

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>SEQUOIA ONE 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>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2002</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>SEQUOIA ONE PEO, LLC</u> <u>350 W. WASHINGTON STREET</u> <u>SUITE 301</u> <u>TEMPE, AZ 85288</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>46-4716239</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>650-369-0200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>46-4716239</u>	2c Plan Sponsor's telephone number <u>650-369-0200</u>	2d Business code (see instructions) <u>524210</u>	
2b Employer Identification Number (EIN) <u>46-4716239</u>					
2c Plan Sponsor's telephone number <u>650-369-0200</u>					
2d Business code (see instructions) <u>524210</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	ROBERT LAWSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor SEQUOIA ONE 401K PLAN COMMITTEE 350 W. WASHINGTON STREET SUITE 301 TEMPE, AZ 85288		3b Administrator's EIN 46-4716239																				
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		3c Administrator's telephone number 650-369-0200																				
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN																				
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td>13383</td> </tr> <tr> <td>6a(2)</td> <td>26799</td> </tr> <tr> <td>6b</td> <td>0</td> </tr> <tr> <td>6c</td> <td>3288</td> </tr> <tr> <td>6d</td> <td>30087</td> </tr> <tr> <td>6e</td> <td>0</td> </tr> <tr> <td>6f</td> <td>30087</td> </tr> <tr> <td>6g</td> <td>21885</td> </tr> <tr> <td>6h</td> <td>74</td> </tr> </table>			6a(1)	13383	6a(2)	26799	6b	0	6c	3288	6d	30087	6e	0	6f	30087	6g	21885	6h	74
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6g	21885																					
6h	74																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																			
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 2J 2F 2G 2K 3D 2S 2T																						
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) ☒ <u>1</u> 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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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 SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61426	30087	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b	10920211
c	Additions: (1) Contributions deposited during the year	7c(1)	2379896
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	312198
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	2240435
	▶ LN DISTRIB, LN INT, LN PRIN, LOAN D		
	(6) Total additions	7c(6)	4932529
d	Total of balance and additions (add lines 7b and 7c(6))	7d	15852740
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3626526
	(2) Administration charge made by carrier.....	7e(2)	28075
	(3) Transferred to separate account.....	7e(3)	1094327
	(4) Other (specify below)	7e(4)	166152
	▶ LN DISTRIB, MOVED PARTC		
	(5) Total deductions	7e(5)	4915080
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10937660

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239	

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
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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)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
52 60 62 64 68 72	CONTRACT ADMINISTRATOR	1310341	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEQUOIA ONE PEO, LLC

46-4716239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT FIRM	71432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLSPRING

84-6615098

(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?
52	INVESTMENT PROVIDER	0	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)

AMERICAN FUNDS

95-2817150

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BLACKROCK

04-6171663

(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?
52	INVESTMENT PROVIDER	0	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)

COHEN & STEERS

14-1904657

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DIMENSIONAL FUND ADVISORS

36-3129984

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DODGE & COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	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)

FIDELITY INVESTMENTS

04-2466841

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-2993075

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-3022712

(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?
52	INVESTMENT PROVIDER	0	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)

FIDELITY INVESTMENTS

04-3365630

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
64	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

93-6305075

(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?
52	INVESTMENT PROVIDER	0	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)

INVESCO

13-3155639

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JANUS HENDERSON

84-0592523

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

26-3613641

(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?
52	INVESTMENT PROVIDER	0	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)

PGIM INVESTMENTS

22-3468527

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

04-6035483

(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?
52	INVESTMENT PROVIDER	0	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)

VANGUARD

23-2311358

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	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.	
SAGIC 61426SPP5 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	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.	
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	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.	
MASSMUTUAL MID CAP GROWTH FUND 04-3512596	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	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.	
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLSPRING	52	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.	
ALLSPRING SPECIAL MID CAP VAL FD 84-6615098	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE FUND 95-2817150	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	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.	
AMER FUNDS EUROPACIFIC GROWTH FUND 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	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.	
BLACKROCK HIGH YIELD BOND FUND 04-6171663	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COHEN & STEERS	52	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.	
COHEN & STEERS REAL EST SCRTS FD 14-1904657	BASIS POINTS * PLAN ASSETS	

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
DIMENSIONAL FUND ADVISORS	52	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.	
DFA US TARGETED VALUE FUND 36-3129984	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	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.	
DODGE & COX STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY MID CAP INDEX FUND 04-2466841	BASIS POINTS * PLAN ASSETS	

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
FIDELITY INVESTMENTS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY SMALL CAP INDEX FUND 04-2466841	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY U.S. BOND INDEX FUND 04-2993075	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY TOTAL INTL INDEX FD 04-3022712	BASIS POINTS * PLAN ASSETS

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
FIDELITY INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY TOTAL MARKET INDEX FUND	BASIS POINTS * PLAN ASSETS	
04-3022712		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY 500 INDEX FUND	BASIS POINTS * PLAN ASSETS	
04-3365630		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	49	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.	
MILLENNIUM TRUST COMPANY, LLC	REFERRAL FEE	
36-4400066		

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
INVESCO	52	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.	
INVESCO DEVELOPING MARKETS FUND 93-6305075	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	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.	
INVESCO GOLD & SPECIAL MINERALS FD 13-3155639	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS HENDERSON	52	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.	
JANUS HENDERSON TRITON FD 84-0592523	BASIS POINTS * PLAN ASSETS	

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
JP MORGAN	52	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.	
JP MORGAN LARGE CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PGIM INVESTMENTS	52	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.	
PGIM TOTAL RETURN BOND FUND 22-3468527	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	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.	
PIMCO REAL RETURN FUND 95-2632339	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.	
VANGUARD FTSE SOCIAL INDEX FUND 04-6035483	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
CLOSED VANGUARD INSTL TARGET R 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
CLOSED VANGUARD INSTL TRGT RET 23-2311358	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2015 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2020 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2025 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2030 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2035 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2040 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2045 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2050 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2055 FD 23-2311358	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2060 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT 2065 FD 23-2311358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	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.	
VANGUARD TARGET RETMNT INCM FD 23-2311358	BASIS POINTS * PLAN ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239	

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)		
(2) Participant contributions.....	1b(2)		
(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)	1780347	3147989
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	337224534	655596387
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10920211	10937659
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(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 349925092	669682035
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 349925092	669682035

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) 24956096	
	(B) Participants	2a(1)(B) 150895583	
	(C) Others (including rollovers).....	2a(1)(C) 96171367	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	272023046
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) 112206	
	(F) Other	2b(1)(F) 312198	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	424404
(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) 17257545	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	17257545
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		56797592
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		346502587
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	66841105	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		66841105
f Corrective distributions (see instructions).....	2f		519868
g Certain deemed distributions of participant loans (see instructions).....	2g		2714
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	218872	
(3) Investment advisory and management fees.....	2i(3)	1162826	
(4) Other.....	2i(4)	75	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1381773
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		68745460
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		277757127
l Transfers of assets:			
(1) To this plan.....	2l(1)		76268811
(2) From this plan.....	2l(2)		34268995

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: **BPM LLP**

(2) EIN: **81-4234542**

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	

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP	59-2452823	001
PRINCIPAL	43-1929483	001
ASCENSUS	11-3665754	001
EMPOWER	84-0467907	001

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

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
GUIDELINE 401K	47-4474775	001
SLAVIC	01-0620969	001
TRANSAMERICA	36-6071399	001
BETTERMENT FOR BUSINESS	90-0735456	001

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

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
FIDELITY	04-3523567	001
SENTINEL BENEFITS	04-3015875	001

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

<div><div>SCHEDULE R</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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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>SEQUOIA ONE 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SEQUOIA ONE PEO, LLC</u>	D Employer Identification Number (EIN) <u>46-4716239</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

SEQUOIA ONE 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

December 31, 2021



SEQUOIA ONE 401(k) PLAN

T A B L E O F C O N T E N T S

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Sequoia One 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Sequoia One 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). 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 (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 DOL'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 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Sequoia One 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sequoia One 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sequoia One 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 Sequoia One 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Sequoia One 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BPM LLP

Walnut Creek, California
October 17, 2022

SEQUOIA ONE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 655,596,387	\$ 337,224,534
Investments, at contract value	<u>10,937,659</u>	<u>10,920,211</u>
Total investments	<u>666,534,046</u>	<u>348,144,745</u>
Receivables:		
Notes receivable from participants	3,147,989	1,780,347
Participant salary deferral contributions	7,354,659	3,256,979
Employer contributions	<u>3,638,953</u>	<u>2,289,147</u>
Total receivables	<u>14,141,601</u>	<u>7,326,473</u>
Net assets available for benefits	<u><u>\$ 680,675,647</u></u>	<u><u>\$ 355,471,218</u></u>

SEQUOIA ONE 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:

Net appreciation in fair value of investments	\$ 56,663,857
Interest and dividend income	<u>17,703,478</u>

Total investment income	<u>74,367,335</u>
-------------------------	-------------------

Interest on notes receivable from participants	<u>112,206</u>
--	----------------

Contributions and rollovers:

Participant salary deferrals	154,993,263
Employer contributions	26,305,902
Participant rollovers	<u>96,171,367</u>

Total contributions and rollovers	<u>277,470,532</u>
-----------------------------------	--------------------

Total additions to net assets	<u>351,950,073</u>
-------------------------------	--------------------

Deductions from net assets attributed to:

Benefits paid to participants	67,363,687
Administrative expenses	<u>1,381,773</u>

Total deductions from net assets	<u>68,745,460</u>
----------------------------------	-------------------

Net increase in net assets before transfers	283,204,613
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Net transfer to (from) the Plan	<u>41,999,816</u>
---------------------------------	-------------------

Net increase in net assets	325,204,429
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Net assets available for benefits:

Beginning of year	<u>355,471,218</u>
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End of year	<u><u>\$ 680,675,647</u></u>
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SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

1. Description of Plan

The following description of the Sequoia One 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and/or Plan document for a more complete description of the Plan’s provisions.

General

The Plan was formed on January 1, 2002, and on July 15, 2014 Sequoia One PEO, LLC (the “Company”) assumed the role of Plan sponsor. The Company is a professional employer organization. The Plan was restated effective January 1, 2021. The Plan is a defined contribution retirement plan of the profit-sharing type containing a cash or deferred arrangement described in Internal Revenue Code (“IRC”) Section 401(k). The Plan is a multiple employer defined contribution plan which is offered to the worksite employees of the associated employers of the Company (collectively, the “Employers”). An associated employer is a company that has a co-employment relationship with the Company with respect to worksite employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and certain provisions of the IRC. The Plan Administrator is responsible for oversight of the Plan. The Administrative Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan Administrator.

Plan Administration

The Company is the administrator of the Plan. As administrator, the Company has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. Reliance Trust Company, Massachusetts Mutual Life Insurance Company, and Great-West Trust Company are the appointed custodians for the Plan in 2021 and 2020, and acted at the direction of the Plan’s administrator. Massachusetts Mutual Life Insurance Company served as the record keeper of the Plan in 2021 and 2020. On December 31, 2020, Empower acquired the retirement business of Massachusetts Mutual Life Insurance Company, for which Empower became the sole administrator of this business in 2021.

Eligibility

All worksite employees of the Company and the Employers, excluding collectively bargained employees, non-resident aliens, and leased employees, are eligible to participate in the Plan upon completing 3 months of service and attaining the age of 21 years old. Employers may elect to reduce the age requirement and change the service requirement from upon hire to the maximum of one year.

Contributions

Employees who elect to participate in the Plan may contribute a portion of their salary up to 50% of their compensation, with the exception of bonuses that can be 100% contributed, or up to the limits imposed by Section 402(g) of the IRC. Plan allows for contributions to be made on a pretax basis or Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers may make discretionary employer contributions and matching contributions. Participants must be employed on the last day of the Plan year and complete 1,000 hours of service to be eligible for the discretionary employer contribution. Employers may elect to change requirements for participant eligibility for employer contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

1. Description of Plan, continued

Participant Accounts

Each Participant's account is credited with the Participant's contributions, Employer contributions, Plan earnings or losses, and rollovers from other qualified plans. Plan earnings or losses are allocated based upon each Participant's account balance. Participants are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Certain fees are charged to the fund investments and are offset against Plan investment income and loss as presented on the statement of changes in net assets available for benefits. Participants should refer to the prospectuses of these funds for details on the various types and amounts of investment fees charged to the Plan and their individual accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participant contributions, rollovers, and net earnings on these contributions, are fully vested when made or earned.

Discretionary employer contributions and matching contributions, if any, as well as all earnings on these contributions vest according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
3	100%

Employers may elect alternative vesting schedule for employer contributions. Participants are fully vested upon retirement, death, disability, or plan termination.

Notes Receivable from Participants

Participants are allowed one note receivable at any time and may borrow from their fund accounts a minimum of \$1,000 up to 50% of the value of their account balance, or \$50,000, whichever is less. Note receivable terms range from one to five years, except for notes receivable used to purchase a primary residence, which have a maximum term of ten years. The notes receivable are secured by no more than fifty percent of the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates at the time the note receivable originates, prime rate plus 1%. Interest rates on notes receivable from participants as of December 31, 2021 ranged from 4.25% to 6.5% per annum. Principal and interest are paid in equal installments through payroll deductions, personal checks from employees on leave, or cashier's checks for the full payoff of the notes receivable.

Payments of Benefits

When participants leave the Company, upon retirement or for any other reason, those participants (or their beneficiaries) may receive the vested value of their account in a single lump-sum payment. The Plan also allows for in-service withdrawals upon a participant attaining the age of 59½, or having a hardship. In-service withdrawals may be taken from all vested accounts.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

1. Description of Plan, continued

Payments of Benefits, continued

Distributions under the Plan shall generally be made as soon as possible after the date of a participant's retirement, date of death, or termination of employment, unless the participant or beneficiary chooses to delay distribution. Mandatory distributions of account balances of \$5,000 or less will be made as soon as reasonably practicable. In the event of a mandatory distribution of \$5,000 or less, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the plan administrator will pay the distribution in a direct rollover to an individual retirement account designated by the plan administrator.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her contributions in percentage increments into a series of investments offered by the Plan. Participants may change their investment options at any time.

Forfeitures

Forfeitures that occur during a plan year will be used to reduce future discretionary employer and matching contributions and to reduce expenses related to the administration of the Plan. As of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$415,742 and \$149,906, respectively. During the year 2021, \$25,159 of forfeited funds were used to decrease discretionary employer and matching contributions.

Coronavirus Aid, Relief, and Economic Security Act

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), enacted by congress on March 27, 2020 in response to the COVID-19 pandemic, allowed for certain relief provisions for participant loans and distributions. The provisions included a temporary increase in the maximum loan amount to the lesser of \$100,000 or 100% of a participant's vested account balance. This provision was offered for a 180-day period, beginning upon enactment of the CARES Act and ended in September 2020. In addition, the CARES Act provisions granted temporary payment deferrals on outstanding participant loans during the period from enactment through December 31, 2020, with repayments beginning on January 1, 2021. The CARES Act also allowed for distributions, upon participants meeting certain requirements, of up to the lesser of \$100,000 or the vested account balance. Additionally, early distribution penalties for distributions made to participants younger than 59½ years old were waived. The participant was not required to repay the distribution, but was permitted to do so long as repayment occurred within three years. The distribution was taxable and included in the participant's income over a ratable three-year period beginning in the year of distribution. Amounts repaid within three years are not subject to income tax. Additionally, required minimum distributions were temporarily waived for 2020. The plan administrator complied with these provisions, offering relief options to eligible participants, on an as needed basis.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

2. Summary of Significant Accounting Policies, continued

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of benefit responsive investment contracts that are valued at contract value, see Note 4. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor, and custodians. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees paid by participants are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Plan Transfers

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employer's adoption of the Plan, or certain Employers may terminate their adoption of the Plan and create a single-employer plan where corresponding assets for related Employer get transferred out. Plan transfers are recorded when paid or received.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company and Employers. Expenses that are paid by the Company and Employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

2. Summary of Significant Accounting Policies, continued

Information Certified by the Custodians

Reliance Trust Company, Massachusetts Mutual Life Insurance Company, and Great-West Trust Company have prepared and certified as complete and accurate the Plan's schedule of investment assets, transactions, and net realized and unrealized gains and losses on investments, and interest and dividend income, which was used to prepare the accompanying financial statements and supplemental schedule.

3. Fair Value Measurements

Accounting standards for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under these accounting standards are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

3. Fair Value Measurements, continued

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 655,596,387	\$ -	\$ -	\$ 655,596,387
Total assets in the fair hierarchy	<u>\$ 655,596,387</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 655,596,387</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 337,224,534	\$ -	\$ -	\$ 337,224,534
Total assets in the fair hierarchy	<u>\$ 337,224,534</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 337,224,534</u>

4. Investment Contract

The Plan entered into a benefit-responsive investment contract with an insurance company. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The insurance company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The investment contract as of December 31, 2021 and 2020 was \$10,937,659 and \$10,920,211, respectively. The average yield and crediting interest rates were approximately 2.86% and 3.94% for 2021 and 2020, respectively.

Certain events such as premature termination of the contract by the Plan or termination of the Plan, would limit the Plan's ability to transact the contract value with Plan participants are not probable.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

5. Certified Information

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Reliance Trust Company, Massachusetts Mutual Life Insurance Company, and Great-West Trust Company:

	2021	2020
Investments, at fair value	\$ 655,596,387	\$ 337,224,534
Investments, at contract value	\$ 10,937,659	\$ 10,920,211
Notes receivable from participants	\$ 3,147,989	\$ 1,780,347
Interest and dividend income	\$ 17,703,478	N/A
Interest on notes receivable from participants	\$ 112,206	N/A
Net appreciation in fair value of investments	\$ 56,663,857	N/A

6. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are or were managed by Reliance Trust Company, Massachusetts Mutual Life Insurance Company, and Great-West Trust Company the custodians of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

7. Tax Status

The Plan uses a non-standardized pre-approved profit sharing plan document sponsored by Empower Retirement LLC, who received an opinion letter from the Internal Revenue Service ("IRS") dated April 7, 2021, which states that the non-standardized pre-approved profit sharing plan document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income tax have been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company does not believe the Plan has any uncertain tax positions. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Plan Termination

The Company has established the Plan with the intention and expectation that the Plan will continue indefinitely. However, the Company reserves the right at any time to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, distributions will be made to participants as described in the Plan agreement, and participants would become 100% vested in their employer contributions.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

9. Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual funds and an investment contract offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

As of December 31, 2021 and 2020, approximately 37% and 35%, respectively, of net assets are held in three funds.

In March 2020, the World Health Organization declared an outbreak of a novel coronavirus (COVID-19) as a pandemic resulting in adversely impacted global commercial activity and significant declines and volatility in financial markets, resulting in economic uncertainties which may negatively impact investment performance across the globe. The outbreak presents uncertainty and risk with respect to the Plan's performance and its financial results.

10. Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2021 and 2020 to Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 680,675,647	\$ 355,471,218
Participant salary deferral contributions receivable	(7,354,659)	(3,256,979)
Employer contributions receivable	<u>(3,638,953)</u>	<u>(2,289,147)</u>
Net assets available for benefits per Form 5500	<u>\$ 669,682,035</u>	<u>\$ 349,925,092</u>

The following is a reconciliation of net increase in net assets per financial statements to net income per Form 5500 for the year ended December 31, 2021:

Net increase in net assets before transfers per financial statements	\$ 283,204,613
2020 Participant salary deferral contributions accrued on financial statements, recorded in Form 5500 in 2021	3,256,979
2021 Participant salary deferral contributions accrued on financial statements, to be recorded in Form 5500 in 2022	(7,354,659)
2020 Employer contributions accrued on financial statements, recorded in Form 5500 in 2021	2,289,147
2021 Employer contributions accrued on financial statements, to be recorded in Form 5500 in 2022	<u>(3,638,953)</u>
Total net income per Form 5500	<u>\$ 277,757,127</u>

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021

11. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through October 17, 2022, the date which these financial statements were available to be issued.

Effective January 1, 2022, the Plan was amended to update the Plan administrator to be Sequoia One 401(k) Plan Committee.

Management concluded that no other material subsequent events have occurred since December 31, 2021 that require recognition or disclosure in these financial statements.

SUPPLEMENTAL SCHEDULE

SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(a)	(b)	(c)	(c)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
*	MassMutual Guaranteed Interest Account	Guaranteed contract	\$ 10,937,659 **
	Vanguard Institutional Target Retirement 2055 Fund	Mutual fund	\$ 91,591,462
	Vanguard Institutional Target Retirement 2050 Fund	Mutual fund	\$ 89,764,967
	Vanguard Institutional Target Retirement 2045 Fund	Mutual fund	\$ 71,340,884
	Fidelity 500 Index Fund	Mutual fund	\$ 64,071,522
	Vanguard Institutional Target Retirement 2040 Fund	Mutual fund	\$ 45,828,650
	Fidelity Total Market Index Fund	Mutual fund	\$ 44,724,028
	Vanguard Institutional Target Retirement 2035 Fund	Mutual fund	\$ 39,285,073
	Vanguard Institutional Target Retirement 2060 Fund	Mutual fund	\$ 38,524,666
	Vanguard Institutional Target Retirement 2030 Fund	Mutual fund	\$ 22,679,689
	JP Morgan Large Cap Growth Fund	Mutual fund	\$ 21,665,908
	Fidelity Small Cap Index Fund	Mutual fund	\$ 12,859,048
	Fidelity Total Institutional Index Fund	Mutual fund	\$ 11,939,503
	Fidelity Mid Cap Index Fund	Mutual fund	\$ 11,888,079
	Vanguard FTSE Social Index Fund	Mutual fund	\$ 10,084,869
	Dodge & Cox Stock Fund	Mutual fund	\$ 8,840,652
	Vanguard Institutional Target Retirement 2025 Fund	Mutual fund	\$ 8,722,789
	Fidelity US Bond Index Fund	Mutual fund	\$ 8,201,482
	American Funds New Perspective Fund	Mutual fund	\$ 7,412,788
*	MassMutual Mid Cap Growth Fund	Mutual fund	\$ 5,002,814
	Vanguard Institutional Target Retirement 2065 Fund	Mutual fund	\$ 4,760,087
	Cohen&Steers Real Estate Fund	Mutual fund	\$ 4,450,330
	PGIM Total Return	Mutual fund	\$ 4,229,160
	PIMCO Real Return Fund	Mutual fund	\$ 3,828,599
	Oppenheimer Developing Markets Fund	Mutual fund	\$ 3,685,928
	Janus Henderson Triton Fund	Mutual fund	\$ 3,623,516
	DFA US Targeted Value Fund	Mutual fund	\$ 2,857,941
	American Funds EuroPacific Gr Fund	Mutual fund	\$ 2,836,028
	Invesco Gld Special Minerals Fund	Mutual fund	\$ 2,369,153
	BlackRock High Yield Bond Fund	Mutual fund	\$ 2,218,007
	Allspring Spec Mid Cap Value Fund	Mutual fund	\$ 2,134,178
	Vanguard Institutional Target Retirement 2020 Fund	Mutual fund	\$ 1,905,401
	Vanguard Institutional Target Retirement Income Fund	Mutual fund	\$ 1,249,696
*	Holding Account	Mutual fund	\$ 783,437
	Vanguard Institutional Target Retirement 2015 Fund	Mutual fund	\$ 235,572
*	MassMutual US Govt Money Mkt Fund	Mutual fund	\$ 481
*	Participant Loans	4.25% to 6.5%, with various maturities	\$ 3,147,989

* Party-in-interest

** At contract value

A Name of Plan Sequoia One 401(k) Plan	B Three-digit Plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 Sequoia One PEO, LLC	D Employee Identification Number 464716239

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MassMutual Premier	MassMutual US Government Mny Mkt Fd	102,936	28,877,122		0	28,877,128	28,877,122	(6)

A Name of Plan Sequoia One 401(k) Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500 Sequoia One PEO, LLC	D Employer Identification Number 464716239	

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Allspring	846615098		Allspring received estimated Investment Management Fees of 0.66% with respect to plan assets held in the Allspring Special Mid Cap Val Fd (MR-2484).
American Funds	951411037		American Funds received estimated Investment Management Fees of 0.41% with respect to plan assets held in the Amer Funds EuroPacific Growth Fund (MR-1046).
American Funds	952817150		American Funds received estimated Investment Management Fees of 0.37% with respect to plan assets held in the American Funds New Perspective Fund (MR-1240).
BlackRock	046171663		BlackRock received estimated Investment Management Fees of 0.43% with respect to plan assets held in the BlackRock High Yield Bond Fund (MR-1711).
Cohen & Steers	141904657		Cohen & Steers received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Cohen & Steers Real Est Scrts Fd (MR-3758).
Dimensional Fund Advisors	363129984		Dimensional Fund Advisors received estimated Investment Management Fees of 0.27% with respect to plan assets held in the DFA US Targeted Value Fund (MR-1658).
Dodge & Cox	946067274		Dodge & Cox received estimated Investment Management Fees of 0.50% with respect to plan assets held in the Dodge & Cox Stock Fund (MR-T3B).
Fidelity Investments	043365630		Fidelity Investments received estimated Investment Management Fees of 0.02% with respect to plan assets held in the Fidelity 500 Index Fund (MR-4401).
Fidelity Investments	042466841		Fidelity Investments received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Fidelity Mid Cap Index Fund (MR-4431).
Fidelity Investments	043022712		Fidelity Investments received estimated Investment Management Fees of 0.06% with respect to plan assets held in the Fidelity Total Intl Index Fd (MR-4423).
Fidelity Investments	042466841		Fidelity Investments received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Fidelity Small Cap Index Fund (MR-4412).
Fidelity Investments	042993075		Fidelity Investments received estimated Investment Management Fees of 0.03% with respect to plan assets held in the Fidelity U.S. Bond Index Fund (MR-4422).
Fidelity Investments	043022712		Fidelity Investments received estimated Investment Management Fees of 0.02% with respect to plan assets held in the Fidelity Total Market Index Fund (MR-4409).
Great West Life & Annuity Insurance Company	840467907		Millennium Trust Company, LLC paid Empower a one-time referral fee of \$50 for each participant IRA rollover with a balance of \$10,000 or more, \$40 with a balance of \$500 or more but less than \$10,000, and \$20 with a balance of \$150 or more but less than \$500.
Invesco	936305075		Invesco received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Invesco Developing Markets Fund (MR-CHW).
Invesco	133155639		Invesco received estimated Investment Management Fees of 0.58% with respect to plan assets held in the Invesco Gold & Special Minerals Fd (MR-1820).
Janus Henderson	840592523		Janus Henderson received estimated Investment Management Fees of 0.64% with respect to plan assets held in the Janus Henderson Triton Fd (MR-2677).
JP Morgan	263613641		JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Dodge & Cox Stock Fund (MR-T3B).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Investment Management Fees of 0.42% with respect to plan assets held in the SAGIC (61426SPP5).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MassMutual Mid Cap Growth Fund (MR-UH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MassMutual Mid Cap Growth Fund (MR-UH).
PGIM Investments	223468527	PGIM Investments received estimated Investment Management Fees of 0.38% with respect to plan assets held in the PGIM Total Return Bond Fund (MR-2244).
PIMCO Funds	952632339	PIMCO Funds received estimated Investment Management Fees of 0.45% with respect to plan assets held in the PIMCO Real Return Fund (MR-1037).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2015 Fd (MR-621).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2020 Fd (MR-622).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2025 Fd (MR-623).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2030 Fd (MR-624).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2035 Fd (MR-625).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2040 Fd (MR-626).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2045 Fd (MR-627).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2050 Fd (MR-628).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt Incm Fd (MR-618).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2055 Fd (MR-1283).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2060 Fd (MR-1403).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.08% with respect to plan assets held in the Vanguard Target Retmnt 2065 Fd (MR-3969).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2971).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2973).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2974).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2975).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2976).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2977).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2978).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2979).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2980).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2981).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Target R (MR-2982).
Vanguard	232311358	Vanguard received estimated Investment Management Fees of 0.09% with respect to plan assets held in the Closed Vanguard Instl Trgt Ret (MR-3970).

Vanguard

046035483

Vanguard received estimated Investment Management Fees of 0.13% with respect to plan assets held in the Vanguard FTSE Social Index Fund (MR-4566).

Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

A. Name Of Plan Sequoia One 401(k) Plan	B. Three-Digit plan number 001
C. Plan Year 1/1/2021 - 12/31/2021	D. Employer Identification Number 464716239

Multiple-Employer Plan Participating Employer Information

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Sequoia One PEO, LLC	46-4716239	0.00%	\$0.00
010118 Management, LP (DBA 01	84-2672047	0.03%	\$241,332.51
23rd Street Berk, LLC dba Berk	47-4958762	0.19%	\$626,026.36
776 Management, LLC	85-2968310	0.04%	\$134,975.44
Accern Corp.	47-1518457	0.05%	\$158,815.82
ActionIQ, Inc.	47-1110995	0.68%	\$5,857,625.84
Adyen NV	98-1289949	1.18%	\$13,720,562.50
Aetion, Inc.	46-1291862	0.97%	\$10,900,931.14
Air Labs, Inc.	81-4937009	0.09%	\$318,747.57
Airborne Snow Observatories, I	84-2295226	0.04%	\$314,210.44
Airtime Media, Inc.	27-3331827	0.38%	\$4,917,222.74
Airwallex US, LLC	37-1913769	0.09%	\$361,148.22
Akeana USA Inc.	86-1978073	0.21%	\$750,092.45
Aki Technologies, Inc.	47-3670146	0.31%	\$3,383,864.22
Alden Health, Inc.	85-2134721	0.12%	\$442,219.60
Alex Mack Inc (DBA Compound)	83-2736001	0.02%	\$106,052.42

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Alif Semiconductor USA Inc. (D	83-3173368	0.21%	\$1,800,236.95
Aligned Imaging, LLC	83-3371280	0.04%	\$130,383.60
AllStripes Research Inc.	35-2611177	0.44%	\$1,347,829.68
Alpine Oral Tech, Inc.	82-1724647	0.03%	\$531,063.04
Altitude Networks, Inc.	82-5256892	0.08%	\$493,968.61
Ample, Inc.	47-2514015	0.35%	\$2,762,135.02
Anchor Labs, Inc.	82-3257853	0.81%	\$3,981,317.58
Anvyl, Inc.	82-1027914	0.44%	\$1,668,167.93
AnyRoad Inc	45-4723461	0.22%	\$989,674.71
Apartment Therapy, LLC	04-3720010	1.70%	\$5,474,174.38
Apiary	48-1308980	0.00%	\$46,286.74
Appify Systems, Inc	82-0833835	0.02%	\$67,070.83
Applatix	47-4082294	0.00%	\$138,987.16
Arbo Works Inc.	87-1608433	0.00%	\$5,655.84
Arch Builders, LLC	82-3604000	0.01%	\$0.00
Arch Real Estate Holdings LLC,	83-4545195	0.01%	\$0.00
Archipelago Analytics Holdings	83-1808623	0.17%	\$911,236.23
Arize AI, Inc.	84-4221839	0.14%	\$701,684.47
Arkose Labs Inc	32-0538594	0.27%	\$1,494,574.89
Atlas AI PBC	82-5055948	0.14%	\$501,473.98
Attainment HoldCo, LLC	83-3246188	0.68%	\$3,639,983.44

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Aurora Solar, Inc.	46-3517853	1.39%	\$4,940,213.97
AutoLab AI, Inc.	82-4765973	0.85%	\$7,208,830.82
Ava Labs, Inc.	83-1794398	0.11%	\$638,136.62
Avegant Corporation 401(k) Pla	46-1059906	0.10%	\$2,905,324.24
Axial Networks, Inc.	83-1890769	0.04%	\$1,072,798.31
Axiom, Inc.	36-4847021	0.02%	\$185,629.15
Azuga, Inc.	45-5498486	0.23%	\$2,000,021.41
Baek Clinical, Inc.	83-1099614	0.01%	\$35,166.79
Bandcamp	26-1552034	0.20%	\$2,549,839.08
Bandwidth Infrastructure Group	82-1446139	0.38%	\$1,423,177.96
Banyan Security, Inc.	47-4357489	0.38%	\$1,409,080.27
Barking Labs Corp. (DBA Fi)	82-0620257	0.13%	\$735,287.39
Beamery, Inc.	33-1231055	0.52%	\$1,594,824.19
Beautiful Slides, Inc.	81-3760969	0.04%	\$795,237.53
Bellicum Pharmaceuticals, Inc.	20-1450200	1.25%	\$3,356,328.64
Betable	01-0901449	0.00%	\$250,918.74
Betacamps, Inc.	82-1684364	0.01%	\$103,057.62
Betaworks Ventures, LLC	81-2777297	0.01%	\$478,509.54
Betaworks Zero, Inc.	83-2696105	0.01%	\$550,130.29
Beyond 12 Education, Inc.	27-1275246	0.05%	\$1,090,951.69
Blend Financial, Inc. DBA Orig	82-4047933	0.19%	\$689,585.85

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Blockchain, Inc.	47-3503672	0.20%	\$1,383,731.10
Blockgraph LLC	84-4982934	0.18%	\$605,512.05
Blue Cedar Networks, Inc.	81-1520397	0.09%	\$1,554,930.53
Boomerang Commerce	46-0592559	0.15%	\$1,382,095.82
Boosted eCommerce, Inc.	81-4107539	0.02%	\$0.02
Branch App, Inc.	87-1231937	0.00%	\$10,294.17
Branded ServiceCo, LLC	86-1692212	0.08%	\$254,858.93
Breadwallet LLC (DBA BRD)	47-3530092	0.16%	\$1,255,312.23
Bridge It Inc.	82-3136030	0.15%	\$1,040,930.24
BrightInsight, Inc.	81-5347050	0.60%	\$0.00
Brinc Drones, Inc.	83-2465449	0.01%	\$28,514.20
Britive Inc	83-1523694	0.02%	\$68,865.89
Broadband Proliferation Partne	90-0927033	0.07%	\$271,274.35
Broker Genius, Inc.	81-2100564	0.03%	\$1,545,652.94
Buzzer Media, Inc.	84-4545780	0.32%	\$1,153,708.17
Calyxo Medical	81-1510524	0.06%	\$354,374.25
CareMessage, Inc.	27-3252911	0.17%	\$1,902,533.77
Cedar Cares, Inc.	81-2461266	1.34%	\$8,103,620.82
Cerebral Inc	83-3007428	0.25%	\$896,862.97
Cerebral Medical Group, P.A.	85-3753458	0.16%	\$560,170.11
Cerebral Pharmacy Group LLC	86-3956420	0.00%	\$4,888.95

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Cerebrotech Medical Systems, I	27-4242665	0.01%	\$14,796.76
ChargeLab Inc.	86-1857967	0.01%	\$46,863.44
ChartHop, Inc.	37-1880111	0.37%	\$1,307,282.87
Chiaro USA, Inc. dba Elvie	38-4126086	0.02%	\$58,043.88
Child Welfare Innovation, Inc.	38-4011253	0.17%	\$928,770.51
Ciruelo Technical Inc	45-3174346	0.02%	\$0.00
ClassDojo, Inc.	80-0740562	0.30%	\$2,186,976.75
Cleo Labs, Inc. dba Cleo	81-1067638	0.59%	\$3,392,125.76
ClickHouse, Inc	87-2142127	0.00%	\$7,203.10
Climavision Operating LLC	86-2897875	0.02%	\$84,697.59
Cloud Apps Management LLC	46-3718728	0.01%	\$215,056.86
Cloudbees, Inc.	46-0524790	1.10%	\$17,445,649.86
Cloudera Foundation	82-1355201	0.02%	\$120,494.38
Cloudinary, Inc.	35-2526409	0.70%	\$6,986,062.24
Cobalt Investment Management LLC	83-2156621	0.05%	\$771,664.33
Cockroach Labs, Inc.	47-3157689	1.84%	\$14,242,800.79
Code for America Labs, Inc.	27-1067272	0.66%	\$8,478,302.97
Codefresh	47-2114231	0.01%	\$49,224.80
Community.com, Inc.	84-2399600	0.32%	\$2,285,089.93
Compliance Science, Inc.	02-0693753	0.26%	\$3,550,416.96
Compology Inc.	46-2355404	0.40%	\$1,508,312.83

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Compound Eye, Inc.	36-4820627	0.13%	\$501,966.27
ConductorOne, Inc.	85-3356411	0.03%	\$104,718.84
Confiant, Inc.	46-1749127	0.65%	\$2,270,484.19
Consumer Edge Insight, LLC	27-3963005	1.47%	\$5,194,112.33
Copado NCS, LLC	86-2207573	0.07%	\$260,759.48
Copado, Inc.	83-2108374	0.56%	\$3,770,193.96
Coursedog, Inc.	82-5074121	0.17%	\$630,084.08
CreateMe Technologies, LLC	61-1952104	0.63%	\$2,310,244.77
Cred LLC	85-2308268	0.00%	\$1,199,574.75
Cricket Health MP, PC	83-3654603	0.35%	\$1,259,742.77
Cricket Health, Inc.	47-2746692	0.72%	\$2,377,788.91
CRITICAL IDEAS INC (DBA Chippe	47-1031588	0.25%	\$895,279.26
Crosspoint Capital Partners, L	84-3923131	0.53%	\$1,937,710.75
C-Stacks, Inc. (DBA CreditStac	47-5203075	0.03%	\$149,897.82
Cupix America, Inc.	82-2290829	0.05%	\$185,943.28
Curai Inc.	82-0598239	0.19%	\$1,880,485.97
Dash Systems, Inc.	82-2730948	0.02%	\$96,020.89
Data Republic, Inc	98-1301608	0.01%	\$172,235.84
Deep 6 AI, Inc.	46-3745750	0.15%	\$1,432,164.84
Deep Sentinel, Inc.	81-2784494	0.04%	\$729,218.33
DEI Collective, LLC	82-3932212	0.01%	\$43,698.10

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
DeltaStream, Inc.	85-4104721	0.01%	\$37,048.09
Demex Solutions LLC	84-3707301	0.02%	\$119,978.07
Demex Technologies LLC	84-3692778	0.02%	\$131,454.21
DEPOP Inc.	30-0836708	0.08%	\$351,366.79
Dexterity Inc	82-2914538	0.16%	\$893,369.16
DFINITY USA Research, LLC	82-2560096	0.34%	\$1,960,700.30
DFS Tech, Inc.	87-2389385	0.03%	\$92,109.03
Digits Financial, Inc.	82-4995169	0.30%	\$1,056,082.34
Distributed Creation, Inc.	46-2736038	0.10%	\$351,038.84
Divvy Homes Inc.	82-1948327	0.71%	\$2,465,284.41
Dome9 Security, Inc.	80-0753687	0.00%	\$177,653.72
DreamCloud, Inc.	36-4844760	0.44%	\$0.00
Dremio Corp	47-4311632	1.35%	\$4,351,259.53
Drishti Technologies, Inc.	82-0839419	0.20%	\$1,413,187.32
Echo Technology Solutions, Inc	84-4140199	0.04%	\$790,136.44
Element Analytics, Inc.	47-2255580	0.10%	\$1,583,902.04
Element Energy, Inc.	83-3405343	0.15%	\$548,396.73
Elemental Cognition, LLC	61-1772300	2.59%	\$9,404,222.60
Eliant Trade Finance LP	86-3526798	0.01%	\$42,479.44
Emergent Properties Inc.	47-1210451	0.03%	\$0.15
Enable International Inc.	36-4946467	0.13%	\$479,140.14

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Enigma Technologies, Inc.	45-2236667	0.21%	\$4,164,589.87
Epsagon, Inc.	83-1923205	0.08%	\$816.00
Equip Health Medical PC	85-1430172	0.02%	\$60,922.19
Equip Health, Inc.	84-3571900	0.07%	\$42,949.93
Even Financial, Inc.	47-2678569	0.24%	\$2,183,799.73
Evolv Technology Solutions, Inc.	83-3080735	0.15%	\$3,095,593.36
Expo Eats, Inc.	86-1388096	0.00%	\$11,137.73
Expressable Speech-Language Pa	85-1267213	0.01%	\$37,036.91
Expressable, Inc.	84-2382054	0.06%	\$209,376.50
Extole, Inc.	27-0940587	0.15%	\$2,796,438.42
Fair Finance Services LLC (DBA	83-2486643	0.22%	\$3,650,551.56
Fastinform, Inc.	81-2198089	0.01%	\$37,343.70
FinLync LLC	84-2561903	0.07%	\$243,451.23
First Opinion Health Services,	86-1534271	0.02%	\$59,831.89
Flexible Finance, Inc.	83-3265156	0.03%	\$91,743.21
Fluent Retail North America, L	82-1339827	0.04%	\$148,558.69
Forensic Logic, LLC	82-2816982	0.14%	\$2,257,240.91
Forte Labs, Inc.	83-3850107	0.15%	\$932,486.81
Forter, Inc.	36-4792760	0.71%	\$4,241,594.20
Fossa, Inc.	47-2780189	0.14%	\$1,847,552.37
Fracta	47-4462857	0.01%	\$103,252.09

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Freshworks Inc.	33-1218825	1.63%	\$9,783,123.20
Future Research, Inc.	82-1625702	0.32%	\$1,177,377.92
GAN Integrity Inc	47-3369653	0.08%	\$711,344.34
Genies, Inc.	27-5117846	0.31%	\$1,131,377.98
GOARC US, Inc.	84-2662520	0.00%	\$4,431.24
Goodwater Capital, LLC	47-1096340	0.09%	\$1,061,114.03
Graphcore, Inc.	36-4879458	0.28%	\$3,283,920.83
Greenoaks Capital Partners, LL	45-5269686	0.18%	\$2,705,642.83
Gremlin, Inc.	81-1277279	0.27%	\$3,207,733.48
Greyline Solutions, LLC	45-3253057	0.12%	\$1,575,875.80
Gro Intelligence, Inc	46-4876260	0.25%	\$1,430,437.11
Grovo Learning, Inc.	27-3056493	0.00%	\$176,092.49
Guarantr Inc.	47-2127961	0.25%	\$902,488.10
Guardian UV, Inc.	85-0676626	0.24%	\$836,819.33
Hello Heart Inc.	82-3489727	0.56%	\$1,951,271.12
HelloTech, Inc.	47-2425792	0.04%	\$189,130.56
Here/Say, LLC	87-2128246	0.01%	\$22,558.78
Hero Technologies Inc	82-3076139	0.06%	\$530,641.69
Highnote Platform, Inc.	85-2922649	0.22%	\$778,797.64
Hiro Systems PBC	46-3116269	0.47%	\$1,614,958.11
Holo, Inc.	82-2932523	0.12%	\$1,646,742.93

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Home Electrification Solutions	85-2228737	0.22%	\$809,060.10
HR Cloud, Inc.	81-3051951	0.01%	\$265,580.03
Humu, Inc.	82-1048887	1.14%	\$3,486,396.47
Hungryroot Inc.	47-3850451	0.21%	\$796,529.92
Hydrogen Health LLC	86-2212926	0.03%	\$91,435.40
Hyp3r, Inc.	47-3540442	0.00%	\$150,138.48
Hypemarks, Inc. dba Tint	45-3762138	0.00%	\$258,835.56
Hyper Labs, Inc. (DBA HyperSci	46-5752283	3.22%	\$11,279,364.34
Ignite Biosciences, Inc.	81-4928437	0.50%	\$4,145,077.98
Imagen Technologies, Inc.	81-0890225	0.21%	\$908,438.51
imatchative	46-0959120	0.00%	\$226,049.14
Inceptio Technology, Inc.	32-0574962	0.12%	\$989,814.87
Infiot, Inc.	82-5317242	0.05%	\$375,036.55
Interana, Inc.	46-1685542	0.96%	\$2,818,991.97
Invoice2go Inc.	46-5166049	0.08%	\$0.00
INX Digital, Inc.	83-4689718	0.05%	\$126,871.85
IVXS Technology USA, Inc. dba	81-4264677	0.13%	\$473,968.02
John Hardy USA	26-0515339	1.27%	\$4,292,952.62
Joyn Insurance Services	87-2323409	0.08%	\$275,865.71
K HEALTH INC	81-4173541	0.21%	\$1,589,525.56
K Pharmacy LLC	86-3550200	0.00%	\$1,754.68

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Kaloom Corp.	81-4754802	0.04%	\$357,827.74
Kasa Living, Inc.	83-4365093	0.34%	\$1,714,951.85
Keen Labs, Inc.	45-4102482	0.00%	\$546,876.53
Kiddom, Inc.	46-3803977	0.13%	\$1,263,715.16
KITE Solutions, Inc.	80-0889277	0.02%	\$551,907.49
Knowledge Health Medical Servi	83-2925394	0.03%	\$127,955.47
Kountable, Inc.	47-3345941	0.00%	\$298,761.86
KSV eSports Delaware, Inc. dba	82-2039783	0.10%	\$1,287,710.72
Kuna Systems	46-1593622	0.04%	\$649,980.60
Ladder Financial, Inc.	47-3671449	0.55%	\$6,270,750.93
Legendary Field Exhibitions, L	82-4648964	0.00%	\$437,664.44
LeggUP, Inc.	82-2229798	0.03%	\$112,970.08
LevelOps Inc.	84-2687343	0.06%	\$297,832.98
Lifelgniter	46-2080102	0.00%	\$220,228.17
LifeLabs Group, Inc. (DBA Life	45-3826257	0.52%	\$1,951,559.99
Lightspeed NuORDER Inc.	46-3614998	0.40%	\$4,007,719.22
LIQUID AGENCY, INC.	77-0559406	0.10%	\$4,643,847.38
Listia, Inc.	27-0339247	0.00%	\$368,884.48
Look Left Marketing, LLC.	81-3413124	0.03%	\$87,454.48
Lookout Local, Inc.	32-0606025	0.03%	\$102,845.70
Loom, Inc.	32-0532497	0.00%	\$17,900.11

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Loupe Tech Inc.	86-1320840	0.02%	\$62,037.84
Luma Health, Inc.	47-3270012	0.24%	\$2,108,983.14
MagicLinks, Inc.	46-1122197	0.10%	\$385,935.83
Magnetic Insight, Inc.	45-4850476	0.06%	\$798,479.65
Marpipe, Inc.	83-3930735	0.06%	\$222,080.44
Maven Research, Inc.	26-2116238	0.03%	\$583,554.35
MEMX LLC	83-2162372	0.39%	\$2,795,058.86
Merlon Intelligence, Inc.	81-3011087	0.00%	\$123,320.48
Mobcrush Streaming Inc	85-0650546	0.03%	\$457,113.81
Morning Brew	82-3920438	0.75%	\$2,723,514.38
Mudita Partners LP	82-3634805	0.01%	\$20,711.99
Mura North America Development	87-1465068	0.01%	\$25,285.58
Myia Labs, Inc.	82-1597481	0.11%	\$321,462.96
Mythical, Inc.	82-2242267	0.25%	\$1,335,796.17
Narvii, Inc.	45-3828694	0.02%	\$552,943.93
Nayya Health, Inc.	35-2675756	0.20%	\$732,256.01
Nebulon, Inc.	82-4985511	0.18%	\$1,948,129.00
Neeva, Inc.	61-1908275	0.16%	\$1,321,093.60
Neeve Research, LLC	26-2471100	0.00%	\$238,121.65
Nefeli Networks	81-3776783	0.08%	\$1,051,404.38
Netdata, Inc.	32-0570802	0.01%	\$91,897.95

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Netlify, Inc.	46-4748334	0.45%	\$3,550,516.30
Netsurit, Inc.	47-3913385	0.02%	\$377,916.32
Neuroolutions, Inc.	26-2913648	0.10%	\$355,510.96
NeuroTrack Technologies, Inc.	90-0863282	0.09%	\$840,873.33
NewsPicks USA, LLC	82-1087838	0.00%	\$26,029.43
Nickl, Inc.	81-5355014	0.00%	\$13,261.90
NoHo Wellness, Inc	85-1774310	0.03%	\$122,961.84
Noteable, Inc.	85-0869757	0.06%	\$220,385.81
N-Power Medicine, Inc.	87-1592802	0.02%	\$54,738.90
Nuxeo Corporation	26-4329374	0.52%	\$7,075,391.35
Nyotron USA, Inc.	30-0873132	0.02%	\$386,870.40
Odeko Inc	84-4192755	0.51%	\$1,901,186.62
Officium, Inc.	84-5094064	0.03%	\$189,061.20
Ohana Real Estate Services, LL	27-1213566	0.04%	\$252,817.23
Ohana Realty Corp.	80-0873130	0.05%	\$1,152,965.52
Olly Public Benefit Corporatio	46-4535888	1.01%	\$10,002,477.50
Omidyar Network Education Services	84-3062644	0.15%	\$0.00
OnCore Consulting, LLC	45-2425328	1.03%	\$15,284,106.57
OnePlus USA Corp	84-3657333	0.31%	\$1,857,501.52
OREI Advisors LP	35-2565836	0.18%	\$4,036,784.25
Otter.ai, Inc.	81-2445246	0.34%	\$1,210,040.33

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Out of the Park Technologies,	85-3973995	0.22%	\$764,719.20
Outer, Inc.	82-3471987	0.18%	\$638,097.55
Outlier AI, Inc.	47-3152424	0.26%	\$844,881.34
Outschool, Inc.	46-5489336	0.72%	\$2,573,659.32
Paradigm Operations LP	83-1531977	0.16%	\$1,113,298.58
Paragon Intel	81-4926839	0.02%	\$251,603.75
Pared, Inc.	47-4386839	0.01%	\$579,430.73
Paxos Technology Solutions, LL	46-2381046	0.14%	\$1,742,512.12
Paxos Trust Company, LLC	47-3478449	0.55%	\$2,877,488.97
Perfect365, Inc.	81-2835738	0.03%	\$1,055,655.68
PG13 Launchpad Gamma, Inc (OPT	84-4937562	0.03%	\$118,133.86
Phoenix Labs USA Operations, I	83-4114829	0.40%	\$2,182,271.99
Photoshelter, Inc.	20-8294732	0.25%	\$4,936,620.00
Pond5, Inc.	26-1575318	0.14%	\$3,986,540.08
PowerScout, Inc. (DBA Zesty.ai	47-3854753	0.07%	\$1,249,881.71
PredictHQ, Inc.	81-3541861	0.08%	\$797,851.53
Presidio Health, Inc.	20-0168023	0.03%	\$979,736.93
Primal Cause, Inc. DBA AppBudd	57-1146708	0.00%	\$384,215.60
PRIOS LLC	81-3641647	0.18%	\$1,288,476.40
Product Hunt Inc.	46-5540176	0.02%	\$72,285.15
Productboard, Inc.	46-5356613	0.39%	\$2,203,904.71

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Propeller Industries, LLC	85-2134072	0.57%	\$8,693,957.35
Proteusgames.com, Inc.	83-4722085	0.02%	\$58,430.43
Provenance Technologies, Inc	83-2370480	0.10%	\$622,504.64
Pymetrics, Inc.	46-3496583	0.40%	\$3,443,834.50
Qalo Holdings, LLC	84-3328085	0.00%	\$356,689.54
QP Ventures Inc. (DBA Newness)	83-4311343	0.07%	\$211,307.79
Quip NYC, Inc.	46-5118084	0.40%	\$3,119,082.71
Rally Networks, Inc.	82-4808014	0.15%	\$1,098,916.69
Rallyteam	46-3950786	0.00%	\$29,173.51
Recount Media, Inc.	83-2638560	0.11%	\$538,322.99
Redacted, Inc.	47-4837888	0.16%	\$2,576,735.19
Replicated, Inc.	47-2486425	0.20%	\$736,822.42
Resolve Biosciences, Inc.	85-3589545	0.00%	\$8,159.71
Returnly Technologies, Inc.	80-0673029	0.09%	\$1,001,595.81
Rhino Labs, Inc.	81-5285931	0.83%	\$2,926,470.77
Riskified, Inc.	47-3189089	0.78%	\$8,042,669.27
Roadz, Inc.	35-2629780	0.01%	\$170,702.57
Rollbar Inc.	80-0842320	0.51%	\$1,697,393.71
Roostify, Inc.	47-1679370	0.38%	\$5,418,979.40
Run Dexter, Inc.	47-4619731	0.00%	\$169,610.91
RunX Labs, Inc.	85-2442908	0.01%	\$30,947.60

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Sandsharkgames.com, Inc.	84-2926020	0.00%	\$14,235.15
Sano Intelligence, Inc.	45-4771888	0.00%	\$517,026.15
Scener, Inc.	82-4434782	0.00%	\$4,729.42
Schiff Adams, Inc. dba Patio	83-3694143	0.02%	\$38,997.91
Scoop Technologies Inc.	47-1260581	0.98%	\$3,076,042.95
Scytale, Inc.	45-3545468	0.00%	\$8.13
Searchmetrics, Inc	98-0661635	0.07%	\$1,101,857.84
Securiti, Inc.	83-2500426	0.15%	\$2,560,029.19
Securitize, Inc.	84-2344341	0.09%	\$546,700.40
Securly, Inc.	46-0789922	0.24%	\$3,275,755.33
Sendle USA, Inc.	35-2653119	0.01%	\$37,992.35
Sensible Weather Co.	84-3294206	0.02%	\$109,566.64
Sensu, Inc.	81-5048655	0.04%	\$63,479.17
SEVENROOMS INC	45-2463011	0.47%	\$3,999,578.04
ShopWell Labs, Inc.	80-0933876	0.00%	\$27,435.04
Showpad, Inc.	45-2942822	0.01%	\$0.00
Silvr Inc.	84-3093349	0.01%	\$49,836.79
Simbe Robotics, Inc.	47-1275059	0.14%	\$1,055,109.15
Simpplr, Inc.	47-1850837	0.51%	\$3,532,592.87
SJ MedConnect, Inc.	46-4667002	0.00%	\$13,741.27
Skift, Inc.	46-4382878	0.04%	\$0.00

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Skupos, Inc.	81-2171086	0.21%	\$2,484,976.11
Slingshot Aerospace, Inc.	81-3642756	0.09%	\$316,448.17
Snapdocs, Inc.	47-5457481	1.08%	\$0.12
Social Concepts, Inc.	45-4820720	0.08%	\$1,823,183.98
Socure Inc.	90-0888790	1.28%	\$8,278,668.54
Solvvy, Inc.	46-3414401	0.27%	\$2,041,935.85
Sp0n, Inc. DBA Citizen	90-1128807	0.26%	\$1,899,125.11
Span.io Inc.	83-0951469	0.31%	\$1,103,929.87
SpatialX Inc.	84-3442879	0.09%	\$677,748.44
Spiritwalk Games, Inc.	47-2982538	0.00%	\$5,896.07
Spoon Radio Inc.	84-4482187	0.02%	\$107,417.67
StandardBots	45-2689952	0.01%	\$44,578.77
Stash Financial dba Stash Invest	47-3187441	1.25%	\$12,158,367.15
Stellar Health Group, Inc	82-4157637	0.20%	\$745,830.10
Stellar Loyalty, Inc.	46-5347853	0.00%	\$401,617.33
Stitch Consulting, LLC	82-5464188	0.24%	\$878,901.07
Stone Ridge Asset Management L	45-5371940	3.08%	\$17,303,147.85
Stride Consulting, LLC	46-4980530	0.27%	\$4,598,543.28
Studios at Betaworks, Inc.	82-2220166	0.01%	\$346,664.18
Styra, Inc.	47-4171785	0.89%	\$2,934,130.22
Substack, Inc.	82-3647158	0.25%	\$888,928.05

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Sudo Security Group, Inc.	46-4848288	0.00%	\$1,037.92
Suiteness, Inc.	45-5278525	0.00%	\$397,438.55
Suki AI, Inc.	81-4462134	0.41%	\$1,269,038.84
Super League Gaming, Inc.	47-1990734	0.08%	\$648,285.62
SuperLayer Labs Management Cor	87-0842115	0.01%	\$33,490.42
Swish Beverage LLC	82-4139360	0.00%	\$258,388.09
SymphonyRM, Inc.	52-5216287	0.11%	\$0.00
Syntegra, Inc.	84-3358711	0.01%	\$50,294.22
Tachyus, Inc.	46-2560051	0.03%	\$431,796.76
Teambblind, Inc.	30-0828486	0.18%	\$140,595.50
Tecton, Inc.	83-2465556	0.23%	\$821,519.08
That's No Moon Entertainment	85-3080455	0.39%	\$1,433,075.56
The Markov Corporation	81-3542145	0.00%	\$392,558.63
The Noun Project, Inc.	46-2259842	0.05%	\$818,597.77
The Outset Group LLC	86-3231861	0.04%	\$129,060.63
The Players Tribune, Inc.	46-5721333	0.00%	\$391,393.28
The Public Health Company Grp	85-2931931	0.10%	\$316,493.31
The Skimm, Inc.	46-3986171	0.57%	\$5,549,291.85
Thread Together Inc	84-2048692	0.02%	\$167,160.27
Threadloom, Inc	47-5142998	0.04%	\$439,987.92
Thrive Financial Inc.	82-3032815	0.01%	\$50,905.92

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Tilda Research, Inc.	84-2221322	0.02%	\$63,791.95
Tiveni Mergeco Inc	84-2110104	0.00%	\$121,004.41
Tonkean, Inc.	47-3859229	0.13%	\$511,139.93
Totango, Inc.	82-4324675	0.00%	\$0.01
Trace Data, Inc.	84-1729208	0.01%	\$50,547.96
Tradewing, Inc.	84-2175880	0.08%	\$517,383.14
Trayt Inc.	99-0371109	0.03%	\$201,100.47
Trialspark, Inc.	47-1134239	0.30%	\$3,473,914.25
Tripping International, Inc.	27-3389261	0.00%	\$427,855.99
Truata, LLC	86-3971256	0.00%	\$17,124.69
Trumid Financial, LLC	47-1050580	0.05%	\$136,339.15
Trumid Technologies, LLC	47-3764865	0.05%	\$180,670.13
Trustpilot, Inc.	32-0400058	1.56%	\$5,353,918.18
Twenty Holdings, Inc.	84-2366424	0.14%	\$1,477,720.53
Twic Inc.	81-4843379	0.26%	\$898,712.50
Twingate Inc.	84-3387110	0.10%	\$594,470.91
Typeform US	82-2393796	0.09%	\$680,853.32
Uni Robotics, Inc.	30-0997865	0.00%	\$14,198.90
Unibet Interactive, Inc	61-1884911	0.19%	\$1,167,165.36
Unknown Worlds Entertainment,	86-1109270	0.19%	\$1,812,715.71
Unlock Real Estate, Inc.	85-1541497	0.00%	\$2,425.22

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Urban Electric Co.	86-1400325	0.01%	\$18,580.30
UserVoice, Inc.	26-2057362	0.14%	\$2,043,494.08
Ushur, Inc.	46-4643440	0.15%	\$1,192,463.45
UTALK LLC (DBA AVADO)	98-0670215	0.00%	\$48,127.84
Vector Labs, Inc.	47-1762953	0.04%	\$128,665.46
Vegamour, Inc.	81-1752067	0.01%	\$20,052.60
Vercel, Inc.	47-5513830	0.35%	\$1,200,228.39
vidIQ, Inc.	45-2781614	0.07%	\$54,966.51
Vise Technologies, Inc.	81-4740461	0.20%	\$653,788.93
Vivun Inc	83-0743745	0.52%	\$2,186,893.21
Viz AI, Inc.	81-3006038	0.46%	\$3,194,756.44
Volans-i, Inc.	47-5021562	0.33%	\$1,545,637.77
Volley Labs	47-2906932	0.00%	\$12,459.62
VotingWorks	83-2910494	0.08%	\$393,673.48
Vouch, Inc.	83-0795636	0.48%	\$2,921,379.50
Voya Health Medical Group, PLL	85-2596482	0.02%	\$76,305.37
Voya Health, Inc	85-0629114	0.06%	\$225,486.35
Vungle, Inc.	45-5211428	0.80%	\$10,869,449.67
Wait What Inc.	35-2582668	0.08%	\$501,425.26
Walnut Tech Inc.	85-3311180	0.00%	\$14,252.46
Waterline Data Science, Inc.	46-4184347	0.00%	\$2,296,118.70

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Wavefront, Inc.	46-1677391	0.00%	\$172,215.83
Wayfarer, Inc. dba Glydways	81-4123069	0.02%	\$110,250.75
Wayup, Inc.	47-1304433	0.11%	\$1,652,084.25
Weave Grid, Inc	83-2785785	0.01%	\$35,391.13
Wei Laboratories Inc.	75-2985611	0.07%	\$1,071,807.62
WekaIO Inc.	32-0466363	0.16%	\$3,240,385.53
West Lake Labs, LLC	85-3022916	0.03%	\$97,637.96
Whisper.ai Inc.	81-5087566	0.01%	\$25,011.05
WhiteOps, Inc.	47-2928619	0.60%	\$5,526,616.04
Wild Life, Inc.	84-1735601	0.09%	\$433,474.24
WIN Brands Group	81-5226174	0.04%	\$626,513.18
Windfall Data, Inc.	81-3232300	0.36%	\$1,253,789.45
With Otter, Inc.	85-4027946	0.01%	\$37,077.22
WithMe Health, LLC	83-0674605	0.10%	\$356,359.54
Woebot Labs, Inc.	38-4034738	0.07%	\$494,407.74
Working Capital Management, LL	84-3778054	0.05%	\$363,902.35
X1 Discovery, Inc.	45-3354149	0.02%	\$60,523.96
Yardzen, Inc.	82-5056825	0.06%	\$218,026.26
Yugabyte, Inc.	08-0806545	0.20%	\$0.00
Zebrium Inc.	82-1420489	0.04%	\$722,001.77
Zenreach, Inc.	45-4101834	0.23%	\$2,838,046.99

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
ZeroPW, Inc.	83-4283254	0.46%	\$1,982,236.90
Zetta Inc.	33-1204491	0.00%	\$1,132,313.34
Zoomin Software Inc	82-4543082	0.05%	\$162,216.21
Zum Services, Inc.	47-3064863	0.08%	\$1,376,089.44

SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(a)	(b)	(c)	(c)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
*	MassMutual Guaranteed Interest Account	Guaranteed contract	\$ 10,937,659 **
	Vanguard Institutional Target Retirement 2055 Fund	Mutual fund	\$ 91,591,462
	Vanguard Institutional Target Retirement 2050 Fund	Mutual fund	\$ 89,764,967
	Vanguard Institutional Target Retirement 2045 Fund	Mutual fund	\$ 71,340,884
	Fidelity 500 Index Fund	Mutual fund	\$ 64,071,522
	Vanguard Institutional Target Retirement 2040 Fund	Mutual fund	\$ 45,828,650
	Fidelity Total Market Index Fund	Mutual fund	\$ 44,724,028
	Vanguard Institutional Target Retirement 2035 Fund	Mutual fund	\$ 39,285,073
	Vanguard Institutional Target Retirement 2060 Fund	Mutual fund	\$ 38,524,666
	Vanguard Institutional Target Retirement 2030 Fund	Mutual fund	\$ 22,679,689
	JP Morgan Large Cap Growth Fund	Mutual fund	\$ 21,665,908
	Fidelity Small Cap Index Fund	Mutual fund	\$ 12,859,048
	Fidelity Total Institutional Index Fund	Mutual fund	\$ 11,939,503
	Fidelity Mid Cap Index Fund	Mutual fund	\$ 11,888,079
	Vanguard FTSE Social Index Fund	Mutual fund	\$ 10,084,869
	Dodge & Cox Stock Fund	Mutual fund	\$ 8,840,652
	Vanguard Institutional Target Retirement 2025 Fund	Mutual fund	\$ 8,722,789
	Fidelity US Bond Index Fund	Mutual fund	\$ 8,201,482
	American Funds New Perspective Fund	Mutual fund	\$ 7,412,788
*	MassMutual Mid Cap Growth Fund	Mutual fund	\$ 5,002,814
	Vanguard Institutional Target Retirement 2065 Fund	Mutual fund	\$ 4,760,087
	Cohen&Steers Real Estate Fund	Mutual fund	\$ 4,450,330
	PGIM Total Return	Mutual fund	\$ 4,229,160
	PIMCO Real Return Fund	Mutual fund	\$ 3,828,599
	Oppenheimer Developing Markets Fund	Mutual fund	\$ 3,685,928
	Janus Henderson Triton Fund	Mutual fund	\$ 3,623,516
	DFA US Targeted Value Fund	Mutual fund	\$ 2,857,941
	American Funds EuroPacific Gr Fund	Mutual fund	\$ 2,836,028
	Invesco Gld Special Minerals Fund	Mutual fund	\$ 2,369,153
	BlackRock High Yield Bond Fund	Mutual fund	\$ 2,218,007
	Allspring Spec Mid Cap Value Fund	Mutual fund	\$ 2,134,178
	Vanguard Institutional Target Retirement 2020 Fund	Mutual fund	\$ 1,905,401
	Vanguard Institutional Target Retirement Income Fund	Mutual fund	\$ 1,249,696
*	Holding Account	Mutual fund	\$ 783,437
	Vanguard Institutional Target Retirement 2015 Fund	Mutual fund	\$ 235,572
*	MassMutual US Govt Money Mkt Fund	Mutual fund	\$ 481
*	Participant Loans	4.25% to 6.5%, with various maturities	\$ 3,147,989

* Party-in-interest

** At contract value