METRO PHYSICIANS MANAGEMENT SERVICES, INC.	22-2947238	0.01	247806
ELPH STONE COMPANY INC.	22-2884642	0.04	142925
CATHAY CAPITAL NA LLC	47-4408898	0.10	725785
BRONFMAN YOUTH FELLOWSHIP IN ISRAEL	14-1836083	0.11	901132
FILTER EQUIPMENT, INC.	22-2095471	0.10	1906014
J. IRA HARRIS & ASSOCIATES LLC	65-1157907	0.04	547909
LECTORUM PUBLICATIONS, INC	13-3736176	0.00	68815
AIM, LLC	13-4129674	0.33	6857654
RESOURCE INTERACTIVE LTD DBA AMMIRATI	46-5230047	0.00	78163

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MARK CROSS LEATHERGOODS LLC	45-2280244	0.00	81239
ABBOT & ABBOT BOX CORPORATION	56-2431795	0.09	1287182
ASPHALT YACHT CLUB LLC	46-1629666	0.00	41309
NEST FRAGRANCES, LLC	35-2454288	0.70	3328497
SACCO CARPET CORPORATION	11-3620648	0.26	1530294
APPBUS, INC.	46-5339319	0.00	211423
AURA ALLIANCE INC.	38-3957797	0.03	77110
ESTEE MARKETING GROUP, INC.	13-3718945	0.05	2134490
BHB HOLDINGS, LLC DBA BHB REALTY CO.	33-1126468	0.05	1592127

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CELLI & SCHLOSSBERG LLC	22-3737754	0.00	17392
DASHBID MEDIA, INC.	47-4242613	0.00	75545
FOCALPOINT MARKETING LLC	71-1690791	0.00	473449
PEOPLE CAN FLY U.S., LLC	36-4866738	1.00	3437671
QUALITY CODING SOFTWARE SOLUTIONS LLC DBA QCSS	84-3128907	0.10	248074
RUNWAY SAFE, INC.	36-4794792	0.43	1468644
TESTO INC.	22-2483111	0.57	5267321
INSPIRIT GROUP, LLC DBA STOPIT	47-1600407	0.10	944918
KENNETH LANGONE FAMILY	11-9261388	0.02	266237

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ORANGE CAPITAL LLC	20-2365801	0.00	201438
THE SAMUEL BRONFMAN FOUNDATION	13-3769022	0.07	3445802
SINGLE THROW, INC.	22-3760228	0.07	448807
SKYLINE AUTOMATION, LLC	46-2399805	0.00	43174
WAGNER BERKOW, LLP	47-2322791	0.00	19207
BASIC RESOURCES, INC.	13-3707539	0.62	2876799
BILLING SERVICES, INC.	13-3766803	0.00	75205
GRAYMATTERS MEDICAL PRACTICE P.C	81-4169080	0.18	694501
LISTENING PARTNERS INC	77-0626782	0.09	412734

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INNOVATION INVESTMENT & CONSULTING NORTH AMERICAN INC.	47-4089635	0.11	447818
ATERIAN INC.	46-5497072	0.25	1325453
NEWARK CHARTER SCHOOL FUND, INC.	26-2224940	0.00	9800
NEW YORK COMMUNITIES FOR CHANGE, INC.	27-1359103	0.07	668536
OPTIMUM PROP., LLC	26-0793461	0.11	549587
CHURCHILL CAPITAL USA, INC.	20-5512980	0.19	2109442
CLIMATE ANALYTICS, INC.	30-0795021	0.04	144061
SUPER KIDS CHILDCARE LEARNING CENTER	45-0485441	0.00	48563
COSMIC PICTURE DISTRIBUTION LLC	82-3626617	0.03	297538

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CUBEX GROUP CORP	36-4459656	0.01	64435
SOJOURN CONSULTING LLC	46-2339822	0.57	3531071
CUSTODIO CONSULTING LLC	20-4483539	0.02	336828
PRESCRIPTION ADVISORY SYSTEMS AND TECHNOLOGY, INC. D/B/A PASTRX	46-1672743	0.00	126644
CORNERSTONE CAPITAL, INC.	35-2480966	0.00	19150
EMERGING POWER, INC.	72-2975537	0.26	4306177
SASCO HILL BRANDS	82-1138737	0.00	94454
BCK CAPITAL MANAGEMENT, LP	47-5139564	0.06	441824
INFINITY LIFESTYLE BRANDS, LLC	26-4249452	0.00	10118

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KEC MANAGEMENT LP	46-4785991	0.00	49292
ACCESS SELF STORAGE INC. DBA ACCESS MANAGEMENT CO.	22-2577055	0.28	2902614
AGRI EXOTIC TRADING	22-3675807	0.22	3135958
NUTRASTAR, INC.	27-4115266	0.41	2132172
DT RECORDS LLC D/B/A DOWNTOWN RECORDS	82-3945253	0.00	138773
EURO-CENTER USA, INC.	13-4114636	0.00	78552
FAUNA FOODS CORP.	13-2874056	0.06	270604
PITCH IN FOR BASEBALL	86-1141299	0.02	81916
PROENZA SCHOULER LLC	04-3681074	0.39	2502097

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QCIC, INC.	36-4812367	0.07	350981
QUANTITATIVE BROKERS, LLC	27-0420594	0.58	4792595
RAISTONE CAPITAL LLC	84-2262742	1.50	7212408
RAYANA DESIGNS INC	13-2993242	0.00	49386
RELIANCE GLOBAL HOLDINGS, LLC	47-4208032	0.00	757417
RENAISSANCE GLOBAL SERVICES, LLC	27-4464213	0.36	1272057
AUCHTER INDUSTRIAL VAC SERVICE, INC.	13-3050345	0.23	2467199
AKA NYC LIMITED	42-1773190	0.48	3367570
THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.	27-2904497	0.26	1888597

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SIGNITION, LP	47-4231884	0.00	35840
EDGAR M. BRONFMAN JR.	13-3123254	0.01	89096
ANCIENT MANAGEMENT LP DBA ANCIENT	84-5047566	0.27	2319048
BRANDTECH INC.	47-2523488	4.46	0
ODDCAST INC.	13-4106784	0.00	1650133
PARATRANSIT SERVICES OF NJ, INC.	51-0251152	0.00	521321
BRIDGE GROWTH PARTNERS, LLC	99-0979414	0.32	4199881
K2 ENVIRONMENTAL CONSULTING, LLC	81-4087105	0.22	2144436
GROUND MANAGEMENT HOLDINGS, LLC D/B/A GROUNDSPAN	27-3004371	0.04	165344

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VALENS RESEARCH, LLC	82-1171358	0.09	273960
OMNIZANT, LLC	20-2068972	0.17	1014183
MODOTECH, INC.	51-0397498	0.34	4621941
NEW JERSEY PODIATRIC PHYSICIANS & SURGEONS GROUP, LLC	27-2406803	0.40	3646035
ALLIANCE TECHNOLOGIES, LLC	22-3823868	0.07	478692
BRONFMAN ASSOCIATES LLC	51-0522783	0.00	639293
WELLNESS IN THE SCHOOLS, INC.	25-1919494	0.01	371793
VISIONARY CONSULTING PARTNERS, LLC	26-2736634	0.04	235226
VERINA CONSULTING GROUP, LLC	45-3438224	0.23	1850174

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URSA SPACE SYSTEMS, INC.	47-2260321	0.73	3903665
USA LEGWEAR LLC	27-1157350	0.60	2917193
LAUDIO, INC.	85-0935939	0.31	872425
UNITED WAY OF MONMOUTH AND OCEAN COUNTIES, INC.	22-1828435	0.09	1068376
KATIE COURIC MEDIA, LLC	82-5235245	0.44	1981647
TRILANTIC CAPITAL MANAGEMENT L.P.	26-4600829	0.79	12298076
HV OFFICE SERVICES LLC	82-0708725	0.04	147486
MARKET FUSION ANALYTICS, LLC	06-1539638	0.17	3572540
THE PRINT GROUP, INC.	22-2354580	0.01	266288

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RAMSAY FAIRS, LLC	20-4205686	0.01	102674
WAYSTONE GOVERNANCE (USA) INC.	45-2995602	0.08	0
STANFIELD CONSULTING, INC.	82-5069240	0.00	57197
SIMPLY STYLIST LLC	82-1241902	0.00	15743
SILVER REGULATORY ASSOCIATES LLC	83-0595221	0.12	317891
SHORE SERVICES D/B/A ARROW LIMOUSINE	22-1916954	0.03	1832037
BAYSHORE NETWORKS, INC.	45-5492544	0.00	153658
SANCUS INSURANCE AGENCY, LTD.	81-0692506	0.01	27460
ROMANO & ASSOCIATES CPA'S, P.C.	81-3867787	0.08	263353

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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RIVER PARTNERS CAPITAL MANAGEMENT, L.P.	47-1374219	0.27	3105833
DPS AMERICA, INC., A DIVISION OF DP SURVEY GROUP NV	30-1221993	0.00	205989
PVH LEGWEAR LLC	84-2367632	0.29	1315829
PHARUS ADVISORS HOLDINGS LLC	26-4426589	0.12	1273088
PFINGST & COMPANY, INC.	13-5521660	0.02	426068
DTOUCH NEW YORK LTD	20-3883274	0.09	877835
ONE ROCKWELL CORP.	71-1012971	0.07	661549
NIP GROUP, INC.	22-2908225	1.72	15042773
GREENWAY LAWN MAINTENANCE CO., INC.	22-2458877	0.00	2184010

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NEWMAN MORAN, LLC D/B/A CO OP	13-4210211	0.19	1500948
BALANCE PARTNERS, LLC	83-2795242	0.83	2901185
BORIS BENIC AND ASSOCIATES LLP	54-2190047	0.26	3131570
METHOD GROUP, INC.	13-3639066	0.18	1025030
BRAEMAR ENERGY VENTURES	52-2390044	0.00	554388
MARCH MADE, LLC	20-1150335	0.08	880812
MAJOR PRODUCTS CO., INC.	22-1556181	0.50	4155510
CAPSTONE HILL SEARCH INC.	46-3829861	0.01	95990
KINGSDALE SHAREHOLDER SERVICES US LLC	35-2526365	0.04	707944

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KASIRER LLC	20-1364389	0.35	1539406
COMPUTER SQUARE, INC. DBA CSI TECHNOLOGY GROUP	22-3077430	0.59	3481973
EFFICIENT PROPERTY MANAGEMENT, LLC	45-4494596	0.00	4522
JONAS CAPITAL MANAGEMENT LLC	13-4198516	0.04	326995
ERNO LASZLO, INC.	86-1064991	0.37	4036622
INCOPRO LIMITED	30-0952094	0.00	35614
FOSTER MANUFACTURING COMPANY	23-1472949	0.01	100525
HARPER + SCOTT LLC	84-2675165	0.28	1347286
HIGH LIFE LLC	20-3475653	1.01	7662200

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GFT USA INC.	26-2792526	1.02	5162867
INTERNATIONAL SOCIETY FOR THE STUDY OF TRAUMA AND DISSOCIATION	36-3465788	0.01	25406
AKUVO LLC	83-3625142	0.49	0
TWENTY TWENTY THERAPEUTICS LLC	85-2411412	1.54	3824519
BAMBUSER USA CORPORATION	85-2801769	0.07	455127
SCIENTURE INC.	84-3012580	0.06	251828
HEAVY INC.	13-4085864	0.04	197844
ENSPIRA INC.	83-1469476	0.01	305315
AESOP USA INC.	27-3147943	1.03	4741703

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ALEMBIC PHARMACEUTICALS INC.	46-1378951	0.29	2242187
AMERICO GROUP, INC	13-3707961	0.84	5463986
ASEAGE LLC	84-2168146	0.16	1098828
BELLA INSPECTION SERVICES, LLC	81-3884859	0.00	11889
DELTA BRANDS INC.	55-0811940	0.29	1306414
LAROCCA HORNIK ROSEN GREENBERG & BLAHA, LLP	13-4162470	0.13	1186300
R-PHARM US, LLC	46-4796215	0.14	1706544
BIOTECH VALVE ADVISORS LLC	83-1273828	0.12	416093
EXPANSCIENCE LABORATORIES, INC.	54-1435459	0.45	2359681

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SAGEWIND CAPITAL LLC	47-5365560	0.16	708347
HALLORAN FARKAS + KITTLA LLP	81-4667067	0.29	1595793
MAKE-A-WISH FOUNDATION OF NEW JERSEY, INC.	22-2488495	0.15	784792
AK LOGISTICS, INC.	22-3127641	0.00	13518
AMERICAN RUNNER CO., LLC	11-8733074	0.00	118406
B. LANE, INC. DBA FASHION TO FIGURE	14-1856982	0.00	19585
CLARUS CAPITAL GROUP MGMT LP	20-8098367	0.00	557887
CONNOLLY PROPERTIES, INC.	22-3533229	0.00	44895
DEACON TRANSPORTATION CORP	22-2672276	0.00	14488

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DISTRIBUTION SOLUTIONS	22-3176266	0.00	183027
THE FURNITURE DOCTORS (DOUBLE TROUBLE LLC)	22-3747386	0.00	8873
GEM LIMOUSINE SERVICE, INC.	22-2172312	0.00	34748
GREEN SKY INDUSTRIES, INC.	22-2172312	0.00	448750
INSANA CAPITAL PARTNERS	11-3777940	0.00	57900
JERSEY ROCK GROUP OF ISELIN	26-1710022	0.00	21550
KIRKBRIDE CENTER- 101	23-2790070	0.00	18158
MOORESTOWN PEDIATRICS, LLP	14-1906843	0.00	75925
MY JEWISH LEARNING, INC.	75-3121525	0.00	28432

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NEWSRIGHT, LLC	27-5122208	0.00	116664
RAINBOW ACADEMY FRANCHISE COMPANY	27-4037081	0.00	218079
HUDSON AWNING CO, INC.	22-2250189	0.00	61534
MHI, INC.	22-3538323	0.00	3792
NEWARK MOTOR AND EXPORT CORP.	22-0061113	0.00	431320
EXTENSIS GROUP LLC STYLECASTER, INC.	26-1103127	0.00	73908
VANDENHEUVAL & FOUNTAIN, INC.	22-1352159	0.00	603036
FITCH CONSULTING LLC	27-4183228	0.00	15660
OPEN ROAD INTEGRATED MEDIA	90-0712555	0.28	1990535

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ROCK ELM HOLDINGS LLC D/B/A ROCK ELM CAPITAL MANAGEMENT	82-4248961	0.00	87412
DAVID TRUMBORE, PT, DPT, P.C.	83-3377173	0.06	143380
WINGSPIRE CAPITAL LLC	84-2283901	0.70	2926613
E-MEDIA PLUS, INC.	13-3212949	0.00	86832
SWIM N PLAY, INC.	22-2113014	0.00	263729
CASTLEHILL INVESTMENT MGMT LP	20-8865925	0.00	118861
BENSON'S INTERNATIONAL SYSTEMS, INC.	13-2931458	0.00	58316
BROADSCALE GROUP, LLC	80-0830745	0.05	500984
AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.	51-0286953	0.08	244397

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ICS SOFTWARE, LTD.	11-2979988	0.00	16191
PARK PLACE MEDICAL IMAGING, PC	45-5225171	0.00	29831
TUMALO CREEK TRANSPORTATION, LLC	20-2258491	0.11	599183
MEDICI LAND GOVERNANCE	83-1595344	0.19	1390512
DAVID BOWLER, LLC DBA BOWLER	90-0101813	0.03	0
TRI-STATE TRANSPORTATION CAMPAIGN	13-3790165	0.03	120988
OMEGA PHARMACY GROUP, LLC	45-2548708	0.07	0
CRADLE TO CRADLE PRODUCTS INNOVATION INSTITUTE	27-1832830	0.14	996978
VANESSA CREAVEN DBA SPOTLIGHT ORAL CARE INC.	84-3244342	0.06	263002

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INYO BROADCAST HOLDINGS LLC	85-2084797	0.23	1119861
ICONNECTIONS LLC	84-5184205	0.22	0
BARBARA WAGNER COMMUNICATION, LLC	86-1323274	0.06	360187
SELECTIVE ASSOCIATES, INC	11-2194759	0.09	1388138
PURLIN 2, LLC DBA DCK WORLDWIDE GROUP	86-3242269	0.17	530015
SHEILA FEREN COMMUNICATIONS, LTD DBA FERENCOMM	13-3775850	0.24	736666
MORRIS ENGINEERING, LLC	83-0502104	0.06	0
CONNECTIONS MENTOR INC	84-3747403	0.04	140436
SWELL MARKETING PARTNERS, LLC	26-4399369	0.24	748585

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GOOD ROOTS, INC.	88-2508723	0.14	0
RIGHT CLICK SOLUTIONS, LLC	20-4236880	0.12	489125
BELFER MANAGEMENT LLC	13-4148862	0.60	8900758
SHREWSBURY RIVER CAPITAL LP	61-1832008	0.38	3781215
GREENBELT CAPITAL MANAGEMENT L.P.	87-3225574	0.28	1668372
SIG TECHNOLOGIES (US) LLC	86-1698674	0.03	704281
VISCOT MEDICAL LLC	27-0099962	0.28	2949789
ATLANTIC FLUID POWER INC	11-2655792	0.09	270865
LANDMARK BANYAN REAL ESTATE ADVISORS LLC	20-4217627	0.00	289740

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PIPPIN TITLE INC.	85-1653776	0.02	42840
INSTRUCTION PARTNERS	47-5380182	1.45	6726067
WEISS LAW	87-2351923	0.07	3284315
TOTAL SONO, LLC	27-3956723	0.16	836793
INNOVADERM RESEARCH LTD	38-4042465	0.26	543717
FREESTONE PROPERTY GROUP LLC	87-1586265	0.34	552968
BASSER KAUFMAN INC.	11-3148953	0.13	1370214
AZIMUTH ENGINEERING GROUP LLC	82-5056271	0.11	410880
ANONX INC	83-4630846	0.22	668618

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HOMENATURE, INC	11-3428719	0.03	98671
MINDSPARK, INC. DBA AUTICON	46-2863103	0.10	427351
ANACAPA CAPITAL MANAGEMENT, LLC DBA ANACAPA PARTNERS	46-2312164	0.07	314776
BROOKLYN URBAN GARDENS CHARTER SCHOOL	45-3453383	0.38	2949451
02 PARTNERS, LLC	20-2025858	0.46	3604153
BAMBUMETA, LLC	88-0639564	0.03	91477
ALL-SYSTEM AEROSPACE INTERNATIONAL, INC.	11-2460526	0.17	2999837
EAST ROCKAWAY NEUROPSYCHOLOGY, P.C.	81-5150213	0.09	173139
EURO CARGO AVIATION INC	86-3038746	0.01	65962

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FYX FLEET, LLC	81-1230687	0.65	0
INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY	13-2689918	0.00	6574
DR. WILLOUGHBY AND ASSOCIATES, LLC	81-2810633	0.15	726412
GRAIN GROUP LLC	27-2995449	0.28	1840383
MANUFACTURING SOLUTIONS OF MINNESOTA, LLC	27-0168957	0.24	2397220
TURNING ROCK PARTNERS, LP	81-4756302	0.40	1061131
DOCUMENT CRUNCH, INC.	84-1804141	0.46	961299
LOGISTICS MANAGEMENT INSTITUTE	52-0741393	1.19	4489119
AXL GP, INC.	87-3446981	0.09	0

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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
V O S SELECTIONS INC.	22-3055617	0.11	1039210
EMBEDDED, LLC	85-2078530	0.17	378835
EDGEIQ, INC.	45-4035659	0.04	108465
ULTRASOUND SOLUTIONS CORP	01-0785069	0.05	644285
VYTALIZE HEALTH, INC.	81-4678831	3.95	11008393
RAY JURGEN CO, LLC	83-0966193	0.01	28435
BB SERVICING GROUP LLC	83-2846926	0.01	8539
BOLDER FUND SERVICES (USA) LLC	41-2249447	0.07	784007
INCOME LABORATORY, INC	83-1657990	0.10	355768

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Part II Participating Employer Information (Continued).

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ITNH, INC.	03-0521130	0.02	250333
MADCAP PARTNERS LLC	56-2482227	0.23	1441547
FLAG AND ANTHEM LLC	47-4833808	0.24	1059168
TOUCHCARE LLC	46-4458638	0.21	773730
HOLO-LIGHT USA, INC.	37-2044718	0.02	19822
CREAMY CREATION, LLC	27-0594460	0.26	3532052
TIME BASE CORP	11-2902510	0.24	2948113
PRIME EXECUTIONS, INC.	11-2903779	0.35	5088077
REV AGENCY LLC	20-8018557	0.02	0

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TRUE NORTH AMERICA, INC.	37-1904156	0.00	9831
ADVANCED FAMILY EYE CARE-DOCTORS OF OPTOMETRY, PLLC	86-1063250	0.16	1228449
TEVIXMD CORPORATION	46-4848576	0.02	53717
OLYMPIA VISION CLINIC AND CONTACT LENS CENTER, PLLC	91-2124576	0.16	1650040
HARDY PLUMBING LLC	88-2945048	0.04	49716
RETAILONE, LLC	88-0240566	0.06	438898
INTEGRATION MEDIA INC.	26-4827102	0.12	579751
HOSPICE MANAGEMENT SERVICES LLC	83-3518973	0.05	103319
BLACKHAWK DATA LLC	83-0830484	0.18	239620

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EYECARE SPECIALTIES OF MISSOURI, LLC	47-1188820	0.32	2617545
DA COMPANIES LP	81-3030196	0.06	0
FLEETROCK LLC	82-0895267	0.01	36640
APPLYLOGIC CONSULTING GROUP LLC	52-2441987	0.25	1850663
THE J. WILLARD AND ALICE S. MARRIOTT FOUNDATION	52-6068678	0.24	538536
FORTRESS NFT GROUP INC	87-2765847	0.03	266037
FLOURISH RESEARCH ACQUISITION, LLC	87-1463008	2.90	8725223
JEREMIAS INC.	90-1006949	0.14	472935
MOTIVE PARTNERS OPERATING COMPANY, LP	81-3005988	1.02	5084817

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DR. VAN VINCIGUERRA OPTOMETRY, P.C.	87-2299039	0.06	95917
JERI A. SCHNEEBECK, OD, PC	84-1066731	0.09	1035115
PROFESSIONAL EYE CARE ASSOCIATES PA	22-2144236	0.10	1701058
LAKE HAVASU FAMILY EYECARE	20-2146274	0.17	1574437
GOLDEN OPTOMETRIC GROUP	90-0758036	0.41	3931718
JEFFREY COOPER, O.D., P.C.	02-0613109	0.27	1348700
MEADOW CAPITAL MANAGEMENT LP	27-0505443	0.21	2538626
ARUNA BIO, INC.	55-0899162	0.28	1136931
X-CELEPRINT INC.	83-3621702	0.13	1032333

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ACCELERATE	88-3207484	0.25	1076489
KEEN DECISION SYSTEMS, INC.	82-3760871	0.58	2871163
CLARK OPTOMETRIC CENTER, P.A.	56-1853491	1.01	4042774
HKEX (US) LLC	92-0260840	0.14	207021
BOARDWALK FROZEN TREATS LLC	46-2701363	0.12	1086534
SCHUYLKILL VALLEY SPORTS, INC.	23-1742188	0.06	63710
22 MILES, INC.	26-1332378	0.10	229578
HERITAGE OUTDOOR MANAGEMENT LLC	86-2136962	0.03	58207
CSI ENTERTAINMENT INC	95-4641105	0.07	207812

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ELIAS SPORTS BUREAU, INC.	13-1948326	0.48	1880475
HOT PAPER LANTERN LLC	30-1101455	0.16	2935510
SEARCH LABORATORY INC	46-4134153	0.20	882396
FIELD PROS DIRECT, LLC	81-4992454	0.17	1159737
INSIGHT PSYCHOLOGICAL GROUP	46-5382812	0.11	198781
JOSS SEARCH AND SELECTION INC	32-0614074	0.05	68627
KNOWNWELL, INC.	88-3640699	0.41	690702
ORCHARD CREATIVE, LLC	83-3583022	0.23	775583
B BOYS INC.	87-1125833	0.17	676265

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MARKHOFF & MITTMAN, PC	13-2690178	0.12	2210633
EMPOWER HER NETWORK, INC	82-2102421	0.08	99612
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY	46-5607272	0.07	363852
DAIRY GRAZING APPRENTICESHIP	46-2694047	0.02	75209
XCMR INC.	85-0916748	0.04	89781
ADS PROCESSING LLC	46-1646026	0.33	541332
CMAXIMUS LLC	82-0917184	0.00	56406
BERINGER CAPITAL MANAGEMENT INC.	85-0935377	0.05	73030
DBV TECHNOLOGIES, INC.	30-0820585	0.88	4866867

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Z-RADAR LLC	92-1943504	0.23	1337876
CLOUDRISE, INC.	84-2558804	0.24	1425354
DELAWARE RIVER SOLOAR LLC	81-2311156	0.14	372165
THE NASHTON COMPANY	81-5278698	0.04	147889
STRIDE CONSULTING, LLC	46-4980530	0.94	7412003
Z.PAX LLC	92-0940394	0.11	181980
LUMITHERA DIAGNOSTIC INC	88-3395687	0.29	2173070
BEST MATCH CORPORATION	92-3482041	1.11	2673476
THREE 17 CONSTRUCTION, LLC	46-1217587	0.19	648470

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AUREUS ASSET MANAGEMENT LLC	20-2368667	0.42	5236902
PERMISSION DATA, LLC	30-0033517	0.08	2506384
NEW AGE UNDERWRITERS AGENCY INC	20-1430759	0.06	454128
SONION US, INC.	36-4052605	0.18	737021
WELLPUT, INC.	86-2971103	0.00	25380
ALLOSTERY INVESTMENTS LP	88-3328512	0.09	104161
VISTAR MEDIA INC	45-2857556	2.90	11171124
SHOWD.ME LLC	46-4102531	0.08	101957
PIERPOINT, LLC	47-1978844	0.06	432730

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FILEWAVE (USA) INC	68-0435953	0.18	1100453
INTERNATIONAL STUDENT EXCHANGE, INC.	94-2843176	0.10	630183
CSB INTERNATIONAL INC	11-3373352	0.03	119381
BAY PRINT SOLUTIONS INC	47-3036475	0.07	282461
NEW BLUEPRINT PARTNERS, LLC	84-1827767	0.06	157007
BETHANY MEDICAL CLINIC OF NEW YORK	45-3639827	0.05	56039
ACCELERATED GLOBAL SOLUTIONS, INC.	84-4781570	0.26	845624
DADOES, INC. DBA RENDERED.AI	84-1847089	0.29	725630
KEVIN ANDERSON & ASSOCIATES INC.	81-1748094	0.26	686046

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HYDE LEADERSHIP CHARTER SCHOOL BROOKLYN	27-1894231	0.37	3287433
DAVID WEBB GLOBAL, LLC	45-3326117	0.20	785871
BREAKOUT COMMERCE INC.	45-3535837	0.16	705764
DONNA GOUKLER, O.D., P.C.	92-3339932	0.13	142340
WATERFRONT CAPITAL PARTNERS, LLC	80-0523231	0.36	2806695
FRANK OCASIO MD PC	47-4069586	0.01	8270
MARC E BOSEM, M.D., P.A.	65-0711403	0.14	790006
GROWTH CATALYST PARTNERS LP	83-3519243	0.16	209599
CURRENT REHABILITATION CO., LLC	45-2443192	0.02	0

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BRYN PHARMA, LLC	82-2937443	0.32	374501
ESTUARY CAPITAL MANAGEMENT LP	87-3347881	0.19	341276
TILE IT, INC	22-2864711	0.40	5597807
GLOBAL VIRUS NETWORK	45-2734306	0.09	126082
REAPPLIX, INC.	38-4081921	0.31	662778
M.J.C.L.K., LLC	26-3526779	0.08	1246852
LOCATORX, INC.	47-2378256	0.04	264729
ACCESSORY INNOVATIONS, LLC	20-4437922	0.16	834817
ROOSEVELT SURGERY CENTER, LLC	27-1778024	0.15	891112

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BETWEEN LLC	27-0463120	0.35	359632
CAMBRIDGE DESIGN PARTNERSHIP INC	83-3648268	0.53	2412400
UNLIMITED EVENTS & MARKETING, INC.	13-3803788	0.05	525572
SOUTHBRIDGE LAW GROUP, PC	83-1716067	0.10	825827
PRP ADVISORS LLC	47-4843532	0.40	2367720
BALBEC CAPITAL LP	27-1696845	1.61	6798324
RINGMASTER TECHNOLOGIES, INC.	82-3841000	0.13	458161
MEDIAPLUS NORTH AMERICA LP	82-3326961	0.24	448867
PLAN.NET NORTH AMERICA LP	92-1871160	0.17	99685

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SESOLUTIONS INC	47-4350841	0.01	21560
DIGACORE CONSULTING	81-1177408	0.35	420292
AEV ESPORTS, LLC	84-2662089	0.04	195626
PEGASUS LEGAL CAPITAL, LLC	82-3737222	0.16	165778
RAINBOW OPTICS P.C.	93-0907232	0.20	1794763
LTR EYE INC DBA COVENTRY EYE CARE ASSOCIATES	05-0495132	0.02	17827
MARKETSHARE LLC	75-3090268	0.08	678415
THE SPINE AND BRAIN COALITION	88-3024078	0.06	63140
HALO DREAM, INC.	32-0287095	0.50	4224294

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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
GEORGETOWN COMPANY, LLC	13-3724902	0.54	2208764
AITHENT INC.	13-3695879	0.22	1490769
RHOADS ONLINE INSTITUTE INC.	20-5655697	0.07	272514
QUINTE FINANCIAL TECHNOLOGIES INC.	20-8586190	0.01	4151
THE PARTNERSHIP TO END HOMELESSNESS, INC.	13-3732698	0.09	88711
MADWELL LLC	27-2776962	1.02	6299765
PARK MADISON PROPERTY MANAGEMENT CO., LLC	84-3355390	0.11	356919
PAPPAS CAPITAL, LLC	56-1990526	0.21	2561609
JRJ MANAGEMENT COMPANY LLC	01-0650165	0.20	942462

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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
MSS ENERGY HOLDINGS, LLC	85-2916556	0.75	2305396
MERCURY BIO, INC.	85-3172258	0.06	114414
AMERICAN ALDES VENTILATION CORPORATION	59-2343019	0.12	412954
POPLAR GROUP, LLC	92-1234027	0.03	27907
COMPREHENSIVE EYECARE PHYSICIANS, P.C.	36-4201790	0.08	83266
BP PRINT GROUP INC.	81-0898988	0.24	327674
BLOKWORX LLC	87-2875006	0.04	114370
KCR U.S., INC.	27-3763130	0.84	2051995
GEOMARK RESEARCH, LTD	48-1280847	0.36	5995950

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SUPREME ELASTIC CORPORATION	56-0815483	0.03	350110
HAFPTY CONSULTING LLC	92-2226555	0.11	480669
THE BROOKLYN STUDIO OF ARCHITECTURE P.C	11-3414018	0.26	324867
KUKER-RANKEN, INC.	91-0285870	0.00	504207
TWENTY6POINT2, LLC	20-4437124	0.01	56533
FUZION SPORTS, LLC	82-1212725	0.02	50633
A FORM ARCHITECTURE & ASSOCIATES DPC	13-3989146	0.06	95994
OPENDIALOG AI, INC.	93-4316466	0.03	25291
HARVEST INTEGRATED RESEARCH ORGANIZATION CORP	92-2682179	0.22	356496

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ICON HEALTH LLC	86-1283823	0.05	300516
IGNITE FOODSERVICE SOLUTIONS	84-0564791	0.04	781408
VISIONARY 360, INC.	47-5671614	0.05	332156
MESSIER & ASSOCIES	27-4413724	0.06	37520
D2 DEMAND SOLUTIONS, INC.	46-1786718	0.09	2815402
REAL ESTATE BUSINESS ANALYTICS, INC.	87-3316084	0.34	1300075
PIER55, INC. DBA LITTLE ISLAND	46-2703610	0.21	1455544
KINO LORBER LLC	13-4200378	0.40	4648029
SURPLUS SOLUTIONS LLC	20-4081591	0.26	4356463

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UWS ASC LLC	84-3345562	0.06	147092
787 ORTHO ASC, LLC	88-1825426	0.01	15058
ZRS WINES LLC	84-4004925	0.05	377435
MJH SUPERVISORY MANAGEMENT LLC	81-2957397	0.07	347183
JPJ VENTURES LLC DBA ISCRIBEHEALTH	47-3688025	0.08	77933
CONVERGE DIRECT, LLC	99-1055144	0.44	1207327
FOW PARTNERS, LP	93-4220843	0.26	256117
ASSURED INC.	38-4057763	0.26	1419339
OMNIMETRIX, LLC	58-2413837	0.07	1230539

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MPH GLOBAL, LLC	82-1733314	0.05	168317
GLASSROOTS, INC.	22-3671890	0.03	31358
CERTIFY GLOBAL INC	90-0898064	0.13	1263429
PARADOXIOM CAPITAL LP	99-1728874	0.04	43883
DALTON FAMILY EYECARE INC.	20-3298180	0.03	23373
A4 SPECIALTY MEDICAL GROUP, LLC	87-3926079	0.04	35680
HOXTON CIRCLE, INC.	81-4023177	0.01	12216
HUGO TECHNOLOGIES, INC.	61-1855600	0.11	518157
EYESEE, INC.	35-2535198	0.07	794134

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PRO BONO NET, INC.	06-1521179	0.05	3076426
SPRING BANK	20-4853891	0.22	3147301
SOPHRON CAPITAL MANAGEMENT LP	99-2088529	0.02	24215
DFE PHARMA USA, LLC	75-3268625	0.08	1054032
PHOENIX MECHANICAL CORP	13-3934943	0.07	1484408
MOTIONWORKS AI, INC.	87-4175398	0.02	446091
PORTFOLIO BI, INC.	45-5135918	0.25	3065953
HUNT & GATHER, INC.	46-4424708	0.12	1423330
MULTISITE LED, LLC	81-4496918	0.03	29732

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DEMAND DRIVEN TECHNOLOGIES, INC.	82-3849818	0.09	1192794
OMNIVUENDT LLC	88-0998017	0.01	7834
MERRITT HEALTHCARE CBO LLC	99-2612025	0.00	1820
PEAKPOINT FLATIRON LLC	88-1189877	0.02	20424
CORIGLIANO INVESTMENT ADVISORS, LLC	88-3238133	0.05	54708
ACCELO, INC.	47-2183944	0.14	1054737
APEX FOR YOUTH, INC.	13-3650728	0.09	1194206
LEHMANN MAUPIN LLC	11-3199978	0.08	3426112
LEDGER BENNETT INC.	61-1768305	0.08	833248

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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
SUCELLUS LLC	88-1324491	0.00	297
CATAMOUNT VENTURES MANAGEMENT, LLC	26-3975308	0.00	749
CODE YELLOW GROUP, INC.	93-4858905	0.04	42828
RADIANT COMMUNICATIONS CORP	22-2599498	0.06	5025140
TURAS TECHNOLOGIES LLC	87-3859790	0.01	5317
ANANYM CAPITAL MANAGEMENT LP	93-3550225	0.02	22864
MONTRA TECHNOLOGIES, INC.	83-3101904	0.01	349735
GRACE INSTITUTE OF NEW YORK	81-0844164	0.06	857308
FDNA INC	87-1942333	0.03	24942

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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
FIRST EQUITY CAPITAL LLC	27-4418322	0.02	58118
ADWEEK, LLC	81-3456964	0.12	5802301
ROAR ATHLETIC PERFORMANCE CORP. DBA VKTRY	47-2060091	0.02	23732
CONSORTIUM NETWORKS, LLC	81-0723576	0.08	2881750
KWENDA COLLEGIATE GIRLS CHARTER SCHOOL	93-4594056	0.01	8631
PRESTIGE COMPANIES INC DBA PRESTIGE INC	84-5124902	0.01	13888
CAPRA IBEX CREDIT OPPORTUNITIES, LLC	61-1773582	0.07	68199
MACKIN CONSULTANCY, LLC	47-2895130	0.19	5111977
CASA KOMOS BEVERAGE GROUP LLC	84-2751560	0.08	704295

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SUMMIT ROCK ADVISORS LP	20-8632793	0.10	21867970
IMUGENE, LTD.	87-3473799	0.14	2199845
CARLETON ENERGY CONSULTING LLC	46-0589300	0.02	1147883
CARTESIAN FINOP PARTNERS, LLC	99-3064148	0.00	3440
THE CRUISE WEB, INC	52-1893014	0.03	3315810
MRA SEARCH LIMITED	38-4292030	0.00	3164
NOMADX HOLDINGS II LLC	99-1499689	0.00	3294
ISI US HOLDINGS INC.	99-3167330	0.00	1030
NEWCO WARRANTY SERVICES, INC.	65-0898491	0.01	2147063

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REBAR LIGHTING DESIGN LLC	86-1601612	0.00	4516
AMZ ATLAS, LLC	85-1389235	0.02	110554
AMTECH LLC	23-2163927	0.05	51050
APERTURE INVESTORS, LLC	82-4044752	0.01	13503
VIRZOOM, INC.	47-3157185	0.00	1814
TECHNOLOGY ASSOCIATION OF GEORGIA, INC.	58-2421066	0.00	3028
TTCER PARTNERS, LLC	26-1370825	0.00	1847
KELYN TECHNOLOGIES, INC.	26-0803129	0.07	67475

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Part III	Pooled Employer Plan Information
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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, 2024 and 2023



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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, 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, 2024 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).

CohnReznick LLP

New York, New York
September 29, 2025

Extensis Group Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments, at fair value	\$ 626,078,997	\$ 424,856,333
Investments, at contract value	13,954,804	12,721,251
Total investments	640,033,801	437,577,584
Receivables		
Employer contribution	1,550,786	2,576,474
Participant contributions	2,068,639	2,004,724
Notes receivable from participants	6,120,297	4,558,394
Plan transfer in receivable	32,269,350	28,856,172
Other	35,711	22,365
Total receivables	42,044,783	38,018,129
Total assets	682,078,584	475,595,713
Net assets available for benefits	\$ 682,078,584	\$ 475,595,713

See Notes to Financial Statements.

Extensis Group Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 56,745,654
Dividends	12,681,214
Interest	338,856
	<hr/>
Total investment income	69,765,724
	<hr/>
Interest income on notes receivable from participants	406,091
	<hr/>
Contributions	
Employer	25,896,219
Participants	72,213,405
Rollovers	17,648,528
	<hr/>
Total contributions	115,758,152
	<hr/>
Total additions	185,929,967
	<hr/>
Deductions	
Benefits paid to participants	61,695,353
Administrative expenses	1,441,951
Corrective distributions	341,232
	<hr/>
Total deductions	63,478,536
	<hr/>
Increase in net assets	122,451,431
	<hr/>
Net transfers from other plans	84,031,440
	<hr/>
Net assets available for benefits	
Beginning of year	475,595,713
	<hr/>
End of year	\$ 682,078,584
	<hr/>

See Notes to Financial Statements.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2024

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 plan based on each client adopter's elected age and service requirements. 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.

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 Roth after-tax contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan provides an auto-enrollment provision whereby participating employers can elect to have all their newly eligible employees 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 age-appropriate target date 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.

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.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2024

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. Participants are allowed two outstanding loans at any given time. 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 approximately \$1,084,000 and \$257,000 as of December 31, 2024 and 2023, respectively. During the year ended December 31, 2024, forfeitures of approximately \$897,000 were used to reduce employer contributions and \$1,500 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.

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.

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2024

Contributions

Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation. Contributions from participating employers are recorded when the participants' compensation is earned.

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.

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, 2025. If paid before, then they are classified as a decrease to contributions. No excess contribution payable has been recorded as of December 31, 2024 and 2023.

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 September 29, 2025, the date the financial statements were available to be issued.

On May 8, 2025, the Extensis Group Retirement Savings Plan Investment Committee approved a resolution to transition the Plan from a Multiple Employer Plan ("MEP") to a Pooled Employer Plan ("PEP"). The transition is scheduled to occur in January 2026. Under the PEP, Vestwell Holdings Inc. will provide fiduciary and non-fiduciary recordkeeping, plan administration, and custodial services.

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, 2024

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, 2024 and 2023.

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, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 621,834,097	\$ -	\$ -	\$ 621,834,097
Self-directed brokerage account	3,688,245	-	-	3,688,245
Money market deposit (interest-bearing cash)	-	556,655	-	556,655
 Total assets in the fair value hierarchy	 625,522,342	 556,655	 -	 626,078,997
 Total investments at fair value	 \$ 625,522,342	 \$ 556,655	 \$ -	 \$ 626,078,997

Extensis Group Retirement Savings Plan

Notes to Financial Statements December 31, 2024

	2023			Total
	Level 1	Level 2	Level 3	
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	\$ 419,307,268	\$ 5,549,065	\$ -	\$ 424,856,333

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, 2024 and 2023 was 1.65% and 1.25%, 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, 2024

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 \$1,346,951 for the year ended December 31, 2024. The Plan paid TRS, the recordkeeper and a party-in-interest, as defined by ERISA, approximately \$95,000 for recordkeeping and advisory fees for the year ended December 31, 2024.

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, 2024, total transfers into the Plan were \$144,765,331 and total transfers out of the Plan were \$60,733,890.

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, 2024

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, 2024 and 2023, and investment income and interest income on notes receivable from participants for the year ended December 31, 2024, 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 \$806 and \$466 for the years ended December 31, 2024 and 2023, 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, 2024

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	
\$ 1,272		\$ -	\$ 1,272	\$ -	\$ -

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, 2024

(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		\$ 13,955,308
	American Funds American Mutual R6	Mutual fund		12,950,515
	American Funds New World R6	Mutual fund		3,399,420
	BNY Mellon	Mutual fund		4,474,689
	Columbia Small Cap Growth I3	Mutual fund		7,183,146
	Fidelity 500 Index	Mutual fund		97,368,481
	Fidelity Advisor Total Bond Z	Mutual fund		4,431,462
	Fidelity International Index	Mutual fund		20,052,566
	Fidelity Mid Cap Index	Mutual fund		22,801,086
	Fidelity Small Cap Index	Mutual fund		14,374,302
	Fidelity US Bond Index	Mutual fund		11,765,569
	Franklin Small Cap Value R6	Mutual fund		3,919,632
	PGIM High Yield R6	Mutual fund		4,526,344
	PIMCO Diversified Inc Instl	Mutual fund		2,618,678
	Vanguard FTSE Social Index Adm	Mutual fund		5,101,510
	Vanguard Inflation Protected Secs Adm	Mutual fund		5,720,355
	Vanguard International Growth Adm	Mutual fund		6,502,463
	Vanguard International Value Inv	Mutual fund		1,815,818
	Vanguard LifeStrategy Growth Inv	Mutual fund		1,117,988
	Vanguard LifeStrategy Moderate Gr Inv	Mutual fund		656,477
	Vanguard Real Estate Index Admiral	Mutual fund		4,151,810
	Vanguard Target Retirement 2020 Inv	Mutual fund		8,012,655
	Vanguard Target Retirement 2025 Inv	Mutual fund		27,583,167
	Vanguard Target Retirement 2030 Inv	Mutual fund		33,230,796
	Vanguard Target Retirement 2035 Inv	Mutual fund		45,117,862
	Vanguard Target Retirement 2040 Inv	Mutual fund		51,124,712
	Vanguard Target Retirement 2045 Inv	Mutual fund		52,809,163
	Vanguard Target Retirement 2050 Inv	Mutual fund		49,811,843
	Vanguard Target Retirement 2055 Inv	Mutual fund		45,700,167
	Vanguard Target Retirement 2060 Inv	Mutual fund		23,512,502
	Vanguard Target Retirement 2065 Inv	Mutual fund		6,760,155
	Vanguard Target Retirement 2070 Inv	Mutual fund		1,429,295
	Vanguard Target Retirement Income Inv	Mutual fund		5,284,162
	Vanguard US Growth Admiral	Mutual fund		30,974,773
	Vanguard Wellesley Income Adm	Mutual fund		1,158,272
	Victory Sycamore Established Value R6	Mutual fund		4,391,758
*	Interest-Bearing Cash Account	Money market account		556,655
*	Transamerica Personal Choice	Self-directed brokerage account		3,688,245
	Total			640,033,801
*	Participant loans	Interest at 4.25% to 9.50%, maturing at various dates, secured by participant account balance		6,120,297
*	Party-in-interest.			<u>\$ 646,154,098</u>

(A) Cost not required.

See Independent Auditor's Report.



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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: 12/31/2024

(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
*	Transamerica Trust Company	Cash Reserve Account	\$ 556,655
*	Transamerica Financial Life Ins. Co.	Transamerica Stbl Val Core Account	\$ 13,954,804
		General Insurance Account Total	\$ 13,954,804
	American Funds	American Funds American Mtl R6	\$ 12,950,515
	American Funds	American Funds New World R6	\$ 3,399,420
	BNY	BNY Mellon Sm/Md Cp Gr Y	\$ 4,474,689
	Columbia	Columbia Small Cap Gr I Inst3	\$ 7,183,146
	Fidelity	Fidelity 500 Index	\$ 97,368,481
	Fidelity	Fidelity Adv Total Bd Z	\$ 4,431,462
	Fidelity	Fidelity Intl Index	\$ 20,052,566
	Fidelity	Fidelity Mid Cap Index	\$ 22,801,086
	Fidelity	Fidelity Small Cap Index	\$ 14,374,302
	Fidelity	Fidelity US Bd Index	\$ 11,765,569
	Franklin Templeton	Franklin Small Cap Val R6	\$ 3,919,632
	Prudential	PGIM High Yield R6	\$ 4,526,344
	Pimco	PIMCO Diversified Inc Instl	\$ 2,618,678
	Vanguard	Vanguard FTSE Social Index Admiral	\$ 5,101,510
	Vanguard	Vanguard Inf-Protected Secs Adm	\$ 5,720,355
	Vanguard	Vanguard Intl Gr Adm	\$ 6,502,463
	Vanguard	Vanguard Intl Val Fund	\$ 1,815,818
	Vanguard	Vanguard LifeStrategy Gr Fund	\$ 1,117,988
	Vanguard	Vanguard LifeStrategy Mod Gr Inv	\$ 656,477
	Vanguard	Vanguard REIT Index Adm	\$ 4,151,810
	Vanguard	Vanguard Target Retment 2020 Fund	\$ 8,012,655
	Vanguard	Vanguard Target Retment 2025 Fund	\$ 27,583,167
	Vanguard	Vanguard Target Retment 2030 Fund	\$ 33,230,796
	Vanguard	Vanguard Target Retment 2035 Fund	\$ 45,117,862
	Vanguard	Vanguard Target Retment 2040 Fund	\$ 51,124,712
	Vanguard	Vanguard Target Retment 2045 Fund	\$ 52,809,163
	Vanguard	Vanguard Target Retment 2050 Fund	\$ 49,811,843
	Vanguard	Vanguard Target Retment 2055 Fund	\$ 45,700,167
	Vanguard	Vanguard Target Retment 2060 Fund	\$ 23,512,502
	Vanguard	Vanguard Target Retmnt 2065 Inv	\$ 6,760,155
	Vanguard	Vanguard Target Retmnt 2070 Inv	\$ 1,429,295
	Vanguard	Vanguard Target Retmnt Inc Fund	\$ 5,284,162
	Vanguard	Vanguard US Gr Admiral	\$ 30,974,773
	Vanguard	Vanguard Wellesley Inc Adm	\$ 1,158,272
	Victory	Victory Sycamore Est Val R6	\$ 4,392,261
		Mutual Funds Total	\$ 621,834,097
	Charles Schwab Instl	Personal Choice Retment Account	\$ 3,688,245
		Other Accounts Total	\$ 3,688,245
*	Participants	Notes Receivable with interest rates of 4.25% to 10.50%	\$ 6,120,297
		TOTAL PLAN ASSETS	\$ 646,154,098

* Indicates Party-In-Interest to the Plan