Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	BLAKE MORRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	14468
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	11488
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9000
b	Retired or separated participants receiving benefits	**6b**	23
c	Other retired or separated participants entitled to future benefits	**6c**	4889
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13912
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	13927
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	10263
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	13927
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	503
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EXTENSIS GROUP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EXTENSIS GROUP, LLC

D Employer Identification Number (EIN)
86-1064991

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

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	13927	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	16712390
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	13954804
c	Additions: (1) Contributions deposited during the year	7c(1)	2384760		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	245876		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	13971767		
	▶ FORFS, TRANSFERS, LOAN PAYMENTS				
	(6) Total additions			7c(6)	16602403
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	30557207
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7006856		
	(2) Administration charge made by carrier	7e(2)	63894		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	6774067		
	▶ TRANSFERS, LOANS, EXPENSES, ALLOCATED FORFS				
	(5) Total deductions			7e(5)	13844817
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	16712390

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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).. . . . . [X] 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	1476426	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 27 53	INVESTMENT ADVISORY	76000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	25725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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?
35 50	PLAN SPONSOR	183974	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	80	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
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 BEACON 75-2401150	RATE OF 0.10% 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.
FIDELITY INVESTMENTS 06-1194217	RATE OF 0.03% 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.
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

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.
NEEDHAM 22-3408336	RATE OF 0.10% 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	RANGE OF 0.22 - 0.44% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1550786	689675
(2) Participant contributions	1b(2)	2068639	2192108
(3) Other	1b(3)	32305061	53290
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	556655	557670
(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)	6120297	8485296
(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)	621834097	904740610
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13954804	16712390
(15) Other	1c(15)	3688245	6356958

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	682078584	939787997
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	682078584	939787997

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)	35239778	
(B) Participants	2a(1)(B)	92810317	
(C) Others (including rollovers)	2a(1)(C)	32294946	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		160345041
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	96053	
(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)	591108	
(F) Other	2b(1)(F)	245264	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		932425
(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)	19600884	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		19600884
(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)		109833637
c Other income	2c		710134
d Total income. Add all **income** amounts in column (b) and enter total	2d		291422121
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	104814391	
(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)		104814391
f Corrective distributions (see instructions)	2f		349878
g Certain deemed distributions of participant loans (see instructions)	2g		199605
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1476426	
(4) IQPA audit fees	2i(4)	25725	
(5) Investment advisory and investment management fees	2i(5)	76000	
(6) Bank or trust company trustee/custodial fees	2i(6)	500	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1095	
(11) Other expenses	2i(11)	183976	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1763722
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		107127596
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		184294525
l Transfers of assets:			
(1) To this plan	2l(1)		182407784
(2) From this plan	2l(2)		108992896

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) [X] 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) [X] 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.)	**4a**	X		4169
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
NEST FRAGRANCES RETIREMENT SAVINGS PLAN	35-2454288	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	87-1231461	333
SILVER REGULATORY ASSOCIATES LLC 401K PLAN	83-0595221	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)
SHORE SERVICE CO	22-1916954	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
PHARUS ADVISORS HOLDINGS LLC 401K PROFIT SHARING PLAN TRUST	26-4426589	002
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	11-3448580	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)
INSPERITY 401K PLAN	76-0178498	001
G&A PARTNERS, INC. MULTIPLE 401K PLAN	76-0461926	001
TRINET SELECT 01(K) PLAN	48-1304650	333
DEEL PEO RETIREMENT PLAN	92-2581574	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)
PIPPIN - DAS & CO. 401(K) PLAN	20-4217627	001
PIPPIN - DAS & CO. 401(K) PLAN	85-1653776	001
WEISS LAW 401K PLAN	99-4676769	001
JUSTWORKS RETIREMENT SAVINGS PLAN - TOUCHCARE, LLC	46-4458638	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)
FREEDOM CAPITAL MARKETS RETIREMENT PLAN	11-2903779	001
T-MOBILE USD, INC. 401K RETIREMENT SAVINGS PLAN & TRUST	91-1983600	001
BETHANY MEDICAL 401K PLAN	45-3639827	001
BRIGHT FUTURE 401K PEP- MADWELL	27-2776962	030

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)
AMERICAN ALDES VENTILATION CORPORATION 401K PLAN	59-2343019	001
ICON CLINICAL RESEARCH, LLC 401(K) PLAN	23-2689152	001
TWENTY6POINT2 LLC	20-4437124	001
HARVEST INTEGRATED RESEARCH ORGANIZATION CORP 401K PLAN	92-2682179	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)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
HEXAGON HR, LLC 401K PLAN	26-0793461	001
CHOICE POOLED EMPLOYER PLAN III	84-2262742	001
DOCUMENT CRUNCH, 401K PLAN	84-1804141	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)
KEEN DECISION SYSTEMS, INC. 401K PLAN	82-3760872	333
HEXAGON HR, LLC 401K PLAN	88-1314552	001
TILE IT, INC. 401K PROFIT SHARING PLAN & TRUST	22-2864711	002
SPIN-OFF TERMINATION PLAN FOR LECTORUM PUBLICATIONS, INC.	13-3736176	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 RESOURCE INTERACTIVE LTD DBA AMMIRATI	46-5230047	001
SPIN-OFF TERMINATION PLAN FOR ASPHALT YACHT CLUB LLC	46-1629666	001
SPIN-OFF TERMINATION PLAN FOR BHB HOLDINGS, LLC	33-1126468	001
SPIN-OFF TERMINATION PLAN FOR CELLI & SCHLOSSBERG LLC	22-3737754	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 DASHBID MEDIA, INC.	47-4242613	001
SPIN-OFF TERMINATION PLAN FOR FOCALPOINT MARKETING LLC	71-1690791	001
SPIN-OFF TERMINATION PLAN FOR WAGNER, BERKOW AND BRANDT LLP	47-2322791	001
SPIN-FF TERMINATION PLAN FOR BILLING SERVICES, INC.	13-3766803	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 NEWARK CHARTER SCHOOL FUND, INC.	26-2224940	001
SPIN-OFF TERMINATION PLAN FOR PRESCRIPTION ADVISORY SYSTEMS AND TECHNOLOGY, INC. D/B/A PAST RX	46-1672743	001
SPIN-OFF TERMINATION PLAN FOR CORNERSTONE CAPITAL, INC.	35-2480966	001
SPIN-OFF TERMINATION PLAN FOR SASCO HILL BRANDS	82-1138737	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 INFINITY LIFESTYLE BRANDS, LLC	26-4249452	001
SPIN-OFF TERMINATION PLAN FOR DT RECORDS LLC D/B/A DOWNTOWN RECORDS	82-3945253	001
SPIN-OFF TERMINATION PLAN FOR RELIANCE GLOBAL HOLDINGS, LLC	47-4208032	001
SPIN-OFF TERMINATION PLAN FOR SIGNITION, LP	47-4231884	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 PARATRANSIT SERVICES OF NJ, INC.	51-0251152	001
SPIN-OFF TERMINATION PLAN FOR BRONFMAN ASSOCIATES LLC	51-0522783	001
SPIN-OFF TERMINATION PLAN FOR SIMPLY STYLIST LLC	82-1241902	001
SPIN-OFF TERMINATION PLAN FOR DPS AMERICA, INC., A DIVISION OF DP SURVEY GROUP NV	30-1221993	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 GREENWAY LAWN MAINTENANCE CO., INC.	22-2458877	001
SPIN-OFF TERMINATION PLAN FOR EFFICIENT PROPERTY MANAGEMENT, LLC	45-4494596	001
SPIN-OFF TERMINATION PLAN FOR INCOPRO LIMITED	30-0952094	001
SPIN-OFF TERMINATION PLAN FOR TWENTY TWENTY THERAPEUTICS LLC	85-2411412	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 ENSPIRA INC.	83-1469476	001
SPIN-OFF TERMINATION PLAN FOR AK LOGISTICS, INC.	22-3127641	001
SPIN-OFF TERMINATION PLAN FOR AMERICAN RUNNER CO LLC	11-8733074	001
SPIN-OFF TERMINATION PLAN FOR B. LANE, INC. DBA FASHION TO FIGURE	14-1856982	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 CLARUS CAPITAL GROUP MGMT LP	20-8098367	001
SPIN-OFF TERMINATION PLAN FOR CONNOLLY PROPERTIES, INC.	22-3533229	001
SPIN-OFF TERMINATION PLAN FOR DEACON TRANSPORTATION CORP	22-2672276	001
SPIN-OFF TERMINATION PLAN FOR DISTRIBUTION SOLUTIONS	22-3176266	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 THE FURNITURE DOCTORS (DOUBLE TROUBLE LLC)	22-3747386	001
SPIN-OFF TERMINATION PLAN FOR GREEN SKY INDUSTRIES, INC.	22-1505279	001
SPIN-OFF TERMINATION PLAN FOR INSANA CAPITAL PARTNERS	11-3777940	001
SPIN-OFF TERMINATION PLAN FOR JERSEY ROCK GROUP OF ISELIN	26-1710022	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 KIRKBRIDE CENTER- 101	23-2790070	001
SPIN-OFF TERMINATION PLAN FOR MOORESTOWN PEDIATRICS, LLP	14-1906843	002
SPIN-OFF TERMINATION PLAN FOR MY JEWISH LEARNING, INC.	75-3121525	001
SPIN-OFF TERMINATION PLAN FOR RAINBOW ACADEMY FRANCHISE COMPANY	27-4037081	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 HUDSON AWNING CO. INC.	22-2250189	001
SPIN-OFF TERMINATION PLAN FOR MHI, INC.	22-3538323	001
SPIN-OFF TERMINATION PLAN FOR NEWARK MOTOR AND EXPORT CORP	22-0061113	001
SPIN-OFF TERMINATION PLAN FOR STYLECASTER, INC.	26-1103127	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 VANDENHEUVAL & FOUNTAIN, INC.	22-1352159	001
SPIN-OFF TERMINATION PLAN FOR INVESTMENT MGMT LP	20-8865925	001
SPIN-OFF TERMINATION PLAN FOR BENSON'S INTERNATIONAL SYSTEMS, INC.	13-2931458	001
SPIN-OFF TERMINATION PLAN FOR ICS SOFTWARE, LTD.	11-2979988	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 EMBEDDED, LLC	85-2078530	001
SPIN-OFF TERMINATION PLAN FOR XCMR INC.	85-0916748	001
SPIN-OFF TERMINATION PLAN FOR OPENDIALOG AI, INC.	94-4316466	001
SPIN-OFF TERMINATION PLAN FOR MNSK HOTELS, LLC	87-4641079	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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EXTENSIS GROUP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EXTENSIS GROUP, LLC

D Employer Identification Number (EIN)
86-1064991

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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 .

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
02 PARTNERS, LLC	20-2025858	0.41	4432477
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
22 MILES, INC.	26-1332378	0.08	389642

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

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

Part II Participating Employer Information (Continued).

Use this page for additional 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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
721 ARCHITECTURAL PRODUCTS LLC	33-3748676	0.01	6772
787 ORTHO ASC, LLC	88-1825426	0.04	95644
A FORM ARCHITECTURE & ASSOCIATES DPC	13-3989146	0.03	113304
A4 SPECIALTY MEDICAL GROUP, LLC	87-3926079	0.08	150402
ABBOT & ABBOT BOX CORPORATION	56-2431795	0.07	1534241
ACCELERATE	88-3207484	0.20	1524843
ACCELERATED GLOBAL SOLUTIONS, INC.	84-4781570	0.46	1841809
ACCELO, INC.	47-2183944	0.36	1378751
ACCESS SELF STORAGE INC. DBA ACCESS MANAGEMENT CO.	22-2577055	0.25	3437465

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCESSORY INNOVATIONS, LLC	20-4437922	0.14	1263069
ACES GROUP LLC	45-5497381	0.06	205944
ADMATCH CORPORATION	13-2641908	0.01	56898
ADS PROCESSING LLC	46-1646026	0.00	7
ADVANCED FAMILY EYE CARE-DOCTORS OF OPTOMETRY, PLLC	86-1063250	0.13	1615969
ADVICE PERSONNEL INC	13-3240196	0.10	2498184
ADWEEK, LLC	81-3456964	0.52	5883674
AEH COMPANY, INC.	81-2656900	0.29	2974527
AESOP USA INC.	27-3147943	0.64	5969185

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AEV ESPORTS, LLC	84-2662089	0.05	315660
AGRI EXOTIC TRADING	22-3675807	0.22	3976904
AIM, LLC	13-4129674	0.24	8228048
AITHENT INC.	13-3695879	0.12	1611120
AKA NYC LIMITED	42-1773190	0.02	0
ALASKA HAND REHABILITATION, INC.	26-1617527	0.02	1366647
ALEGRE USA LLC	35-2734736	0.15	259764
ALEMBIC PHARMACEUTICALS INC.	46-1378951	0.25	2016261
ALIANZADUFFY LLC	88-1907911	0.18	254658

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALIGN5, LLC	47-4003099	0.01	134406
ALLIANCE TECHNOLOGIES, LLC	22-3823868	0.07	640860
ALLIANTS INC.	37-2173831	0.02	21899
ALLIED TITLE & ESCROW, LLC	81-3749698	0.35	2715590
ALLOSTERY INVESTMENTS LP	88-3328512	0.07	57611
ALL-SYSTEM AEROSPACE INTERNATIONAL, INC.	11-2460526	0.14	3386096
ALTECH ELECTRONICS, INC.	11-2206398	0.18	2018991
AMERICAN ALDES VENTILATION CORPORATION	59-2343019	0.02	0
AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.	51-0286953	0.09	423257

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICO GROUP, INC	13-3707961	0.92	7017374
AMTECH LLC	23-2163927	1.12	10105052
AMZ ATLAS, LLC	85-1389235	0.15	886467
ANACAPA CAPITAL MANAGEMENT, LLC DBA ANACAPA PARTNERS	46-2312164	0.06	452513
ANANYM CAPITAL MANAGEMENT LP	93-3550225	0.04	78011
ANCIENT MANAGEMENT LP DBA ANCIENT	84-5047566	0.13	3398016
ANONX INC	83-4630846	0.19	1045099
ANSEL HEALTH INC.	84-3603136	0.21	2227216
ANTHON AMERICA INC.	39-2147599	0.00	96297

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Part II Participating Employer Information (Continued).

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AP INTERNATIONAL LLC	85-3573502	0.02	184892
APERTURE INVESTORS, LLC	82-4044752	0.73	5046428
APEX FOR YOUTH, INC.	13-3650728	0.22	1719642
APPBUS, INC.	46-5339319	0.00	0
APPLYLOGIC CONSULTING GROUP LLC	52-2441987	0.21	2393610
ARMADA TRANSPORTATION, INC	92-1511065	0.01	9549
ARUNA BIO, INC.	55-0899162	0.00	0
ASEAGE LLC	84-2168146	0.13	1179467
ASSET PROTECT ONE, INC.	27-0253023	0.03	316383

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Part II Participating Employer Information (Continued).

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ASSURED INC.	38-4057763	0.39	2999108
ATERIAN INC.	46-5497072	0.21	1648770
ATLANTIC FLUID POWER INC	11-2655792	0.11	1091247
AUCHTER INDUSTRIAL VAC SERVICE, INC.	13-3050345	0.19	2842507
AURA ALLIANCE INC.	38-3957797	0.05	142038
AUREUS ASSET MANAGEMENT LLC	20-2368667	0.34	5388323
AUREUS PROFESSIONAL SERVICES LLC	39-2572831	0.01	8532
AVANTEA STEEL SOLUTIONS CORP.	33-3162782	0.01	9218
AZIMUTH ENGINEERING GROUP LLC	82-5056271	0.07	538036

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B BOYS INC.	87-1125833	0.21	1041196
BALANCE PARTNERS, LLC	83-2795242	0.82	4584804
BALBEC CAPITAL LP	27-1696845	1.50	10080081
BAMBUMETA, LLC	88-0639564	0.00	110403
BAMBUSER USA CORPORATION	85-2801769	0.04	579504
BARBARA WAGNER COMMUNICATION, LLC	86-1323274	0.05	489823
BASDEN EYECARE, PC	20-3844953	0.02	416097
BASIC RESOURCES, INC.	13-3707539	0.59	4299497
BASSER KAUFMAN INC.	11-3148953	0.13	1798686

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BAY PRINT SOLUTIONS INC	47-3036475	0.04	347069
BAYSHORE NETWORKS, INC.	45-5492544	0.00	0
BB SERVICING GROUP LLC	83-2846926	0.03	59919
BCK CAPITAL MANAGEMENT, LP	47-5139564	0.05	610843
BELFER MANAGEMENT LLC	13-4148862	0.49	9825244
BELLA INSPECTION SERVICES, LLC	81-3884859	0.00	15366
BENNETT BROTHERS PRINTING COMPANY	58-1078351	0.08	3738664
BERINGER CAPITAL MANAGEMENT INC.	88-0935377	0.08	204514
BEST MATCH CORPORATION	92-3482041	1.17	5238355

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BETHANY MEDICAL CLINIC OF	45-3639827	0.00	0
BIOTECH VALVE ADVISORS LLC	83-1273828	0.09	507028
BLACKHAWK DATA LLC	83-0830484	0.00	0
BLOKWORX LLC	87-2875006	0.06	223882
BOARDWALK FROZEN TREATS LLC	46-2701363	0.11	1248632
BOLDER FUND SERVICES (USA) LLC	41-2249447	0.04	929633
BORIS BENIC AND ASSOCIATES LLP	54-2190047	0.00	0
BOSTON MEDICAL LIBRARY	04-2013908	0.00	6071
BP PRINT GROUP INC.	81-0898988	0.17	542531

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BRAEMAR ENERGY VENTURES	52-2390044	0.00	643725
BRANDING SCIENCE INTERNATIONAL LLC	27-2376454	0.13	2746587
BREAKOUT COMMERCE INC.	45-3535837	0.07	598183
BRIDGE GROWTH PARTNERS, LLC	99-0979414	0.28	5369704
BRIDGE HEALTH LLC	93-4478620	0.01	12733
BRIDGE HEALTH PLLC	99-2807032	0.05	65749
BRIDGES CONSUMER HEALTHCARE HOLDINGS, LLC	85-2717384	0.58	3273479
BROADSCALE GROUP, LLC	80-0830745	0.03	639844
BRONFMAN YOUTH FELLOWSHIP IN ISRAEL	14-1836083	0.08	1176513

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BROOKLYN URBAN GARDENS CHARTER SCHOOL	45-3453383	0.37	3491838
BRYN PHARMA, LLC	82-2937443	0.19	239121
BTWEEN LLC	27-0463120	0.37	1093268
CALIBRANT ENERGY HOLDINGS, LLC	85-2916556	1.72	6345910
CAMBRIDGE DESIGN PARTNERSHIP INC	83-3648268	0.26	2243924
CANTEY TECHNOLOGY CONSULTING, LLC	26-0641496	0.24	3078228
CAPRA IBEX CREDIT OPPORTUNITIES, LLC	61-1773582	0.16	301185
CAPSTONE HILL SEARCH INC.	46-3829861	0.01	42505
CAREER TECHNICAL EDUCATION FOUNDATION SONOMA COUNTY	46-5607272	0.04	246420

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CARLETON ENERGY CONSULTING LLC	46-0589300	0.17	1819887
CARONOVA, INC.	99-4971405	0.10	231138
CARTESIAN FINOP PARTNERS, LLC	99-3064148	0.04	63836
CASA KOMOS BEVERAGE GROUP LLC	84-2751560	0.21	673411
CATAMOUNT VENTURES MANAGEMENT, LLC	26-3975308	0.00	907
CATANESE VOLKSWAGEN, INC.	45-3606617	0.02	870490
CATHAY CAPITAL NA LLC	47-4408898	0.06	946674
CB DIRECT, LLC	47-4800615	0.05	736979
CERTIFY GLOBAL INC	90-0898064	0.20	1695243

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CHURCHILL CAPITAL USA, INC.	20-5512980	0.09	2015571
CIELO UNDERWRITING LLC	99-4294041	0.03	29078
CLARK OPTOMETRIC CENTER, P.A.	56-1853491	0.86	5806271
CLIMATE ANALYTICS, INC.	30-0795021	0.04	222338
CLOUDRISE, INC.	84-2558804	0.23	1481468
CMAXIMUS LLC	82-0917184	0.00	68352
CODE YELLOW GROUP, INC.	93-4858905	0.03	71107
COGENT GLOBAL VENTURES, LLC.	85-2531628	0.01	296300
COGNITIVE CONSULTING, LLC	47-1303835	0.10	2399482

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COLEMAN RESEARCH GROUP, INC.	20-4096347	0.44	12131166
COLLEGIATE SPORTS MANAGEMENT GROUP, INC	86-3013041	0.01	179972
COMPREHENSIVE EYECARE PHYSICIANS, P.C.	36-4201790	0.07	193431
COMPUTER SQUARE, INC. DBA CSI TECHNOLOGY GROUP	22-3077430	0.55	4807333
CONNECTIONS MENTOR INC	84-3747403	0.03	184875
CONSORTIUM NETWORKS, LLC	81-0723576	0.56	3403455
CONVERGE DIRECT, LLC	99-1055144	0.68	3257592
CORIGLIANO INVESTMENT ADVISORS, LLC	88-3238133	0.06	151867
CORNERSTONE LAND ABSTRACT, LLC	26-2155457	0.06	1155488

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COSMIC PICTURE DISTRIBUTION LLC	82-3626617	0.01	178419
COUNCIL FOR AID TO EDUCATION, INC.	95-4570253	0.05	1751601
CRADLE TO CRADLE PRODUCTS INNOVATION INSTITUTE	27-1832830	0.00	0
CREAMY CREATION, LLC	27-0594460	0.19	2586911
CREATIVEFORCE.IO,INC.	37-1953945	0.06	446817
CROWDCOMMS NORTH AMERICA LLC	61-2043100	0.01	12579
CSB INTERNATIONAL INC	11-3373352	0.03	175708
CSI ENTERTAINMENT INC	95-4641105	0.13	433503
CUBEX GROUP CORP	36-4459656	0.02	98617

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CUSTODIO CONSULTING LLC	20-4483539	0.01	379751
CYBERBIT INC.	38-3988615	0.20	1507169
CYPERUS GROUP LLC	99-4765821	0.05	235688
D2 DEMAND SOLUTIONS, INC.	46-1786718	0.09	3378926
DADOES, INC. DBA RENDERED.AI	84-1847089	0.17	1023874
DAIRY GRAZING APPRENTICESHIP	46-2694047	0.04	144962
DALTON FAMILY EYECARE INC.	20-3298180	0.05	100886
DATA STORAGE SCIENCE, LLC	90-0405214	0.11	2928000
DATAFUTURES LLC	92-3425760	0.01	12533

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DAVID TRUMBORE, PT, DPT, P.C.	83-3377173	0.11	319568
DAVID WEBB GLOBAL, LLC	45-3326117	0.27	1276586
DBV TECHNOLOGIES, INC.	30-0820585	0.71	6337726
DELAWARE RIVER SOLOAR LLC	81-2311156	0.09	489782
DELTA BRANDS INC.	55-0811940	0.27	1373913
DELTA DIGITAL HOUSE, INC.	87-1529934	0.11	303109
DEMAND DRIVEN TECHNOLOGIES, INC.	82-3849818	0.22	1610022
DFE PHARMA USA, LLC	75-3268625	0.15	1349758
DIGACORE CONSULTING	81-1177408	0.38	1077781

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DOCUMENT CRUNCH, INC.	84-1804141	0.34	0
DONNA GOUKLER, O.D., P.C.	92-3339932	0.13	297015
DR PATEL AND ASSOCIATES PA	82-5012444	0.01	43316
DR. VAN VINCIGUERRA OPTOMETRY, P.C.	87-2299039	0.00	43336
DR. WILLOUGHBY AND ASSOCIATES, LLC	81-2810633	0.11	910669
DRS PATEL, ALSTON, AND ASSOCIATES PA	82-3858725	0.04	441328
DTOUCH NEW YORK LTD	20-3883274	0.00	0
DYNAMIC RUBBER, INC.	81-0587413	0.01	1141035
EAGLE WIRELESS COMMUNICATIONS LLC	20-5369896	0.01	230973

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EAST ROCKAWAY NEUROPSYCHOLOGY, P.C.	81-5150213	0.06	282852
EASTER SEALS, INC.	36-2171719	0.39	1670631
EDGAR M. BRONFMAN JR.	13-3123254	0.01	141341
EDGEIQ, INC.	45-4035659	0.00	99471
ELAN SLEEP LLC	45-5453170	0.23	1405861
ELIAS SPORTS BUREAU, INC.	13-1948326	0.39	2771562
ELPH STONE COMPANY INC.	22-2884642	0.03	208474
E-MEDIA PLUS, INC.	13-3212949	0.00	0
EMERGING POWER, INC.	72-2975537	0.19	4649630

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Part II Participating Employer Information (Continued).

Use this page for additional 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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPOWER HER NETWORK, INC	82-2102421	0.06	198466
ENCOMPASS CORPORATION US INC	32-0632033	0.14	632952
ERNO LASZLO, INC.	86-1064991	0.18	4191481
ESTEE MARKETING GROUP, INC.	13-3718945	0.03	1093371
ESTUARY CAPITAL MANAGEMENT LP	87-3347881	0.15	623708
EURO CARGO AVIATION INC	86-3038746	0.01	86184
EURO-CENTER USA, INC.	13-4114636	0.00	97027
EVOLUTION EQUITY PARTNERS, LLC	83-2672321	0.18	643999
EXPANSCIENCE LABORATORIES, INC.	54-1435459	0.44	3639667

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EXTENSIS HOLDINGS, LLC	52-2136196	2.44	27451378
EYECARE SPECIALTIES OF MISSOURI, LLC	47-1188820	0.24	3043604
EYESEE, INC.	35-2535198	0.08	1035884
FAUNA FOODS CORP.	13-2874056	0.05	376054
FDNA INC	87-1942333	0.05	100660
FIELD PROS DIRECT, LLC	81-4992454	0.20	1776563
FIELDHUB INC	81-4431081	0.02	33082
FILEWAVE (USA) INC	68-0435953	0.15	1216977
FILTER EQUIPMENT, INC.	22-2095471	0.08	2327285

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Part II Participating Employer Information (Continued).

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FIRST EQUITY CAPITAL LLC	27-4418322	0.03	100742
FITCH CONSULTING LLC	27-4183228	0.00	0
FLAG AND ANTHEM LLC	47-4833808	0.19	1397786
FLEETROCK LLC	82-0895267	0.01	31461
FLEXOGRAPHIC TECHNICAL ASSOCIATION	23-7408446	0.05	2188292
FLOURISH RESEARCH ACQUISITION, LLC	87-1463008	3.47	22878576
FORREST GEOMATICS, PLLC	99-0959319	0.01	365338
FORTRESS NFT GROUP INC	87-2765847	0.02	326593
FOSTER MANUFACTURING COMPANY	23-1472949	0.01	124627

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FOW PARTNERS, LP	93-4220843	0.28	733216
FRANK OCASIO MD PC	47-4069586	0.02	36846
FREESTONE PROPERTY GROUP LLC	87-1586265	0.34	861204
FUZION SPORTS, LLC	82-1212725	0.01	81625
GATEWOOD CAPITAL PARTNERS LLC	47-1311323	0.09	1271068
GEM LIMOUSINE SERVICE, INC.	22-2172312	0.00	39539
GEMINI EXPRESS TRANSPORT CORP	84-4181762	0.07	159944
GEOMARK RESEARCH, LTD	48-1280847	0.35	6559386
GEORGETOWN COMPANY, LLC	13-3724902	0.54	2858148

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GFT USA INC.	26-2792526	0.73	7097571
GLASSROOTS, INC.	22-3671890	0.03	82943
GLOBAL VIRUS NETWORK	45-2734306	0.03	180398
GOLDEN OPTOMETRIC GROUP	90-0758036	0.30	5060503
GR0.COM, LLC	85-0606703	0.10	1342151
GRACE INSTITUTE OF NEW YORK	81-0844164	0.16	1073046
GRAIN GROUP LLC	27-2995449	0.21	2429088
GRAYMATTERS MEDICAL PRACTICE P.C	81-4169080	0.13	984522
GREENBELT CAPITAL MANAGEMENT L.P.	87-3225574	0.13	4

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GROUND MANAGEMENT HOLDINGS, LLC D/B/A GROUNDSPAN	27-3004371	0.01	279311
GROWTH CATALYST PARTNERS LP	83-3519243	0.12	395910
HAFFTY CONSULTING LLC	92-2226555	0.25	1019520
HALLORAN FARKAS + KITTILA LLP	81-4667067	0.38	1695992
HALO DREAM, INC.	32-0287095	0.44	5368070
HARDY PLUMBING LLC	88-2945048	0.03	85876
HARPER + SCOTT LLC	84-2675165	0.22	1720943
HARVEST INTEGRATED RESEARCH ORGANIZATION CORP	92-2682179	0.22	0
HEALTHBRIDGE MEDICAL, INC.	90-0732054	0.00	41907

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HEAVY INC.	13-4085864	0.05	307621
HEGLA CORPORATION	58-2174461	0.11	2029328
HERITAGE FABRICS MANAGEMENT LLC	92-1396066	0.04	2018143
HERITAGE OUTDOOR MANAGEMENT LLC	86-2136962	0.04	121260
HIGH LIFE LLC	20-3475653	1.14	11065414
HKEX (US) LLC	92-0260840	0.10	386410
HOLO-LIGHT USA, INC.	37-2044718	0.02	46861
HOMENATURE, INC	11-3428719	0.02	116767
HOPPECKE BATTERIES, INC.	22-2626984	0.12	1553940

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HOSPICE MANAGEMENT SERVICES LLC	83-3518973	0.05	181535
HOT PAPER LANTERN LLC	30-1101455	0.15	3578897
HOXTON CIRCLE, INC.	81-4023177	0.02	26901
HUGO TECHNOLOGIES, INC.	61-1855600	0.18	408481
HUNT & GATHER, INC.	46-4424708	0.24	2111750
HV OFFICE SERVICES LLC	82-0708725	0.04	201412
HYDE LEADERSHIP CHARTER SCHOOL BROOKLYN	27-1894231	0.30	3660868
ICON HEALTH LLC	86-1283823	0.05	452176
IGNITE FOODSERVICE SOLUTIONS	84-0564791	0.07	0

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IMUGENE, LTD.	87-3473799	0.47	2374351
INCOME LABORATORY, INC	83-1657990	0.12	639818
INNOVADERM RESEARCH LTD	38-4042465	0.23	939146
INNOVATION INVESTMENT & CONSULTING NORTH AMERICAN INC.	47-4089635	0.20	684873
INSIGHT PSYCHOLOGICAL GROUP	46-5382812	0.10	394964
INSPIRIT GROUP, LLC DBA STOPIT	47-1600407	0.02	1065422
INSTITUTE FOR CONTEMPORARY PSYCHOTHERAPY	13-2689918	0.02	33398
INSTRUCTION PARTNERS	47-5380182	1.19	8581462
INTEGRATION MEDIA INC.	26-4827102	0.07	763213

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INTERNATIONAL SOCIETY FOR THE STUDY OF TRAUMA AND DISSOCIATION	36-3465788	0.00	36552
INTERNATIONAL STUDENT EXCHANGE, INC.	94-2843176	0.11	1081890
INYO BROADCAST HOLDINGS LLC	85-2084797	0.19	1570881
ISI US HOLDINGS INC.	99-3167330	0.07	128066
ISMILE, LLC	45-2706192	0.02	25409
ITNH, INC.	03-0521130	0.01	255168
J. IRA HARRIS & ASSOCIATES LLC	65-1157907	0.04	617898
JEFFREY COOPER, O.D., P.C.	02-0613109	0.19	1726871
JEREMIAS INC.	90-1006949	0.16	737511

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JERI A. SCHNEEBECK, OD, PC	84-1066731	0.07	1305021
JONAS CAPITAL MANAGEMENT LLC	13-4198516	0.03	410926
JOSS SEARCH AND SELECTION INC	32-0614074	0.05	153613
JPJ VENTURES LLC DBA ISCRIBEHEALTH	47-3688025	0.08	141930
JRJ MANAGEMENT COMPANY LLC	01-0650165	0.14	940003
K2 ENVIRONMENTAL CONSULTING, LLC	81-4087105	0.21	2584038
KAMIWAZA CORP	99-4715619	0.10	129547
KAS PET LLC	46-5344118	0.04	641655
KASIRER LLC	20-1364389	0.24	0

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KATIE COURIC MEDIA, LLC	82-5235245	0.49	2797552
KCR U.S., INC.	27-3763130	0.45	0
KEC MANAGEMENT LP	46-4785991	0.00	55227
KEEN DECISION SYSTEM, INC.	82-3760871	0.00	0
KELYN TECHNOLOGIES, INC.	26-0803129	0.53	3825420
KENNETH LANGONE FAMILY	11-9261388	0.02	317619
KEVIN ANDERSON & ASSOCIATES INC.	81-1748094	0.25	1125943
KING ENGINE BEARINGS, INC.	22-2330411	0.01	189874
KINGSDALE SHAREHOLDER SERVICES US LLC	35-2526365	0.03	880519

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KINO LORBER LLC	13-4200378	0.59	6254861
KNOWNWELL, INC.	88-3640699	0.86	2396590
KRAFF EYE INSTITUTE, LTD.	36-3744018	0.04	91712
KUKER-RANKEN, INC.	91-0285870	0.01	481364
KWENDA COLLEGIATE GIRLS CHARTER SCHOOL	93-4594056	0.02	73918
LAKE HAVASU FAMILY EYECARE	20-2146274	0.15	1986520
LANDMARK BANYAN REAL ESTATE	20-4217627	0.00	0
LAROCCA HORNIK ROSEN GREENBERG & BLAHA, LLP	13-4162470	0.08	1499243
LAUDIO, INC.	85-0935939	0.34	1650649

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LEDGER BENNETT INC.	61-1768305	0.25	1330159
LEHMANN MAUPIN LLC	11-3199978	0.40	4588430
LEVEL THREE LABS LLC	84-3623247	0.05	253748
LFI FALS LLC	39-2501856	0.06	157640
LISTENING PARTNERS INC	77-0626782	0.07	540835
LOCATORX, INC.	47-2378256	0.04	303865
LOGISTICS MANAGEMENT INSTITUTE	52-0741393	0.94	6238819
LOT NETWORK INC	46-5160062	0.04	627532
LTR EYE INC DBA COVENTRY EYE CARE ASSOCIATES	05-0495132	0.01	36207

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LUMITHERA DIAGNOSTIC INC	88-3395687	0.36	2732012
LYRA	84-2619458	0.03	429600
M.J.C.L.K., LLC	26-3526779	0.05	1480444
MACKIN CONSULTANCY, LLC	47-2895130	0.49	5340817
MADCAP PARTNERS LLC	56-2482227	0.17	1533949
MADWELL LLC	27-2776962	0.03	0
MAJESTY BRANDS LLC	46-5466273	0.17	639557
MAJOR PRODUCTS CO., INC.	22-1556181	0.43	5089924
MAKE-A-WISH FOUNDATION OF NEW JERSEY, INC.	22-2488495	0.13	1041937

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Part II Participating Employer Information (Continued).

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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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANUFACTURING SOLUTIONS OF MINNESOTA, LLC	27-0168957	0.20	2973335
MARC E BOSEM, M.D., P.A.	65-0711403	0.11	1056146
MARCH MADE, LLC	20-1150335	0.01	1071937
MARK CROSS LEATHERGOODS LLC	45-2280244	0.00	94565
MARKET FUSION ANALYTICS, LLC	06-1539638	0.17	4448819
MARKETSHARE LLC	75-3090268	0.09	863237
MARKHOFF & MITTMAN, PC	13-2690178	0.06	2622874
MAXIMA OPERATING VII LLC	46-5295778	0.12	159831
MEADOW CAPITAL MANAGEMENT LP	27-0505443	0.15	2481743

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Part II Participating Employer Information (Continued).

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MEDIAPLUS NORTH AMERICA LP	82-3326961	0.21	788520
MEDICI LAND GOVERNANCE	83-1595344	0.13	1436749
MERCURY BIO, INC.	85-3172258	0.05	189140
MERIDIAN FURNITURE INC.	45-4166366	0.08	1841306
MERRITT HEALTHCARE CBO LLC	99-2612025	0.01	7522
MESSIER & ASSOCIES	27-4413724	0.05	119757
MESUR.IO, INC.	81-1104786	0.08	335186
METHOD GROUP, INC.	13-3639066	0.14	1350973
METRO PHYSICIANS MANAGEMENT SERVICES, INC.	22-2947238	0.01	201739

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Part II Participating Employer Information (Continued).

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MIC CAPITAL PARTNERS (US) LLC	82-3871452	1.35	11522423
MIDNIGHT CREATIVE, INC.	99-4142702	0.01	11048
MIDWEST ACCESS PROJECT	20-8336719	0.04	157935
MINDSPARK, INC. DBA AUTICON	46-2863103	0.05	342386
MJH SUPERVISORY MANAGEMENT LLC	81-2957397	0.13	648224
MODOTECH, INC.	51-0397498	0.27	5384361
MONMOUTH INTEGRATIVE COUNSELING SERVICES, LLC	84-2076449	0.02	575781
MONTRA TECHNOLOGIES, INC.	83-3101904	0.05	484115
MOTIONWORKS AI, INC.	87-4175398	0.09	529464

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MOTIVE PARTNERS OPERATING COMPANY, LP	81-3005988	0.66	5665003
MPH GLOBAL, LLC	82-1733314	0.08	315049
MRA SEARCH LIMITED	38-4292030	0.03	47323
MULTISITE LED, LLC	81-4496918	0.03	21075
NATIONAL APPRAISAL PARTNERS, LLP	30-0066536	0.28	5574371
NEAL THOMAS ENTERPRISES	85-4132370	0.02	31204
NEST FRAGRANCES, LLC	35-2454288	0.32	0
NEW AGE UNDERWRITERS AGENCY INC	20-1430759	0.04	581081
NEW BLUEPRINT PARTNERS, LLC	84-1827767	0.05	259254

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NEW JERSEY COALITION AGAINST SEXUAL ASSAULT	22-2970344	0.03	63349
NEW JERSEY PODIATRIC PHYSICIANS & SURGEONS GROUP, LLC	27-2406803	0.31	4645016
NEW YORK COMMUNITIES FOR CHANGE, INC.	27-1359103	0.06	774345
NEWCO WARRANTY SERVICES, INC.	65-0898491	0.03	2511461
NEWMAN MORAN, LLC D/B/A C	13-4210211	0.00	0
NEWSRIGHT, LLC	27-5122208	0.00	0
NIP GROUP, INC.	22-2908225	1.54	17611575
NOMADX HOLDINGS II LLC	99-1499689	0.10	137103
NUTRASTAR, INC.	27-4115266	0.37	2859741

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ODDCAST INC.	13-4106784	0.00	1876501
OLYMPIA VISION CLINIC AND CONTACT LENS CENTER, PLLC	91-2124576	0.12	744337
OMNIMETRIX, LLC	58-2413837	0.06	1360026
OMNIVUENDT LLC	88-0998017	0.02	30923
OMNIZANT, LLC	20-2068972	0.13	1378125
ONE ROCKWELL CORP.	71-1012971	0.06	807010
OPEN ROAD INTEGRATED MEDIA	90-0712555	0.22	2148012
OPTIMUM PROP., LLC	26-0793461	0.00	0
ORANGE CAPITAL LLC	20-2365801	0.00	0

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ORCHARD CREATIVE, LLC	83-3583022	0.26	1240914
PAPPAS CAPITAL, LLC	56-1990526	0.15	2338761
PARADOXIOM CAPITAL LP	99-1728874	0.05	123242
PARAGON EVENTS, INC.	65-0159963	0.08	637977
PARK MADISON PROPERTY MANAGEMENT CO., LLC	84-3355390	0.11	498056
PARK PLACE MEDICAL IMAGING	45-5225171	0.00	0
PEAKPOINT FLATIRON LLC	88-1189877	0.06	158982
PEGASUS LEGAL CAPITAL, LLC	82-3737222	0.20	461592
PEOPLE CAN FLY U.S., LLC	36-4866738	0.41	3862964

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PERMISSION DATA, LLC	30-0033517	0.05	2981640
PFINGST & COMPANY, INC.	13-5521660	0.02	505785
PHARUS ADVISORS HOLDINGS LLC	26-4426589	0.00	0
PHIEX TECHNOLOGIES, INC.	85-1088452	0.05	321347
PHOENIX MECHANICAL CORP	13-3934943	0.24	2046368
PIER55, INC. DBA LITTLE ISLAND	46-2703610	0.42	2237342
PIERPOINT, LLC	47-1978844	0.06	608502
PIPPIN TITLE INC.	85-1653776	0.00	0
PITCH IN FOR BASEBALL	86-1141299	0.01	93313

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PLAN.NET NORTH AMERICA LP	92-1871160	0.00	115918
POPLAR GROUP,LLC	92-1234027	0.03	68568
PORTFOLIO BI, INC.	45-5135918	0.45	4174900
PRESTIGE COMPANIES INC DBA PRESTIGE INC	84-5124902	0.05	145541
PRESTIGE EMERGENCY ROOM, LLC	47-3918725	0.02	431508
PRESTIGE HEALTH & WELLNESS LLC	81-5424899	0.03	1300926
PRETRED, INC.	85-2860367	0.08	227395
PRIME EXECUTIONS, INC.	11-2903779	0.00	0
PRO BONO NET, INC.	06-1521179	0.12	3689302

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PROCON ANALYTICS, LLC	82-0607094	0.28	3647117
PROCURE ON-DEMAND, INC.	85-4386960	0.53	879124
PROENZA SCHOULER LLC	04-3681074	0.28	2659560
PROFESSIONAL EYE CARE ASSOCIATES PA	22-2144236	0.09	2085600
PROTEKT PRODUCTS INC	84-3812768	0.01	30768
PRP ADVISORS LLC	47-4843532	0.38	3365579
PURLIN 2, LLC DBA DCK WORLDWIDE GROUP	86-3242269	0.09	515858
PVH LEGWEAR LLC	84-2367632	0.26	1691828
QCIC, INC.	36-4812367	0.09	551866

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QUALITY CODING SOFTWARE SOLUTIONS LLC DBA QCSS	84-3128907	0.14	863176
QUANTITATIVE BROKERS, LLC	27-0420594	0.47	5689583
QUIET PROFESSIONALS, LLC	26-3622243	0.86	6187170
QUINTE FINANCIAL TECHNOLOGIES INC.	20-8586190	0.04	345612
RADIANT COMMUNICATIONS CORP	22-2599498	0.15	5972840
RAINBOW OPTICS P.C.	93-0907232	0.15	2213481
RAISTONE CAPITAL LLC	84-2262742	0.94	0
RAMSAY FAIRS, LLC	20-4205686	0.01	138820
RAY JURGEN CO, LLC	83-0966193	0.01	37071

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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
RAYANA DESIGNS INC	13-2993242	0.00	0
REAL ESTATE BUSINESS ANALYTICS, INC.	87-3316084	0.72	3398664
REAPPLIX, INC.	38-4081921	0.27	1049630
REBAR LIGHTING DESIGN LLC	86-1601612	0.03	136237
RED CLOVER ADVISORS, LLC	47-5308972	0.08	618035
RENAISSANCE GLOBAL SERVICES, LLC	27-4464213	0.32	1700300
RETAILONE, LLC	88-0240566	0.05	515374
RHOADS ONLINE INSTITUTE INC.	20-5655697	0.08	265855
RIGHT CLICK SOLUTIONS, LLC	20-4236880	0.00	0

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RINGMASTER TECHNOLOGIES, INC.	82-3841000	0.12	1234907
RIVER PARTNERS CAPITAL MANAGEMENT, L.P.	47-1374219	0.22	3960510
RIVER VALLEY EYE ASSOCIATES, INC.	06-1643466	0.02	447541
ROAR ATHLETIC PERFORMANCE CORP. DBA VKTRY	47-2060091	0.07	134620
ROBERTS GROUP USA INC.	99-0658765	0.02	25033
ROCK ELM HOLDINGS LLC D/B/A ROCK ELM CAPITAL MANAGEMENT	82-4248961	0.00	102901
ROCKDOVE SOLUTIONS	47-1871174	0.04	1734978
ROMANO & ASSOCIATES CPA'S	81-3867787	0.00	0
ROOSEVELT SURGERY CENTER, LLC	27-1778024	0.15	1418649

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ROSWELL STUDIOS LLC	45-2694984	0.06	160405
R-PHARM US, LLC	46-4796215	0.11	2164268
RUNWAY SAFE, INC.	36-4794792	0.38	2054369
SACCO CARPET CORPORATION	11-3620648	0.21	1955306
SAGEWIND CAPITAL LLC	47-5365560	0.03	0
SAM ASH LLC	99-3845397	0.19	541840
SAMUEL J TESKE OD PA	26-0773097	0.15	873424
SANCUS INSURANCE AGENCY, LTD.	81-0692506	0.01	60742
SCHUYLKILL VALLEY SPORTS	23-1742188	0.00	0

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SCIENTURE INC.	84-3012580	0.07	364098
SEAL SHIELD, LLC	26-0440582	0.30	3247921
SEARCH LABORATORY INC	46-4134153	0.00	314147
SELECTIVE ASSOCIATES, INC	11-2194759	0.06	1663408
SESOLUTIONS INC	47-4350841	0.01	20311
SHEILA FEREN COMMUNICATIONS, LTD DBA FERENCOMM	13-3775850	0.18	1126011
SHERRILL CONTRACT MANUFACTURING INC.	27-2254159	0.09	1183242
SHORE SERVICES D/B/A ARRO	22-1916954	0.00	0
SHOWD.ME LLC	46-4102531	0.09	218421

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SHREWSBURY RIVER CAPITAL LP	61-1832008	0.32	4820328
SIG TECHNOLOGIES (US) LLC	86-1698674	0.02	863702
SILVER REGULATORY ASSOCIATES LLC	83-0595221	0.02	42
SILVERSIDE AI LLC	99-2276451	0.07	90929
SINGLE THROW, INC.	22-3760228	0.05	487043
SKYLINE AUTOMATION, LLC	46-2399805	0.00	51732
SOBE PROMOS LLC	27-3971584	0.01	434003
SOCIETY OF GYNECOLOGIC ONCOLOGY	61-1657046	0.23	2072151
SOJOURN CONSULTING LLC	46-2339822	0.48	4293963

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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
SONION US, INC.	36-4052605	0.16	1003122
SOPHRON CAPITAL MANAGEMENT LP	99-2088529	0.03	64506
SOUTHBRIDGE LAW GROUP, PC	83-1716067	0.07	1053693
SPEED XPRESS INC	30-1303038	0.21	277850
SPI CORPORATE SOLUTIONS, INC	27-3177638	0.08	1741649
SPRING BANK	20-4853891	0.42	3319804
SPRINGBOARDS AI, INC.	33-2138494	0.02	59278
STACEY D. ALSTON, DDS, PA	82-4400107	0.01	15368
STACKULAR LLC	92-0244808	0.03	1286840

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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
STANFIELD CONSULTING, INC.	82-5069240	0.00	14118
STENGER, GLASS, HAGSTROM, LINDARS & IUELE, LLP	46-1050718	0.06	418997
STEWARD PARTNERS GLOBAL ADVISORY LLC	47-1212791	1.11	53113590
STRIDE CONSULTING, LLC	46-4980530	0.48	8213323
STRUCTURED FINANCE INDUSTRY GROUP, INC.	46-2258052	0.30	4094497
SUCELLUS LLC	88-1324491	0.01	4552
SUMMIT ROCK ADVISORS LP	20-8632793	1.37	25429195
SUPER KIDS CHILDCARE LEAR	45-0485441	0.00	0
SUPREME ELASTIC CORPORATION	56-0815483	0.02	304469

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SURFACE CHEMISTS OF FLORIDA, INC	38-3971023	0.03	36647
SURPLUS SOLUTIONS LLC	20-4081591	0.41	5485471
SWELL MARKETING PARTNERS, LLC	26-4399369	0.22	1214119
SWIM N PLAY, INC.	22-2113014	0.00	0
TALOS ASSET MANAGEMENT LP	99-2678819	0.05	62047
TECHNOLOGY ASSOCIATION OF GEORGIA, INC.	58-2421066	0.14	1470206
TESTO INC.	22-2483111	0.53	6123307
TEVIXMD CORPORATION	46-4848576	0.01	76111
THE BROOKLYN STUDIO OF ARCHITECTURE P.C	11-3414018	0.28	797110

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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
THE CRUISE WEB, INC	52-1893014	0.20	4104793
THE J. WILLARD AND ALICE S. MARRIOTT FOUNDATION	52-6068678	0.17	637399
THE JOE TORRE SAFE AT HOME FOUNDATION	03-0442514	0.09	3045471
THE LAURIE M. TISCH FOUNDATION	13-3693585	0.09	1712344
THE NASHTON COMPANY	81-5278698	0.03	108135
THE ONE LOVE FOUNDATION IN HONOR OF YEARDLEY LOVE, INC.	27-2904497	0.05	1481155
THE PARTNERSHIP TO END HOMELESSNESS, INC.	13-3732698	0.09	263195
THE PASSPORT SCHOOL, INC.	59-3385361	0.00	788643
THE PRINT GROUP, INC.	22-2354580	0.00	296546

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THE SAMUEL BRONFMAN FOUNDATION	13-3769022	0.06	4083181
THE SPINE AND BRAIN COALITION	88-3024078	0.07	168021
THREE 17 CONSTRUCTION, LLC	46-1217587	0.19	941619
TILE IT, INC	22-2864711	0.00	0
TIME BASE CORP	11-2902510	0.18	3630176
TOLEDO JET CENTER, LLC	26-4664511	0.08	1816983
TOTAL SONO, LLC	27-3956723	0.09	1063869
TOUCHCARE LLC	46-4458638	0.00	0
TRILANTIC CAPITAL MANAGEMENT L.P.	26-4600829	0.39	33815

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TRI-STATE TRANSPORTATION CAMPAIGN	13-3790165	0.02	134718
TRUE NORTH AMERICA, INC.	37-1904156	0.00	0
TTCER PARTNERS, LLC	26-1370825	0.07	658269
TUMALO CREEK TRANSPORTATION, LLC	20-2258491	0.07	827131
TURAS CAPITAL MANAGEMENT LP	33-4672555	0.03	39871
TURAS TECHNOLOGIES LLC	87-3859790	0.03	42731
TURNING ROCK PARTNERS, LP	81-4756302	0.37	1776066
TWENTY6POINT2, LLC	20-4437124	0.01	0
TWO RIVER TECHNOLOGY GROUP LLC	32-0156265	0.05	54006

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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
UHI ADMIN, LLC	83-2974265	0.14	744460
ULTRASOUND SOLUTIONS CORP	01-0785069	0.04	811411
UNITED WAY OF MONMOUTH AND OCEAN COUNTIES, INC.	22-1828435	0.07	1345942
UNLIMITED EVENTS & MARKETING, INC.	13-3803788	0.04	582910
URSA SPACE SYSTEMS, INC.	47-2260321	0.65	5091890
USA LEGWEAR LLC	27-1157350	0.55	4224575
UWS ASC LLC	84-3345562	0.10	621767
V O S SELECTIONS INC.	22-3055617	0.09	1354955
VALENS RESEARCH, LLC	82-1171358	0.07	311914

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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
VANESSA CREAVEN DBA SPOTLIGHT ORAL CARE INC.	84-3244342	0.06	393363
VERINA CONSULTING GROUP, LLC	45-3438224	0.17	2399083
VESTA CORPORATION	93-1175674	0.54	20958678
VICTOR CAPITAL PARTNERS MANAGEMENT COMPANY LP	93-1573126	0.06	355538
VIRZOOM, INC.	47-3157185	0.02	981492
VISCOT MEDICAL LLC	27-0099962	0.22	3157966
VISIONARY 360, INC.	47-5671614	0.04	416380
VISIONARY CONSULTING PARTNERS, LLC	26-2736634	0.02	214322
VISTAR MEDIA INC	45-2857556	3.19	10

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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
VYTALIZE HEALTH, INC.	81-4678831	2.34	14342845
WATERFRONT CAPITAL PARTNERS, LLC	80-0523231	0.10	2644288
WEISS LAW	87-2351923	0.00	0
WELLNESS IN THE SCHOOLS, INC.	25-1919494	0.03	469953
WELLPUT, INC.	86-2971103	0.00	30439
WFW HOLDCO LLC DBA ACCESSWAVE	99-0457472	0.05	97079
WINDOWS EYE CARE, PLLC	99-4174380	0.04	51647
WINGSPIRE CAPITAL LLC	84-2283901	0.65	4038119
WOODSTOCK DAY SCHOOL	23-7304709	0.00	4073

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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
WORLD HEALTH PRODUCTS, LLC	01-0763098	0.10	942287
X-CELEPRINT INC.	83-3621702	0.09	1213460
XSPONSE, LLC	99-3427554	0.07	93068
Z.PAX LLC	92-0940394	0.07	325600
ZJOB INC DBA CAPFRONT	47-5361743	0.07	102648
Z-RADAR LLC	92-1943504	0.25	1844077
ZRS WINES LLC	84-4004925	0.08	527696

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Part III Pooled Employer Plan Information

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

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

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

ACK ID _____

Extensis Group Retirement Savings Plan

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

December 31, 2025 and 2024

CohnReznick

Extensis Group Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator of
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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Extensis Group Retirement Savings 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 6 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 Extensis Group Retirement Savings 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 Extensis Group Retirement Savings Plan's ability to continue as a going concern for at least one year following 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Extensis Group Retirement Savings 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 Extensis Group Retirement Savings 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 of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 audits 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



New York, New York
October 14, 2026

Extensis Group Retirement Savings Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$911,655,238	$626,078,997
Investments at contract value	16,712,390	13,954,804
Total investments	928,367,628	640,033,801
Receivables		
Participant contributions	2,192,108	2,068,639
Employer contributions	689,675	1,550,786
Notes receivable from participants	8,485,296	6,120,297
Plan transfer in receivable	-	32,269,350
Other receivables	53,290	35,711
Total receivables	11,420,369	42,044,783
Total assets	939,787,997	682,078,584
Net assets available for benefits	$939,787,997	$682,078,584

See Notes to Financial Statements.

Extensis Group Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions	
Investment income	
Interest and dividends	$ 19,942,201
Net appreciation in fair value of investments	110,543,771
Total investment income	130,485,972
Interest income on notes receivable from participants	591,108
Contributions	
Participant contributions	92,810,317
Employer contributions	35,239,778
Rollovers	32,294,946
Total contributions	160,345,041
Total additions	291,422,121
Deductions	
Benefits paid to participants	105,363,874
Administrative expenses	1,763,722
Total deductions	107,127,596
Net increase	184,294,525
Net transfers from other plans	73,414,888
Net assets available for benefits	
Beginning of year	682,078,584
End of year	$939,787,997

See Notes to Financial Statements.

1. Description of Plan

The following description of the Extensis Group Retirement Savings Plan (the "Plan") provides only general information. The Plan allows for employer-specific provisions that each participating employer can select. Participants should refer to their respective plan documents for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan as defined under Section 413(c) of the Internal Revenue Code, administered by Extensis Group, LLC (the "Principal Employer") and established on January 1, 1999, covering eligible participants of the employers subscribing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

The Principal Employer provides payroll processing and human resource services to its clients. 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. 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.

Contributions

Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code ("IRC"). Depending on the participating employer, participants also may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes automatic enrollment provisions whereby, if elected within a participating employer's plan agreement, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatic enrollment provisions may vary among participating employer's plan agreements including, but not limited to, initial deferral rates, investment direction, and annual increases. The Principal Employer and each participating employer may elect to make matching, safe harbor, profit sharing, or other discretionary contributions to the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts

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

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

Notes receivable from participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested 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, determined monthly, is set at 1% above the prime rate, as defined. 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. Terms range up to five years or greater for the purchase of a primary residence.

Payment of benefits
On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If a terminated participant’s vested balance is less than or equal to $7,000, the amount may be automatically distributed in the form of lump-sum cash payment. In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited accounts
At December 31, 2025 and 2024, forfeited nonvested accounts totaled $1,085,690 and $1,084,779, respectively. Forfeited nonvested accounts are first used to pay Plan expenses, with any remaining amounts used to reduce future employer contributions. During 2025, employer contributions were reduced by $470,932 and plan administrative expenses were reduced by $3,936, from forfeited nonvested accounts, in accordance with plan provisions.

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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those 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 company, as applicable. See Note 3 for discussion of fair value measurements.

The Plan’s investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions
Contributions from participants are recorded in the year in which the related participant 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 as 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, 2026. If paid before, then they are classified as a decrease to contributions. No excess contribution payable has been recorded as of December 31, 2025 and 2024.

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 Principal Employer. Expenses that are paid by the Principal Employer 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 in fair value of investments.

Subsequent events
Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

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 FASB ASC 820, *Fair Value Measurement*, are described as follows:

- Level 1: Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation technique 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 technique 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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

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 U.S. 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at fair value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Money market deposit (Interest-bearing cash)	$ -	$ 557,670	$ -	$ 557,670
Mutual funds	904,740,610	-	-	904,740,610
Self-directed brokerage accounts	6,356,958	-	-	6,356,958
Total assets in the fair value hierarchy	911,097,568	557,670	-	911,655,238
Total investments at fair value	$911,097,568	$ 557,670	$ -	$911,655,238

Assets at fair value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market deposit (Interest-bearing cash)	$ -	$ 556,655	$ -	$ 556,655
Mutual funds	621,834,097	-	-	621,834,097
Self-directed brokerage accounts	3,688,245	-	-	3,688,245
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

4. Fully benefit-responsive investment contracts

The Plan invests in a fully benefit-responsive investment contract with Transamerica Financial Life Insurance Company ("TFLIC"), under which TFLIC invests the Plan contributions, as directed by the Plan and the recordkeeper, in the Transamerica Stable Value Option ("TSVO"). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

This 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 the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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 declares rates periodically and backs 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, 2025 and 2024 was 1.60% and 1.65%, respectively.

The Plan's ability to receive amounts due is dependent on the 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 issuer. These events may be different under each contract. Such events include:

1. Amendments to the Plan documents (including complete or partial Plan termination or merger with another plan);
2. Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;
3. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan;
4. The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or
5. Premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers 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 contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Such events include:

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

5. Transfers into or out of the Plan

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, 2025, total transfers into the Plan were $182,407,784 and total transfers out of the Plan were $108,992,896.

6. Information certified by Custodian

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedule was agreed to or derived from information certified as complete and accurate by Transamerica Financial Life Insurance Company Inc. and Transamerica Trust Company, the Plan's Custodian and recordkeeper, respectively, both of which are qualified institutions. The certified information includes the Plan's investments and notes receivable from participants reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation, interest, and dividends) and interest income on notes receivable from participants reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

7. Related-party and party-in-interest transactions

Certain Plan investments are managed by the Custodian, and therefore, these transactions qualify as party-in-interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant’s account balances. These transactions qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Principal Employer. No such officer or employee receives compensation from the Plan.

8. Plan termination

Although it has not expressed any intent to do so, the Principal Employer 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.

9. Tax status

The Principal Employer has adopted a pre-approved plan document offered by Transamerica Retirement Solutions, LLC that has received an IRS Opinion Letter dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax-exempt.

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

10. 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.

11. Delinquent participant contributions

For the years ended December 31, 2025 and 2024, certain participating employers did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled $68,698, were not corrected in 2025. Untimely remittances of $806 were identified on the Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to January 1, 2025. The prior year untimely remittances were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2025. Additionally, the participating employers have compensated participants for lost earnings resulting from the delay in contributions.

12. Subsequent events

On May 8, 2025, the Investment Committee approved a resolution to transition the Plan from a Multiple Employer Plan ("MEP") to a Pooled Employer Plan ("PEP"). The transition occurred in January 2026. Under the PEP, Vestwell Holdings Inc. provides fiduciary and nonfiduciary recordkeeping, plan administration, and custodial services.

Supplementary Information

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

Schedule H Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 69,504	$ 68,698	$ 806	$ -	$ -

(1) Amount does not include participant loan repayments.

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (A)	(e) Current value
*	Transamerica Stable Value Core Account	Insurance general account		$ 16,712,390
	American Funds American Mutual R6	Mutual fund		17,536,063
	American Funds New World R6	Mutual fund		7,530,441
	BNY Mellon	Mutual fund		4,434,063
	Columbia Small Cap Growth I3	Mutual fund		9,385,624
	Fidelity 500 Index	Mutual fund		146,009,253
	Fidelity Advisor Total Bond Z	Mutual fund		10,564,631
	Fidelity International Index	Mutual fund		29,375,013
	Fidelity Mid Cap Index	Mutual fund		26,404,056
	Fidelity Small Cap Index	Mutual fund		15,515,944
	Fidelity US Bond Index	Mutual fund		12,307,030
	Franklin Small Cap Value R6	Mutual fund		3,979,822
	PGIM High Yield R6	Mutual fund		5,956,223
	PIMCO Diversified Inc Instl	Mutual fund		3,769,325
	Vanguard FTSE Social Index Adm	Mutual fund		6,985,988
	Vanguard Inflation Protected Secs Adm	Mutual fund		6,278,351
	Vanguard International Growth Adm	Mutual fund		9,852,664
	Vanguard International Value Inv	Mutual fund		4,200,750
	Vanguard Lifestrategy 60/40 Investor	Mutual fund		1,400,434
	Vanguard Lifestrategy 80/20 Investor	Mutual fund		2,340,502
	Vanguard Real Estate Index Admiral	Mutual fund		5,390,161
	Vanguard Target Retirement 2020 Inv	Mutual fund		11,132,712
	Vanguard Target Retirement 2025 Inv	Mutual fund		35,786,353
	Vanguard Target Retirement 2030 Inv	Mutual fund		54,858,984
	Vanguard Target Retirement 2035 Inv	Mutual fund		71,419,983
	Vanguard Target Retirement 2040 Inv	Mutual fund		78,903,390
	Vanguard Target Retirement 2045 Inv	Mutual fund		79,674,740
	Vanguard Target Retirement 2050 Inv	Mutual fund		71,327,324
	Vanguard Target Retirement 2055 Inv	Mutual fund		64,059,280
	Vanguard Target Retirement 2060 Inv	Mutual fund		39,734,647
	Vanguard Target Retirement 2065 Inv	Mutual fund		13,927,699
	Vanguard Target Retirement 2070 Inv	Mutual fund		2,982,502
	Vanguard Target Retirement Income Inv	Mutual fund		6,202,325
	Vanguard US Growth Admiral	Mutual fund		37,604,793

See Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost (A)	(e) Current value
	Vanguard Wellesley Income Adm	Mutual fund		2,715,331
	Victory Sycamore Established Value R6	Mutual fund		5,194,209
*	Interest-Bearing Cash Account	Money market account		6,356,958
*	Transamerica Personal Choice	Self-directed brokerage account		557,670
*	Participant loans	Interest at 4.25% to 9.50%, maturing at various dates, secured by participant account balance		8,485,296
	Total			$ 936,852,924

*Denotes a party-in-interest.

(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: 12/31/2025

(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	**$ 557,670**
*	Transamerica Financial Life Ins. Co.	Transamerica Stbl Val Core Account	$ 16,712,390
		General Insurance Account Total	**$ 16,712,390**
	American Funds	American Funds American Mtl R6	$ 17,536,063
	American Funds	American Funds New World R6	$ 7,530,441
	BNY	BNY Mellon Sm/Md Cp Gr Y	$ 4,434,063
	Columbia	Columbia Small Cap Gr I Inst3	$ 9,385,624
	Fidelity	Fidelity 500 Index	$ 146,009,253
	Fidelity	Fidelity Adv Total Bd Z	$ 10,564,631
	Fidelity	Fidelity Intl Index	$ 29,375,013
	Fidelity	Fidelity Mid Cap Index	$ 26,404,056
	Fidelity	Fidelity Small Cap Index	$ 15,515,944
	Fidelity	Fidelity US Bd Index	$ 12,307,030
	Franklin Templeton	Franklin Small Cap Val R6	$ 3,979,822
	Prudential	PGIM High Yield R6	$ 5,956,223
	Pimco	PIMCO Diversified Inc Instl	$ 3,769,325
	Vanguard	Vanguard FTSE Social Index Admiral	$ 6,985,988
	Vanguard	Vanguard Inf-Protected Secs Adm	$ 6,278,351
	Vanguard	Vanguard Intl Gr Adm	$ 9,852,664
	Vanguard	Vanguard Intl Val Fund	$ 4,200,750
	Vanguard	Vanguard LifeStrategy Moderate Gr	$ 1,400,434
	Vanguard	Vanguard LifeStrategy Gr	$ 2,340,502
	Vanguard	Vanguard REIT Index Adm	$ 5,390,161
	Vanguard	Vanguard Target Retment 2020 Fund	$ 11,132,712
	Vanguard	Vanguard Target Retment 2025 Fund	$ 35,786,353
	Vanguard	Vanguard Target Retment 2030 Fund	$ 54,858,984
	Vanguard	Vanguard Target Retment 2035 Fund	$ 71,419,983
	Vanguard	Vanguard Target Retment 2040 Fund	$ 78,903,390
	Vanguard	Vanguard Target Retment 2045 Fund	$ 79,674,740
	Vanguard	Vanguard Target Retment 2050 Fund	$ 71,327,324
	Vanguard	Vanguard Target Retment 2055 Fund	$ 64,059,280
	Vanguard	Vanguard Target Retment 2060 Fund	$ 39,734,647
	Vanguard	Vanguard Target Retrmnt 2065 Inv	$ 13,927,699
	Vanguard	Vanguard Target Retrmnt 2070 Inv	$ 2,982,502
	Vanguard	Vanguard Target Retrmnt Inc Fund	$ 6,202,325
	Vanguard	Vanguard US Gr Admiral	$ 37,604,793
	Vanguard	Vanguard Wellesley Inc Adm	$ 2,715,331
	Victory	Victory Sycamore Est Val R6	$ 5,194,207
		Mutual Funds Total	**$ 904,740,610**
	Charles Schwab Instl	Personal Choice Retment Account	$ 6,356,958
		Other Accounts Total	**$ 6,356,958**
*	Participants	Notes Receivable with interest rates of 4.25% to 10.50%	**$ 8,485,296**
		TOTAL PLAN ASSETS	**$ 936,852,924**

* Indicates Party-In-Interest to the Plan