

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CORSAIR MEMORY 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1996</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CORSAIR MEMORY, INC.</u> <u>47100 BAYSIDE PARKWAY</u> <u>FREMONT, CA 94538-6563</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>77-0362371</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>510-657-8747</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>77-0362371</u>	2c Plan Sponsor's telephone number <u>510-657-8747</u>	2d Business code (see instructions) <u>334410</u>	
2b Employer Identification Number (EIN) <u>77-0362371</u>					
2c Plan Sponsor's telephone number <u>510-657-8747</u>					
2d Business code (see instructions) <u>334410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	RONALD VANVEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	RONALD VANVEEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	808
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)	740
a(2) Total number of active participants at the end of the plan year		6a(2)	858
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	104
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	962
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	962
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	809
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CORSAIR MEMORY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORSAIR MEMORY, INC.	D Employer Identification Number (EIN) 77-0362371	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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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)

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

(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?
26 70	INV ADV, PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

HAUSER RETIREMENT SOLUTIONS 2 LLC

36-4906731

(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?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	56159	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	128508	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

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

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

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

(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
MORNINGSTAR INVESTMENT MGMT LLC	26 70	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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MGMT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAUSER RETIREMENT SOLUTIONS 2 LLC	27 99	56159
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CORSAIR MEMORY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CORSAIR MEMORY, INC.</u>	D Employer Identification Number (EIN) <u>77-0362371</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ AGG RETIRE R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2836296-225</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37912</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD RETIRE R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2851418-226</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1734971</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD 2025 R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2950747-229</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2981682</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD 2035 R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-3002484-232</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2494890</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD 2045 R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2961375-235</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3154399</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD 2055 R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-3188067-238</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4231116</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ CON RETIRE R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2916729-227</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85834</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ CON 2025 R1**

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

c EIN-PN 47-2961375-230	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157935
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ CON 2035 R1**

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

c EIN-PN 47-3018134-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85427
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ CON 2045 R1**

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

c EIN-PN 47-3144367-236	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253868
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ CON 2055 R1**

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

c EIN-PN 47-3216409-239	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212907
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ AGG 2025 R1**

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

c EIN-PN 47-2935740-228	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270310
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ AGG 2035 R1**

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

c EIN-PN 47-2987118-231	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145226
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ AGG 2045 R1**

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

c EIN-PN 47-3026996-234	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376215
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH IDX+ AGG 2055 R1**

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

c EIN-PN 47-3170652-237	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264527
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK MID CAP EQ IDX CL R**

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

c EIN-PN 20-3802327-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1689990
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK RUSS 2000 IDX CL R**

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

c EIN-PN 20-3802587-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 538450
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a Name of MTIA, CCT, PSA, or 103-12 IE: **METLIFE REL SV SER 25157 CL 0**

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

c EIN-PN 46-6625485-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1720338
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EQTY INDX FD CLASS 1**

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

c EIN-PN 20-3802168-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3995857
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EAFE EQ INDX FD CL 1**

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

c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 769574
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND R1 FUND**

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

c EIN-PN 82-1986152-325	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2886631
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL STOCK R1 FUND**

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

c EIN-PN 82-2436292-342	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114991
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP GROWTH R1 FUND**

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

c EIN-PN 82-4435820-375	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3719013
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CORSAIR MEMORY 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CORSAIR MEMORY, INC.	D Employer Identification Number (EIN) 77-0362371	

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)		165
(2) Participant contributions.....	1b(2)		165
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	506893	692885
(9) Value of interest in common/collective trusts.....	1c(9)	20779734	31922063
(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)	9473327	10458829
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	30759954 43074107
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30759954 43074107

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2237069
	(B) Participants	2a(1)(B)	4441441
	(C) Others (including rollovers).....	2a(1)(C)	883135
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7561645
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(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)	29919
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	29919
(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)	99223
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	99223
(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3334838
(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)		1190636
c Other income.....	2c		5900
d Total income. Add all income amounts in column (b) and enter total.....	2d		12222161
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1416989	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	13	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1417002
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	128508	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		128508
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1545510
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10676651
l Transfers of assets:			
(1) To this plan.....	2l(1)		1637502
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BREGANTE + COMPANY LLP

(2) EIN: 94-2861940

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		46902

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CORSAIR MEMORY 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CORSAIR MEMORY, INC.	D Employer Identification Number (EIN) 77-0362371

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): 42-0127290		
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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

CORSAIR MEMORY 401(k) PLAN

FINANCIAL STATEMENTS

**For the Year Ended
December 31, 2021**

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Independent Auditors' Report

December 31, 2021

Board of Trustees of
Corsair Memory 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Corsair Memory 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Corsair Memory 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 financial statements referred to above, 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 financial statements referred to above 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).

Independent Auditors' Report (continued)

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Corsair Memory 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Corsair Memory 401(k) Plan's ability to continue as a going concern for one year after the date 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 generally accepted auditing standards 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.

Independent Auditors' Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, 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 Corsair Memory 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Corsair Memory 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Independent Auditors' Report (continued)

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Bregante + Company LLP

San Francisco, California

October 14, 2022

Independent Auditors' Report

December 31, 2020

Board of Trustees of
Corsair Memory 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Corsair Memory 401(k) Plan as of December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Principal Trust Company, trustee of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the December 31, 2020 financial statements. Accordingly, we do not express an opinion on the December 31, 2020 financial statements.

Independent Auditors' Report (continued)

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bregante + Company LLP

San Francisco, California

October 14, 2022

CORSAIR MEMORY 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments:		
Mutual funds, at fair value	\$ 10,458,829	\$ 9,473,327
Common/collective trust funds, at net asset value	<u>31,922,063</u>	<u>20,779,734</u>
Total investments	42,380,892	30,253,061
Receivables:		
Notes receivable from participants	692,885	506,893
Employer's contributions	165	-
Participants' contributions	<u>165</u>	<u>-</u>
Total receivables	<u>693,215</u>	<u>506,893</u>
Total assets	43,074,107	30,759,954
Liabilities:	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 43,074,107</u>	<u>\$ 30,759,954</u>

See accompanying notes to the financial statements.

CORSAIR MEMORY 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:	
Dividends	\$ 99,223
Net appreciation in fair value of mutual funds	1,190,636
Net appreciation in net asset value of common/collective trusts	<u>3,334,838</u>
Net investment gain	4,624,697
Interest on notes receivable from participants	29,919
Contributions:	
Participants' contributions	4,441,441
Participants' rollovers	883,135
Employer's contributions	<u>2,237,069</u>
Total contributions	7,561,645
Other income	<u>5,900</u>
Total additions	12,222,161

Deductions from net assets attributed to:

Benefits paid to participants	(1,416,989)
Other distributions	(13)
Administrative fees	<u>(128,508)</u>
Total deductions	<u>(1,545,510)</u>
Net increase	10,676,651
Transfer of assets to plan	1,637,502
Net assets available for benefits, December 31, 2020	<u>30,759,954</u>
Net assets available for benefits, December 31, 2021	\$ <u><u>43,074,107</u></u>

See accompanying notes to the financial statements.

CORSAIR MEMORY 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE A -- Plan description

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

General

Corsair Memory, Inc., (the Company) established the Plan effective January 1, 1996. The Plan is a defined contribution plan. Effective July 31, 2012, the Plan covers all employees of the Company except union or leased employees, certain non-resident aliens and employees who are employed by an affiliated employer which does not adopt the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2021, the Plan was amended to merge Scuf Gaming 401(k) Retirement Plan into the Plan and the adoption of former Scuf Gaming and Origin PC employees acquired by the Company into the Plan.

Effective April 10, 2021, the Plan was amended to comply with certain provisions of the Bipartisan Budget Act of 2018, thereby allowing participants to withdraw any part of their vested account, in the event of immediate and heavy financial need, resulting from qualified matching contributions, qualified nonelective contributions, QACA matching contributions, and QACA nonelective contributions. Immediate and heavy financial need may include expenses and losses incurred on account of a disaster declared by the federal Emergency Management Agency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707.

Contributions

Participants may make voluntary elective deferral contributions subject to limitations prescribed by the Internal Revenue Code (the Code), as well as rollover contributions from a qualified plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4 percent of eligible compensation and their contributions invested in a designated collective investment trust fund until changed by the participant. Participants may elect to designate all or any portion of their future elective deferral contributions as Roth elective deferral contributions. Each year the Company may also contribute to the Plan discretionary amounts as determined by the Board of Directors. These discretionary amounts may be comprised of a matching contribution (a designated percentage of a participant's elective contribution) and/or a discretionary employer profit sharing contribution based upon participant compensation. Any discretionary profit-sharing amounts (non-matching) will be credited to participants who were employed on the last day of the plan year. The Company made total contributions of \$2,237,069 consisting of required safe harbor matching contributions for the year ended December 31, 2021. During 2021 the Company did not make any discretionary employer contributions.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE A -- Plan description (continued)

Participant accounts

Separate accounts are maintained for each participant (an elective deferral contribution and rollover account, a discretionary employer matching contribution account and a discretionary employer profit-sharing contribution account). Each participant's elective account is credited with the participant's elective contributions and rollovers and an allocation of the Plan earnings attributable to the elective account.

Each participant's employer matching and employer profit-sharing contribution accounts are credited with the Company's discretionary contributions, along with the allocation of Plan earnings attributable to these accounts. Investment direction for each participant's account is provided by the participant.

Vesting

Participants are fully and immediately vested in their elective and rollover contribution accounts together with allocated Plan earnings thereon.

Participants' interests in their employer discretionary profit-sharing and safe harbor matching contribution accounts are fully and immediately vested.

Notes receivable from participants

Loans to participants, subject to the discretion of the Plan's administrator, are limited to the lesser of \$50,000, reduced by any outstanding loan balance, or one-half of the employee's vested interest, reduced by any outstanding loan balance, with a minimum amount of \$1,000. The repayment term of the loans may not exceed five years (with the exception of a loan used to purchase a primary residence, whereby the term of the loans may exceed five years). The loans are secured by the participants' interests in the Plan's assets and bear interest based on rates available for similar loans from commercial lending institutions. The interest rate on the loan will not change once granted. Payments of interest and principal must be made no less frequently than quarterly. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

CARES Act and hardship distributions

In April 2020, the Company elected to adopt the CARES Act provisions for distribution relief for Coronavirus-related distributions and loan relief to 1) delay certain required loan repayments for one year and 2) increase loan limits to the lesser of \$100,000 or 100 percent of the participant's vested balance for Coronavirus-related loans. The Plan waived minimum distribution requirements for any distribution made in the year 2020.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE A -- Plan description (continued)

CARES Act and hardship distributions (continued)

The Plan implemented the amendments allowed by the Internal Revenue Code Regulation § 1.401(k)-1(d) hardship regulations effective January 1, 2020, thereby removing the six-month prohibition on contributions after a hardship distribution under the safe harbor for distributions treated as made to satisfy a financial need and the safe harbor that deems a distribution to be made on account of an immediate and heavy financial need of the employee.

Payment of benefits

On termination of service due to death, disability or retirement, a participant is entitled to receive the participant's vested aggregate account balance and may choose to leave the assets invested in the Plan or take a lump-sum distribution. However, the Plan's administrator, without the consent of the participant, may distribute a participant's vested aggregate account balance in a lump sum any time after a participant terminates employment if the participant's account balance does not exceed \$5,000.

Forfeitures

Forfeited nonvested accounts can be used to reduce employer contributions or pay Plan expenses. There was \$82 in forfeitures deposited into a holding account during the year ended December 31, 2021. This amount was used to offset 2021 Plan expenses.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue the withholding of participants' voluntary salary reduction amounts at any time and to terminate the Plan subject to the provisions of ERISA. Each participant would be able to make an election as to the method of receiving their benefits.

NOTE B -- Significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE B -- Significant accounting policies (continued)

Investment valuation and income recognition

The Plan's investments in mutual funds are valued at fair market value as of the Plan's year-end, taking into consideration investment earnings credited, expenses charged, payments made and changes in the value of the assets held in the funds. Fair market value is determined by quoted market prices. Investments in common/collective trust funds are valued at net asset value as described in Note D.

Investment income

Purchases and sales of the funds are recorded on a trade date basis. Dividend and interest income is recorded on an accrual basis as earned.

Notes receivable from participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. During the year ended December 31, 2021, the Company paid significant fees related to maintaining the Plan. Fees related to the administration of notes receivable from participants, distributions, terminated employees' accounts and certain fees related to maintaining the Plan are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE C -- Investments

Participants may direct their contributions to any of the available mutual, money market and common/collective trust funds within the Plan's established investment options. The investments are noted on the supplemental schedule.

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2021</u>	<u>2020</u>
Blackrock Equity Index Fund Class 1	\$ 3,995,857	\$ 2,038,812
Blackrock Mid Cap Equity Index Fund	\$ 1,689,990	\$ 1,205,961
Flexpath IDX+ Mod 2025 R1	\$ 2,981,682	\$ 2,331,244
Flexpath IDX+ Mod 2035 R1	\$ 2,494,890	\$ 1,565,118
Flexpath IDX+ Mod 2045 R1	\$ 3,154,399	\$ 1,213,072
Flexpath IDX+ Mod 2055 R1	\$ 4,231,116	\$ 1,975,424
Flexpath IDX+ Mod Retire R1	\$ 1,734,971	\$ 1,453,470
Wilmington Trust Large Cap Growth R1 Fund	\$ 3,719,013	\$ 3,045,176
Wilmington Trust Core Bond R1 Fund	\$ 2,886,631	\$ 2,610,023
MFS Value R6 Fund	\$ 2,557,129	\$ 1,956,581
Reliance Metlife Stable Value Series	\$ 1,720,338	\$ 2,034,708
T. Rowe Price New Horizon Fund	\$ 3,897,612	\$ 3,598,677

NOTE D -- Fair value measurements

In accordance with generally accepted accounting principles, the Plan has categorized all investment assets according to the fair value hierarchy as either: Level 1, observable inputs that are derived from quoted prices (unadjusted) for identical assets or liabilities in an active market; Level 2, quoted prices in non-active markets or in active markets for similar assets or liabilities, inputs other than quoted prices that are observable, and inputs that are not directly observable, but are corroborated by observable market data; or Level 3, unobservable inputs, which cannot be corroborated by external market data.

Level 1 fair value measurements

The fair value of money market funds and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE D -- Fair value measurements (continued)

Level 2 fair value measurements

The estimated fair value of the common/collective trust fund is the net asset value, exclusive of the adjustment to contract value. The use of net asset value as fair value is deemed appropriate as the common/collective trust funds do not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

The Plan does not hold any Level 3 investment assets. The following table summarizes the Level 1 and Level 2 investment assets held by the Plan at December 31:

	<u>2021</u>	<u>2020</u>
Level 1:		
Mutual funds:		
Equity funds	\$ 10,148,627	\$ 9,097,122
Corporate bond funds	<u>310,202</u>	<u>376,205</u>
Total mutual funds	10,458,829	9,473,327
Level 2:		
Common/collective trust funds, at contract value	31,878,965	20,666,951
Adjustment from contract value to net asset value	<u>43,098</u>	<u>112,783</u>
Common/collective trust funds, at net asset value	<u>31,922,063</u>	<u>20,779,734</u>
Total investments	\$ <u>42,380,892</u>	\$ <u>30,253,061</u>

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.

The fair value of trust and mutual funds is based on quoted net asset values of shares held by the Plan at year end. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE E -- Tax status

The Plan obtained its latest determination letter on August 8, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter; however, the Plan's administrator and trustees believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the Code. Therefore, the Plan's administrator believes that the Plan was qualified and the related trust was tax-exempt as of the date of the financial statements.

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE E -- Tax status (continued)

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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE F -- Risks and uncertainties

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

NOTE G -- Information prepared and certified by a qualified institution

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Principal Trust Company, a qualified institution, as of December 31:

	<u>2021</u>	<u>2020</u>
Investments:		
Mutual funds, at fair value	\$ 10,458,829	\$ 9,473,327
Common/collective trust funds, at contract value	\$ 31,878,965	\$ 20,666,951
Net increase in fair value of mutual funds	\$ 1,190,636	\$ 1,842,493
Net increase in net asset value of common/collective trust funds	\$ 3,334,838	\$ 2,507,131
Dividends	\$ 99,223	\$ 70,268

CORSAIR MEMORY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2021

NOTE H -- Transfer of assets

SCUF Gaming was acquired by Corsair in 2020. Effective January 1, 2021, the Plan was amended to merge the SCUF Gaming 401(k) Retirement Plan into the Plan. On January 20, 2021, the total dollar amount transferred to the Plan from this merger was \$1,637,502.

NOTE I -- Contingencies

Management became aware of delinquent participant contributions for the plan year ended December 31, 2021. Delinquent participant contributions are considered prohibited transactions under Internal Revenue Code (IRC) Section 4975(c)(1). The Internal Revenue Service may impose a nondeductible excise tax of 15% under IRC Section 275(a)(6) on the amount involved with respect to each prohibited transaction that occurs in a year or part thereof. Additional taxes and penalties may be imposed if the transactions are not corrected within a specified period of time.

Resolution for the issues related to delinquent participant contributions is pending as of the date of auditors' report. See Schedule of Delinquent Participant Contributions for amounts involved.

NOTE J -- Subsequent events

The date to which events occurring after December 31, 2021 have been evaluated for possible adjustments to the financial statements or disclosure is October 14, 2022, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CORSAIR MEMORY 401(k) PLAN
Employer Identification Number: 77-0362371
Plan Number: 001

Schedule H, Line 4i

SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

December 31, 2021

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor of Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Century Emerging Markets R6 Fund	Mutual Fund	**	\$ 740,255
	American Funds Europacific Growth R6 Fund	Mutual Fund	**	545,274
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	**	223,298
	Franklin Small Cap Value Fund	Mutual Fund	**	159,987
	JP Morgan Mid Cap Growth R6 Fund	Mutual Fund	**	768,132
	JP Morgan Small Cap Growth R6 Fund	Mutual Fund	**	38,826
	MFS Value R6 Fund	Mutual Fund	**	2,557,129
	PGIM Global Total Return R6 Fund	Mutual Fund	**	310,203
	T. Rowe Price New Horizon Fund	Mutual Fund	**	3,897,612
	Wells Fargo Special Mid Cap Value R6 Fund	Mutual Fund	**	1,218,113
		Mutual Funds Subtotal		10,458,829
	Blackrock Equity Index Fund Class 1	Common/Collective Trust	**	3,995,857
	Blackrock EAFE Equity Index Class 1	Common/Collective Trust	**	769,574
	Blackrock Mid Cap Equity Index	Common/Collective Trust	**	1,689,990
	Blackrock Russell 2000 Index	Common/Collective Trust	**	538,450
	Flexpath IDX + AGG Retire R1	Common/Collective Trust	**	37,912
	Flexpath IDX + AGG 2025 R1	Common/Collective Trust	**	270,310
	Flexpath IDX + AGG 2035 R1	Common/Collective Trust	**	145,226
	Flexpath IDX + AGG 2045 R1	Common/Collective Trust	**	376,215
	Flexpath IDX + AGG 2055 R1	Common/Collective Trust	**	264,527
	Flexpath IDX + CON 2025 R1	Common/Collective Trust	**	157,935
	Flexpath IDX + CON 2035 R1	Common/Collective Trust	**	85,427
	Flexpath IDX + CON 2045 R1	Common/Collective Trust	**	253,868
	Flexpath IDX + CON 2055 R1	Common/Collective Trust	**	212,907
	Flexpath IDX + CON Retire R1	Common/Collective Trust	**	85,834
	Flexpath IDX + MOD 2025 R1	Common/Collective Trust	**	2,981,682
	Flexpath IDX + MOD 2035 R1	Common/Collective Trust	**	2,494,890
	Flexpath IDX + MOD 2045 R1	Common/Collective Trust	**	3,154,399
	Flexpath IDX + MOD 2055 R1	Common/Collective Trust	**	4,231,116
	Flexpath IDX + MOD Retire R1	Common/Collective Trust	**	1,734,971
	Reliance Metlife Stable Value Series	Common/Collective Trust	**	1,720,338
	Wilmington Trust Core Bond R1 Fund	Common/Collective Trust	**	2,886,631
	Wilmington Trust International Stock R1 Fund	Common/Collective Trust	**	114,991
	Wilmington Trust Large Cap Growth R1 Fund	Common/Collective Trust	**	3,719,013
		Common Collective Trust Subtotal:		31,922,063
		Total:		42,380,892
*	Notes receivable from participants	4.25% - 6.50%	-	692,885
	* Party in interest			\$ 43,073,777
	** Investment source did not provide cost information			

CORSAIR MEMORY 401(k) PLAN
Employer Identification Number: 77-0362371
Plan Number: 001

Schedule H, Line 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2021

Participant Contributions Transferred Late To Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
\$ 46,902				
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ 46,902	\$ -	\$ -	\$ -

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C M 401() P

EIN 77 0362371
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg Retire R1	\$ 0.00	\$ 37,912.17
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2025 R1	\$ 0.00	\$ 270,309.85
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2035 R1	\$ 0.00	\$ 145,226.16
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2045 R1	\$ 0.00	\$ 376,215.06
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Agg 2055 R1	\$ 0.00	\$ 264,527.13
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con Retire R1	\$ 0.00	\$ 85,833.81
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2025 R1	\$ 0.00	\$ 157,934.61
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2035 R1	\$ 0.00	\$ 85,427.03
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2045 R1	\$ 0.00	\$ 253,867.90
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Con 2055 R1	\$ 0.00	\$ 212,907.43
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod Retire R1	\$ 0.00	\$ 1,734,970.75
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2025 R1	\$ 0.00	\$ 2,981,681.61
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2035 R1	\$ 0.00	\$ 2,494,890.27
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2045 R1	\$ 0.00	\$ 3,154,398.72
	Wilmington Trust	Common/Collective Trust flexPATH Idx+ Mod 2055 R1	\$ 0.00	\$ 4,231,115.90

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C M 401() P

EIN 77 0362371
PLAN NUMBER 001
PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Wells Fargo	Registered Investment Company Allspring Spec M Cap Value R6	\$ 0.00	\$ 1,218,112.53
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	\$ 0.00	\$ 545,275.82
	American Century Investments	Registered Investment Company Amer Century Emerg Mkts R6 Fd	\$ 0.00	\$ 740,254.62
	Wilmington Trust	Common/Collective Trust BlackRock Eqty Indx Fd Class 1	\$ 0.00	\$ 3,995,856.96
	Wilmington Trust	Common/Collective Trust BlackRock Mid Cap Eq Idx Cl R	\$ 0.00	\$ 1,689,989.51
	Wilmington Trust	Common/Collective Trust BlackRock Russ 2000 Idx Cl R	\$ 0.00	\$ 538,450.28
	Wilmington Trust	Common/Collective Trust BLACKROCK EAFE EQ INDX FD CL 1	\$ 0.00	\$ 769,574.12
	Cohen & Steers	Registered Investment Company Cohen & Steers Re Est Sec I Fd	\$ 0.00	\$ 223,298.10
	Wilmington Trust	Common/Collective Trust Core Bond R1 Fund	\$ 0.00	\$ 2,886,630.81
	Franklin Templeton Investments	Registered Investment Company Franklin Small Cap Value R6 Fd	\$ 0.00	\$ 159,987.10
	Wilmington Trust	Common/Collective Trust International Stock R1 Fund	\$ 0.00	\$ 114,991.40
	JP Morgan Funds	Registered Investment Company JP Morgan Mid Cap Growth R6 Fd	\$ 0.00	\$ 768,131.97
	JP Morgan Funds	Registered Investment Company JP MORGAN SM CP GROWTH R6 FUND	\$ 0.00	\$ 38,825.71
	Wilmington Trust	Common/Collective Trust Large Cap Growth R1 Fund	\$ 0.00	\$ 3,719,013.40
	Reliance Trust Company	Common/Collective Trust MetLife Rel SV Ser 25157 Cl 0	\$ 0.00	\$ 1,720,338.19

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

C M 401() P
EIN 77 0362371
PLAN NUMBER 001
PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	MFS Investment Management	Registered Investment Company MFS Value R6 Fund	\$ 0.00	\$ 2,557,128.72
	PGIM Investments	Registered Investment Company PGIM Global Total Ret R6 Fd	\$ 0.00	\$ 310,202.62
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price New Horizon Fd	\$ 0.00	\$ 3,897,611.88
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 6.50%	\$ 0.00	\$ 692,885.00

