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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                      |                                                                  |                                                                     |
| <b>1a</b> Name of plan<br><u>CORSAIR MEMORY 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ▶                         | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CORSAIR MEMORY, INC.</u><br><br><u>115 N MCCARTHY BLVD</u><br><u>MILPITAS, CA 95035</u> | <b>1c</b> Effective date of plan<br><u>01/01/1996</u>            | <b>2b</b> Employer Identification Number (EIN)<br><u>77-0362371</u> |
|                                                                                                                                                                                                                                                                                                                                                             | <b>2c</b> Plan Sponsor's telephone number<br><u>510-657-8747</u> | <b>2d</b> Business code (see instructions)<br><u>334410</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | RONALD VANVEEN                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | RONALD VANVEEN                                               |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                       |  |                                                                                       |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                         |      |
|                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                            |      |
|                                                                                                                                                                                                                                       |  |                                                                                       |      |
| <b>4</b> 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: |  | <b>4b</b> EIN                                                                         |      |
| <b>a</b> Sponsor's name                                                                                                                                                                                                               |  | <b>4d</b> PN                                                                          |      |
| <b>c</b> Plan Name                                                                                                                                                                                                                    |  |                                                                                       |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                               |  | <b>5</b>                                                                              | 1027 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                      |  |                                                                                       |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                               |  | <b>6a(1)</b>                                                                          | 866  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                     |  | <b>6a(2)</b>                                                                          | 872  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                   |  | <b>6b</b>                                                                             | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                     |  | <b>6c</b>                                                                             | 150  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                           |  | <b>6d</b>                                                                             | 1022 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                            |  | <b>6e</b>                                                                             | 0    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                               |  | <b>6f</b>                                                                             | 1022 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                        |  | <b>6g</b>                                                                             | 915  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                             |  | <b>6h</b>                                                                             | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                  |  | <b>7</b>                                                                              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D 3H                                            |  |                                                                                       |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                           |  |                                                                                       |      |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                             |  | <b>9b</b> Plan benefit arrangement (check all that apply)                             |      |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                     |  | (1) <input checked="" type="checkbox"/> Insurance                                     |      |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                               |  | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |      |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                         |  | (3) <input checked="" type="checkbox"/> Trust                                         |      |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                            |  | (4) <input type="checkbox"/> General assets of the sponsor                            |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                     |  |                                                                                       |      |
| <b>a Pension Schedules</b>                                                                                                                                                                                                            |  | <b>b General Schedules</b>                                                            |      |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                        |  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |      |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                        |  | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |      |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                      |  | (3) <input type="checkbox"/> <b>A</b> (Insurance Information)                         |      |
|                                                                                                                                                                                                                                       |  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |      |
|                                                                                                                                                                                                                                       |  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |      |
|                                                                                                                                                                                                                                       |  | (6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>CORSAIR MEMORY 401(K) PLAN                                               | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CORSAIR MEMORY, INC.             | D Employer Identification Number (EIN)<br>77-0362371 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50<br>64         | CONTRACT ADMINISTRATOR                                                                            | 130947                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HAUSER RETIREMENT SOLUTIONS 2 LLC

36-4906731

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 99                  | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 54077                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 70                  | INV ADV, PARTICIPANTS                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| HAUSER RETIREMENT SOLUTIONS 2 LLC                                   | 27 99                                                                                                                                                              | 54077                                     |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | INVESTMENT ADVISORY (PLAN)                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MORNINGSTAR INVESTMENT MANAGEMENT L                                 | 26 70                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | 14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
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| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="margin-left: 20px;">01/01/2022</span> and ending <span style="margin-left: 20px;">12/31/2022</span>                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>A</b> Name of plan<br>CORSAIR MEMORY 401(K) PLAN                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                   | 001                                                                                                                                                             |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CORSAIR MEMORY, INC.                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>D</b> Employer Identification Number (EIN)<br>77-0362371                                                                                                                                                   |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>Part I</b> <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs)                |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ AGG RETIRE R1</span>                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-2836296-225</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">17879</span>                    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ MOD RETIRE R1</span>                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-2851418-226</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">1557233</span>                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ MOD 2025 R1</span>                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-2950747-229</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">2751741</span>                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ MOD 2035 R1</span>                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-3002484-232</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">2754262</span>                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ MOD 2045 R1</span>                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-2961375-235</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">3142617</span>                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ MOD 2055 R1</span>                                                                                              |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-3188067-238</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">4413393</span>                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="margin-left: 20px;">FLEXPATH IDX+ CON RETIRE R1</span>                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="margin-left: 20px;">WILMINGTON TRUST</span>                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>c</b> EIN-PN <span style="margin-left: 20px;">47-2916729-227</span>                                                                                                                                        | <b>d</b> Entity code <span style="margin-left: 20px;">C</span>                                                                                                                                                               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">33421</span>                    |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2025 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-2961375-230                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164986  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2035 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-3018134-233                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168654  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2045 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-3144367-236                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 408590  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2055 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-3216409-239                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118495  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2025 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-2935740-228                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266369  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2035 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-2987118-231                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220455  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2045 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-3026996-234                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 540080  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2055 R1     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 47-3170652-237                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363153  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX CL R |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-3802327-003                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1660066 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSS 2000 IDX CL R  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST           |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-3802587-004                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 406961  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **METLIFE REL SV SER 25157 CL 0**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>46-6625485-002</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1735170</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EQTY INDX FD CLASS 1**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>20-3802168-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2770806</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK EAFE EQ INDX FD CL 1**

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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>20-3802495-007</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>761456</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND R1 FUND**

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>82-1986152-325</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2620936</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL STOCK R1 FUND**

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

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>82-2436292-342</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>59370</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP GROWTH R1 FUND**

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

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>82-4435820-375</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX+ MOD 2065 R1**

**b** Name of sponsor of entity listed in (a): **WILMINGTON TRUST, N.A.**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>38-7271382-763</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18942</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>CORSAIR MEMORY 401(K) PLAN</u>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CORSAIR MEMORY, INC.</u>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>77-0362371</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | <u>165</u>            |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | <u>165</u>            |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | <u>692885</u>         | <u>649799</u>   |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | <u>31922063</u>       | <u>26955035</u> |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | <u>10458829</u>       | <u>10807424</u> |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 43074107              | 38412258        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 43074107 | 38412258 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2467780    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4833650    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 765409     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8066839   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 31565      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 31565     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 118617     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 118617    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -5874069  |
| (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) |            | -2522782  |
| c Other income .....                                                                            | 2c     |            | 4601      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -175229   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4355605    |           |
| (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)  |            | 4355605   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 131015     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 131015    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4486620   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -4661849  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: TWHC

(2) EIN: 95-4083485

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   |    | 52781  |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) |     | X  |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CORSAIR MEMORY 401(K) PLAN                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CORSAIR MEMORY, INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>77-0362371                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                   |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**CORSAIR MEMORY 401(K) PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

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## INDEPENDENT AUDITOR'S REPORT

Trustee Committee  
Corsair Memory 401(k) Plan

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

We have performed an audit of the accompanying financial statements of the Corsair Memory 401(k) Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2022, the statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Corsair Memory 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor (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 Corsair Memory 401(k) 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 Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Delaware Charter Guarantee and Trust Company dba Principal Trust Company (Principal Trust), the trustee of Corsair Memory 401(k) Plan as of December 31, 2022 and for the year then ended, stating that the certified investment information as described in Note 9 to the financial statements is complete and accurate.

### Opinion

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

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

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Corsair Memory 401(k) Plan; and determining whether Corsair Memory 401(k) Plan's transactions that are presented and disclosed in the financial statements are in conformity with Corsair Memory 401(k) Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Corsair Memory 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Corsair Memory 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets and supplemental schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by Principal Trust 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).

## **Other Matter – 2021 Financial Statements**

The financial statements of the Corsair Memory 401(k) Plan as of December 31, 2021 were audited by other auditors. As permitted by ERISA Section 103(a)(3)(C), their audit need not extend to any statements or information related to assets held for investment of the Corsair Memory 401(k) Plan certified by Principal Trust. In their opinion based on their audit and the procedures performed as described in their 2021 Auditor's Responsibilities for the Audit of the Financial Statements section dated October 14, 2022:

- The amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information by Principal Trust, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2021 financial statements related to assets held by and certified to by Principal Trust agreed to, or was 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).



Burbank, California  
October 12, 2023

**CORSAIR MEMORY 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                               | <u>2022</u>                 | <u>2021</u>                 |
|-----------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                 |                             |                             |
| Investments:                                  |                             |                             |
| Investments at fair value:                    |                             |                             |
| Mutual funds                                  | \$ 10,807,424               | \$ 10,458,829               |
| Common/collective trust funds                 | <u>25,219,865</u>           | <u>30,201,725</u>           |
| Total investments at fair value               | 36,027,289                  | 40,660,554                  |
| Investments at contract value:                |                             |                             |
| Common/collective trust funds                 | <u>1,936,214</u>            | <u>1,677,240</u>            |
| Total investments                             | <u>37,963,503</u>           | <u>42,337,794</u>           |
| Receivables:                                  |                             |                             |
| Notes receivable from participants            | 649,799                     | 692,885                     |
| Employer's contributions                      | -                           | 165                         |
| Participants' contributions                   | <u>-</u>                    | <u>165</u>                  |
| Total receivables                             | <u>649,799</u>              | <u>693,215</u>              |
| Total assets                                  | 38,613,302                  | 43,031,009                  |
| <b>LIABILITIES</b>                            | <u>-</u>                    | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b> | <u><u>\$ 38,613,302</u></u> | <u><u>\$ 43,031,009</u></u> |

See accompanying notes to financial statements.

**CORSAIR MEMORY 401(K) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2022**

**ADDITIONS (REDUCTIONS) TO NET ASSETS**

|                                                                 |                    |
|-----------------------------------------------------------------|--------------------|
| Investment income (loss):                                       |                    |
| Net depreciation in fair value of mutual funds                  | \$ (2,522,782)     |
| Net depreciation in fair value of common/collective trust funds | (5,629,927)        |
| Interest and dividends                                          | <u>123,218</u>     |
| Total investment loss                                           | <u>(8,029,491)</u> |
| Interest income on notes receivable from participants           | <u>31,565</u>      |
| Contributions:                                                  |                    |
| Participants                                                    | 4,833,650          |
| Employer                                                        | 2,467,780          |
| Other                                                           | <u>765,409</u>     |
| Total contributions                                             | <u>8,066,839</u>   |
| Total additions to net assets                                   | <u>68,913</u>      |

**DEDUCTIONS FROM NET ASSETS**

|                                  |                  |
|----------------------------------|------------------|
| Benefits paid to participants    | 4,355,605        |
| Administrative fees and expenses | <u>131,015</u>   |
| Total deductions from net assets | <u>4,486,620</u> |

|                     |             |
|---------------------|-------------|
| <b>NET DECREASE</b> | (4,417,707) |
|---------------------|-------------|

|                                                                  |                   |
|------------------------------------------------------------------|-------------------|
| <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR</b> | <u>43,031,009</u> |
|------------------------------------------------------------------|-------------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR</b> | <u><u>\$ 38,613,302</u></u> |
|------------------------------------------------------------|-----------------------------|

See accompanying notes to financial statements.

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 – DESCRIPTION OF THE PLAN**

The following brief description of the Corsair Memory 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the amended and restated plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan was established with an effective date of January 1, 1996. The Plan is a defined contribution plan covering substantially all full-time employees of Corsair Memory, Inc. (the Plan Sponsor) except union or leased employees, certain non-resident aliens and employees who are employed by an affiliated employer that does not adopt the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

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

**Plan Administration:** The Plan Sponsor is also the Plan Administrator. The Plan Administrator controls and manages the operation and administration of the Plan. Principal Trust Company (Principal Trust) is the Plan's trustee and recordkeeper.

**Contributions:** Each year, participants may contribute up to 100% of their pretax annual compensation as defined in the plan agreement and limited by law. 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 rollover distributions from other qualified defined benefit or contribution plans. Participants may direct the investment of their contributions into various investment options offered by the Plan. Since 2012, the Plan Sponsor matches 100% of up to 6% of the participant's compensation. The Plan Sponsor may make a discretionary contribution to the Plan each year, which shall be allocated to the regular accounts of the participants in the same proportion that each participant's compensation bears to the total compensation of all participants for the plan year. Contributions are subject to certain Internal Revenue Code (IRC) limitations.

**Participant Accounts:** Each participant's account is credited with the participant's contribution, the Plan Sponsor's matching contribution, allocations of the Plan Sponsor's discretionary contributions, if any, and the Plan's earnings or losses. Allocations are based on the participant's eligible compensation, investment elections and/or account balances, as defined. The benefits to which a participant is entitled are the benefits that can be provided from the participant's vested account.

**Vesting:** Participants are immediately 100% vested in their contributions and the Plan Sponsor's safe harbor matching contributions, plus actual earnings (losses) thereon. Discretionary non-safe harbor matching contributions become 33% vested after one year of service. Vesting increases 33% for each year of service thereafter, with full vesting occurring after three years of service. If a participant reaches normal retirement age (65), dies or becomes totally disabled, the participant becomes fully vested in the Plan, irrespective of years of service. Forfeited balances of terminated participants are used to first reduce administrative expenses. Remaining forfeitures, if any, may then be used to reduce employer contributions.

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)**

**Payment of Benefits:** Upon termination of service due to death, disability or retirement, the vested portion of the participant's individual account balance, upon election, will be distributed to the participant or their beneficiary as a lump-sum cash payment. Upon termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution or may elect to leave the funds with the Plan.

**Notes Receivable from Participants:** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 8.50%, which are commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

**Forfeited Accounts:** As of December 31, 2022 and 2021, forfeited nonvested accounts totaled \$0 for each year. Administrative expenses were reduced by \$687 from the suspense forfeiture account in 2022.

**Investment Options:** Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 34 investment funds, including a self-directed brokerage account. Participants may change their investment options and transfer between funds daily.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The significant accounting policies followed by the Plan are reflected below.

**Basis of Accounting:** The financial statements of the Plan were prepared using the accrual method of accounting. Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition:** The Plan's investments are stated at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Fair Value Measurements:** The Accounting Standards Codification (ASC) establishes a framework for measuring fair value. The 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).

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

The three-tier fair value hierarchy includes the following categories:

- Level 1 asset and liability fair values are based on quoted prices in active markets for identical assets and liabilities.
- Level 2 asset and liability fair values are based on observable inputs that include quoted market prices for similar assets or liabilities, quoted market prices that are not in an active market, or other inputs that are observable in the market and can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 assets and liabilities are financial instruments whose value is calculated by the use of pricing models and/or discounted cash flow methodologies, as well as financial instruments for which the determination of fair value requires significant management judgment or estimation.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Further, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

- *Mutual Funds* – Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. Mutual funds are classified as Level 1 measurements.
- *Common/Collective Trust Funds (CCTFs)* – Valued at the NAV provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient should not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. While CCTFs are not reported on exchanges or other public means, these investments are similar to mutual funds and NAV is the basis for current transactions being published because it is available via investor online reporting. CCTFs are classified as Level 1 measurements.

The Plan's financial instruments and other accounts that are subject to fair value measurement and/or disclosure are summarized in Note 3.

**Notes Receivable from Participants:** Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

**Benefit Payments:** Benefits are recorded when paid.

**Administrative Expenses:** Trustee fees are paid by the Plan, and administrative expenses are paid by the Plan Sponsor, except loan processing fees, which are paid by the participants.

**Subsequent Events:** The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued.

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 3 – FAIR VALUE MEASUREMENTS**

The Plan's investments at fair value, by level within the fair value hierarchy, are as follows:

|                               |                   | Fair Value Measurements Using                                              |                                                           |                                                    |
|-------------------------------|-------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                               |                   | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| 2022                          | Fair<br>Value     |                                                                            |                                                           |                                                    |
| Mutual funds                  | \$ 10,807,424     | \$ 10,807,424                                                              | \$ -                                                      | \$ -                                               |
| Common/collective trust funds | 25,219,865        | 25,219,865                                                                 | -                                                         | -                                                  |
|                               | <u>36,027,289</u> | <u>\$ 36,027,289</u>                                                       | <u>\$ -</u>                                               | <u>\$ -</u>                                        |
| 2021                          |                   |                                                                            |                                                           |                                                    |
| Mutual funds                  | \$ 10,458,829     | \$ 10,458,829                                                              | \$ -                                                      | \$ -                                               |
| Common/collective trust funds | 30,201,725        | 30,201,725                                                                 | -                                                         | -                                                  |
|                               | 40,660,554        | \$ 40,660,554                                                              | \$ -                                                      | \$ -                                               |

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2022 are reported under net depreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2022 and 2021, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

**NOTE 4 – INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan holds a Reliance Trust Stable Value Fund Collective Investment Trust, which is primarily composed of investment contracts, including guaranteed investment contracts (GICs), separate account GICs, and securities-backed investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and are therefore reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

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

The common/collective trust fund amounts of \$1,936,214 and \$1,677,240 as of December 31, 2022 and 2021, respectively, were disclosed at contract value. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0%.

**NOTE 5 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in the Plan Sponsor's contributions.

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 6 – TAX STATUS**

The Plan Sponsor has adopted the Principal Life Insurance Non-Standardized Pre-Approved Profit Sharing Plan with CODA, which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020. A favorable determination letter indicates that the form of the Plan is qualified under the applicable requirements of the IRC and is exempt from taxation. Although the Plan has been amended since the adoption, the Plan Administrator believes that the Plan was designed and is currently being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax exempt.

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7 – RISKS AND UNCERTAINTIES**

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

The Plan is required to disclose significant concentrations of credit risk regardless of the degree of such risk. As of December 31, 2022 and 2021, the financial instruments that potentially subject the Plan to a concentration of credit risk consist principally of investments and notes receivable from participants.

**NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under the DOL Rules and Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employees and certain others. Certain investments of the Plan are held by Principal Trust. Principal Trust is the current trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Principal Trust also processes and maintains participant loan accounts.

The Plan Sponsor provides certain accounting and administrative services to the Plan for which no fees are charged. These services constitute exempt party-in-interest transactions under ERISA.

**NOTE 9 – TRUSTEE CERTIFICATION**

The investment balances, notes receivable from participants and related investment information included in the financial statements, accompanying notes and supplemental schedules, summarized below, were derived from statements certified by Principal Trust as of December 31, 2022 and 2021 as complete and accurate in accordance with 29 CFR 2520.103-5 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 9 – TRUSTEE CERTIFICATION (CONTINUED)**

The certified plan assets are as follows:

|                                    | <u>2022</u>                 | <u>2021</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| Investments at contract value:     |                             |                             |
| Common/collective trust funds      | \$ 1,936,214                | \$ 1,677,240                |
| Investments at fair value:         |                             |                             |
| Mutual funds                       | 10,807,424                  | 10,458,829                  |
| Common/collective trust funds      | <u>25,219,865</u>           | <u>30,201,725</u>           |
|                                    | 37,963,503                  | 42,337,794                  |
| Notes receivable from participants | <u>649,799</u>              | <u>692,885</u>              |
|                                    | <u><u>\$ 38,613,302</u></u> | <u><u>\$ 43,030,679</u></u> |

The certified plan loss is as follows:

|                                                                 | <u>2022</u>                  |
|-----------------------------------------------------------------|------------------------------|
| Investment income (loss):                                       |                              |
| Net depreciation in fair value of mutual funds                  | \$ (2,522,782)               |
| Net depreciation in fair value of common/collective trust funds | (5,629,927)                  |
| Interest and dividends                                          | <u>123,218</u>               |
|                                                                 | (8,029,491)                  |
| Interest on notes receivable from participants                  | <u>31,565</u>                |
|                                                                 | <u><u>\$ (7,997,926)</u></u> |

**NOTE 10 – RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS**

A reconciliation of the net assets available for plan benefits per the financial statements to Schedule H of Form 5500 is as follows:

|                                                                           | <u>2022</u>                 | <u>2021</u>                 |
|---------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for plan benefits per the Form 5500                  | \$ 38,412,258               | \$ 43,074,107               |
| Difference between contract value and fair value of the stable value fund | <u>201,044</u>              | <u>(43,098)</u>             |
| Net assets available for plan benefits per the financial statements       | <u><u>\$ 38,613,302</u></u> | <u><u>\$ 43,031,009</u></u> |

The following is a reconciliation of the net depreciation in fair value of assets and net loss per the Form 5500 to the financial statements as of December 31, 2022:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Net depreciation in fair value of common/collective trust funds per form 5500 | \$ (5,874,069)               |
| Difference between contract value and fair value of the stable value fund     | <u>244,142</u>               |
| Net depreciation in fair value of investments per the financial statements    | <u><u>\$ (5,629,927)</u></u> |

**CORSAIR MEMORY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 10 – RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS (CONTINUED)**

|                                                                              |                              |
|------------------------------------------------------------------------------|------------------------------|
| Net loss per the Form 5500                                                   | \$ (4,661,849)               |
| Difference between contract value and fair value of the<br>stable value fund | <u>244,142</u>               |
| Net loss per the financial statements                                        | <u><u>\$ (4,417,707)</u></u> |

**NOTE 11 – PRIOR PERIOD ADJUSTMENT**

The Plan restated its statements of net assets available for plan benefits as of December 31, 2021 in order to correct the valuation of the MetLife fund, which is a fully benefit-responsive investment and should be recorded at contract value instead of fair value per US GAAP in the amount of \$43,098 as follows.

|                                        | <u>2021 Financial</u> | <u>Restated 2021<br/>Financial</u> | <u>Difference</u> |
|----------------------------------------|-----------------------|------------------------------------|-------------------|
| Total investments                      | \$ 42,380,892         | \$ 42,337,794                      | \$ (43,098)       |
| Net assets available for plan benefits | 43,074,107            | 43,031,009                         | (43,098)          |

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**CORSAIR MEMORY 401(K) PLAN**  
**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

**EIN 77-0362371**

**Plan Number 001**

| (a) | (b)                                                     | (c)                                                                                                           | (d)  | (e)                  |
|-----|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Interest Rate, Collateral,<br>Par or Maturity Value | Cost | Current<br>Value     |
| *   | Reliance Trust Company                                  | MetLife Rel SV Ser 25157 CL 0                                                                                 |      | \$ 1,936,214         |
|     | Wilmington Trust                                        | BlackRock Eqty Indx Fd Class 1                                                                                |      | 2,770,806            |
|     | Wilmington Trust                                        | BlackRock Mid Cap Eq Idx CI R                                                                                 |      | 1,660,066            |
|     | Wilmington Trust                                        | BlackRock Russ 2000 Idx CI R                                                                                  |      | 406,961              |
|     | Wilmington Trust                                        | BlackRock EAFE Eq Indx Fd CI 1                                                                                |      | 761,456              |
|     | Wilmington Trust                                        | flexPATH Idx+ Agg 2025 R1                                                                                     |      | 266,369              |
|     | Wilmington Trust                                        | flexPATH Idx+ Agg 2035 R1                                                                                     |      | 220,455              |
|     | Wilmington Trust                                        | flexPATH Idx+ Agg 2045 R1                                                                                     |      | 540,080              |
|     | Wilmington Trust                                        | flexPATH Idx+ Agg 2055 R1                                                                                     |      | 363,153              |
|     | Wilmington Trust                                        | flexPATH Idx+ Agg Retire R1                                                                                   |      | 17,879               |
|     | Wilmington Trust                                        | flexPATH Idx+ Con 2025 R1                                                                                     |      | 164,986              |
|     | Wilmington Trust                                        | flexPATH Idx+ Con 2035 R1                                                                                     |      | 168,654              |
|     | Wilmington Trust                                        | flexPATH Idx+ Con 2045 R1                                                                                     |      | 408,590              |
|     | Wilmington Trust                                        | flexPATH Idx+ Con 2055 R1                                                                                     |      | 118,495              |
|     | Wilmington Trust                                        | flexPATH Idx+ Con Retire R1                                                                                   |      | 33,421               |
|     | Wilmington Trust                                        | flexPATH Idx+ Mod 2025 R1                                                                                     |      | 2,751,741            |
|     | Wilmington Trust                                        | flexPATH Idx+ Mod 2035 R1                                                                                     |      | 2,754,262            |
|     | Wilmington Trust                                        | flexPATH Idx+ Mod 2045 R1                                                                                     |      | 3,142,617            |
|     | Wilmington Trust                                        | flexPATH Idx+ Mod 2055 R1                                                                                     |      | 4,413,393            |
|     | Wilmington Trust                                        | flexPATH Idx+ Mod Retire R1                                                                                   |      | 1,557,233            |
|     | Wilmington Trust, N.A.                                  | flexPATH Idx+ Mod 2065 R1                                                                                     |      | 18,942               |
|     | Wilmington Trust                                        | Core Bond R1 Fund                                                                                             |      | 2,620,936            |
|     | Wilmington Trust                                        | International Stock R1 Fund                                                                                   |      | 59,370               |
|     | PGIM Investments                                        | PGIM Total Ret Bond R5 Fd                                                                                     |      | 234,549              |
|     | Fidelity Investments                                    | Fid LC Gr Index Fund                                                                                          |      | 2,508,679            |
|     | MFS Investment Management                               | MFS Value R6 Fund                                                                                             |      | 2,317,987            |
|     | SEI Trust Company                                       | Allspring Spec M Cap Value R6                                                                                 |      | 1,198,662            |
|     | Cohen & Steers                                          | Cohen & Steers Re Est Sec I Fd                                                                                |      | 79,904               |
|     | Franklin Templeton Investments                          | Franklin Smal Cap Value R6 Fd                                                                                 |      | 184,419              |
|     | JP Morgan Funds                                         | JP Morgan Mid Cap Growth R6 Fd                                                                                |      | 609,729              |
|     | JP Morgan Funds                                         | JP Morgan Sm Cp Growth R6 Fund                                                                                |      | 40,524               |
|     | T. Rowe Price Funds                                     | T. Rowe Price New Horizon Fd                                                                                  |      | 2,585,331            |
|     | American Century Investments                            | Amer Century Emerg Mkts R6 Fd                                                                                 |      | 578,874              |
|     | Vanguard Group                                          | Vanguard Intl Growth Adm Fd                                                                                   |      | 468,766              |
| *   | Participant loans                                       | Interest rates ranging from 4.25% to 8.50%                                                                    | -0-  | 649,799              |
|     |                                                         |                                                                                                               |      | <u>\$ 38,613,302</u> |

*\*Indicates a party-in-interest to the Plan*

**CORSAIR MEMORY 401(K) PLAN**

**SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2022 AND 2021**

| Participant Contributions Transferred Late to Plan                        |                  | Plan Year | Total That Constitute Non-Exempt Prohibited Transactions |                                      |                                          |                                                  |
|---------------------------------------------------------------------------|------------------|-----------|----------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| <div>Check Here if Late Participant Loan Repayments are Included: X</div> |                  |           | Contributions Not Corrected                              | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected under VFCP and PTE 2002-51 |
| X                                                                         | \$ 46,902        | 2021      | \$ -                                                     | \$ -                                 | \$ -                                     | \$ 46,902                                        |
| X                                                                         | 5,879            | 2022      | 5,879                                                    | -                                    | -                                        | -                                                |
|                                                                           | <u>\$ 52,781</u> |           | <u>\$ 5,879</u>                                          | <u>\$ -</u>                          | <u>\$ -</u>                              | <u>\$ 46,902</u>                                 |

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

C M 401() P

EIN 77 0362371  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Agg Retire R1                                                            | \$ 0.00     | \$ 17,878.80         |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Agg 2025 R1                                                              | \$ 0.00     | \$ 266,369.17        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Agg 2035 R1                                                              | \$ 0.00     | \$ 220,455.39        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Agg 2045 R1                                                              | \$ 0.00     | \$ 540,080.46        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Agg 2055 R1                                                              | \$ 0.00     | \$ 363,152.92        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Con Retire R1                                                            | \$ 0.00     | \$ 33,421.05         |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Con 2025 R1                                                              | \$ 0.00     | \$ 164,985.77        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Con 2035 R1                                                              | \$ 0.00     | \$ 168,653.86        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Con 2045 R1                                                              | \$ 0.00     | \$ 408,589.98        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Con 2055 R1                                                              | \$ 0.00     | \$ 118,495.47        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Mod Retire R1                                                            | \$ 0.00     | \$ 1,557,232.52      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Mod 2025 R1                                                              | \$ 0.00     | \$ 2,751,740.98      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Mod 2035 R1                                                              | \$ 0.00     | \$ 2,754,261.56      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Mod 2045 R1                                                              | \$ 0.00     | \$ 3,142,616.94      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>flexPATH Idx+ Mod 2055 R1                                                              | \$ 0.00     | \$ 4,413,392.57      |

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

C M 401() P

EIN 77 0362371  
PLAN NUMBER 001  
PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | SEI TRUST COMPANY                                                | Registered Investment Company<br>Allspring Spec M Cap Value R6                                                    | \$ 0.00     | \$ 1,198,661.97      |
|     | American Century Investments                                     | Registered Investment Company<br>Amer Century Emerg Mkts R6 Fd                                                    | \$ 0.00     | \$ 578,873.97        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>BlackRock Eqty Indx Fd Class 1                                                         | \$ 0.00     | \$ 2,770,805.90      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>BlackRock EAFE Eq Indx Fd Cl 1                                                         | \$ 0.00     | \$ 761,456.32        |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>BlackRock Mid Cap Eq Idx Cl R                                                          | \$ 0.00     | \$ 1,660,066.08      |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>BlackRock Russ 2000 Idx Cl R                                                           | \$ 0.00     | \$ 406,960.76        |
|     | Cohen & Steers                                                   | Registered Investment Company<br>Cohen & Steers Re Est Sec I Fd                                                   | \$ 0.00     | \$ 79,903.52         |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>Core Bond R1 Fund                                                                      | \$ 0.00     | \$ 2,620,936.42      |
|     | Franklin Templeton Investments                                   | Registered Investment Company<br>Franklin Small Cap Value R6 Fd                                                   | \$ 0.00     | \$ 184,419.05        |
|     | Fidelity Investments                                             | Registered Investment Company<br>FID LC GR INDEX FUND                                                             | \$ 0.00     | \$ 2,508,678.31      |
|     | WILMINGTON TRUST, N.A.                                           | Common/Collective Trust<br>FLEXPATH INDEX+ MOD 2065 R1                                                            | \$ 0.00     | \$ 18,942.11         |
|     | Wilmington Trust                                                 | Common/Collective Trust<br>International Stock R1 Fund                                                            | \$ 0.00     | \$ 59,369.69         |
|     | JP Morgan Funds                                                  | Registered Investment Company<br>JP Morgan Mid Cap Growth R6 Fd                                                   | \$ 0.00     | \$ 609,729.40        |
|     | JP Morgan Funds                                                  | Registered Investment Company<br>JP Morgan Sm Cp Growth R6 Fund                                                   | \$ 0.00     | \$ 40,523.97         |
| *   | Reliance Trust Company                                           | Common/Collective Trust<br>MetLife Rel SV Ser 25157 Cl 0                                                          | \$ 0.00     | \$ 1,735,170.28      |

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

C M 401() P  
EIN 77 0362371  
PLAN NUMBER 001  
PLAN YEAR 01/01/2022 TO 12/31/2022

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | MFS Investment Management                                        | Registered Investment Company<br>MFS Value R6 Fund                                                                | \$ 0.00     | \$ 2,317,986.62      |
|     | PGIM Investments                                                 | Registered Investment Company<br>PGIM Global Total Ret R6 Fd                                                      | \$ 0.00     | \$ 234,549.34        |
|     | T. Rowe Price Funds                                              | Registered Investment Company<br>T. Rowe Price New Horizon Fd                                                     | \$ 0.00     | \$ 2,585,331.41      |
|     | Vanguard Group                                                   | Registered Investment Company<br>VANGUARD INTL GROWTH ADM FD                                                      | \$ 0.00     | \$ 468,766.34        |
| *   | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 4.25% To 8.50%                                                        | \$ 0.00     | \$ 649,799.00        |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |

