

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 12/31/2021	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☒ the first return/report ☐ the final return/report ☒ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TREASURE DATA, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TREASURE DATA, INC. 800 W EL CAMINO READ SUITE 180 MOUNTAIN VIEW, CA 94040
2b	Employer Identification Number (EIN) 45-2602506
2c	Plan Sponsor's telephone number 469-794-7945
2d	Business code (see instructions) 518210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2024	ANNA CLAYTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	143
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	143
a(2) Total number of active participants at the end of the plan year		6a(2)	223
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	223
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	221
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 12/31/2021	
A Name of plan TREASURE DATA, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TREASURE DATA, INC.	D Employer Identification Number (EIN) 45-2602506

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	514934-01	221	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	201871
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	86234

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	5747
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	203
	(4) Transferred from separate account.....	7c(4)	190955
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5)	210
	(6) Total additions	7c(6)	197115
d	Total of balance and additions (add lines 7b and 7c(6))	7d	197115
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6
	(2) Administration charge made by carrier.....	7e(2)	-4786
	(3) Transferred to separate account.....	7e(3)	24
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	-4756
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	201871

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 12/31/2021		
A Name of plan TREASURE DATA, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TREASURE DATA, INC.	D Employer Identification Number (EIN) 45-2602506	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 12/31/2021		
A Name of plan TREASURE DATA, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 TREASURE DATA, INC.		
D Employer Identification Number (EIN) 45-2602506		

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	65622
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	86234
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	14965164
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	201871
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	0	15318891

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	15318891
---	-----------	---	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	240954	
(B) Participants	2a(1)(B)	653122	
(C) Others (including rollovers).....	2a(1)(C)	177578	
(2) Noncash contributions.....	2a(2)	0	1071654
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	728	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		728
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1096473
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1096473	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1096473
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-1768
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-998135
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1168952
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1016103	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1016103
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1016103
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		152849
l Transfers of assets:			
(1) To this plan.....	2l(1)		15166042
(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: **BPM LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 12/31/2021

A Name of plan <u>TREASURE DATA, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TREASURE DATA, INC.</u>	D Employer Identification Number (EIN) <u>45-2602506</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

TREASURE DATA, INC. 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

For the year ended December 31, 2022 and for the
period from October 1, 2021 to December 31, 2021

TREASURE DATA, INC. 401(k) PLAN

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TREASURE DATA, INC. 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(EIN: 45-2602506 – Plan Number 002)

As of December 31, 2022

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	MassMutual Select T.Rowe Price Retirement 2045 Fund	Mutual Fund	\$ 2,030,308
	Fidelity 500 Index Fund	Mutual Fund	1,783,571
*	MassMutual Select T.Rowe Price Retirement 2040 Fund	Mutual Fund	1,736,880
*	MassMutual Select T.Rowe Price Retirement 2055 Fund	Mutual Fund	1,428,871
*	MassMutual Select T.Rowe Price Retirement 2050 Fund	Mutual Fund	1,284,547
*	MassMutual Select T.Rowe Price Retirement 2035 Fund	Mutual Fund	1,081,886
*	MassMutual Select T.Rowe Price Retirement 2030 Fund	Mutual Fund	1,081,121
	JPMorgan International Equity Fund	Mutual Fund	532,188
*	MassMutual Select T.Rowe Price Retirement 2060 Fund	Mutual Fund	438,677
	Fidelity Mid-Cap Index Fund	Mutual Fund	403,875
	Fidelity Small Cap Index Fund	Mutual Fund	390,597
*	MFS Growth Fund	Mutual Fund	289,629
	Fidelity Emerging Markets Index Fund	Mutual Fund	288,783
*	MassMutual Select T.Rowe Price Retirement 2005 Fund	Mutual Fund	174,594
	Fidelity U.S. Bond Fund	Mutual Fund	167,028
*	MassMutual Select T.Rowe Price Retirement 2025 Fund	Mutual Fund	166,739
	JPMorgan Small Cap Fund	Mutual Fund	166,153
	Fidelity Real Estate Index Fund	Mutual Fund	156,729
	BlackRock Total Return Fund	Mutual Fund	145,108
*	MassMutual Select T.Rowe Price Retirement 2010 Fund	Mutual Fund	135,242
	JPMorgan Mid-Cap Growth Fund	Mutual Fund	120,440
	MFS Mid-Cap Value Fund	Mutual Fund	113,386
*	MassMutual Select T.Rowe Price Retirement 2020 Fund	Mutual Fund	97,060
	Lord Abbett Developing Growth Fund	Mutual Fund	94,235
*	MassMutual Select T.Rowe Price Retirement 2015 Fund	Mutual Fund	65,622
	Allspring Special Small Cap Value Fund	Mutual Fund	28,840
	PGIM High-Yield Fund	Mutual Fund	26,581
			14,428,690
*	EI Fixed Account	Guaranteed investment contract	417,154
	Putnam Large Cap Value Fund	Collective trust fund	351,904
*	Participant loans	Interest rates at 4.25% to 8.00%; various maturities through 2037	36,068
			\$ 15,233,816
*	Party-in-interest		

TREASURE DATA, INC. 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(EIN: 45-2602506 – Plan Number 002)

As of December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	MassMutual Select T.Rowe Price Retirement 2045 Fund	Mutual Fund	\$ 2,692,272
*	MassMutual Select T.Rowe Price Retirement 2040 Fund	Mutual Fund	1,629,484
*	MassMutual Select T.Rowe Price Retirement 2030 Fund	Mutual Fund	1,615,539
*	MassMutual Select T.Rowe Price Retirement 2050 Fund	Mutual Fund	1,543,490
*	MassMutual Select T.Rowe Price Retirement 2055 Fund	Mutual Fund	1,472,531
*	MassMutual Select T.Rowe Price Retirement 2025 Fund	Mutual Fund	1,273,567
*	MassMutual Select T.Rowe Price Retirement 2035 Fund	Mutual Fund	1,254,203
	Fidelity 500 Index Fund	Mutual Fund	1,207,702
*	MassMutual Select T.Rowe Price Retirement 2060 Fund	Mutual Fund	475,152
	Fidelity Mid-Cap Index Fund	Mutual Fund	326,404
	Fidelity Small Cap Index Fund	Mutual Fund	302,388
	JPMorgan Mid-Cap Growth Fund	Mutual Fund	152,346
	JPMorgan Small Cap Fund	Mutual Fund	137,295
	JPMorgan International Equity Fund	Mutual Fund	128,849
	Fidelity Emerging Markets Index Fund	Mutual Fund	106,955
	MFS Growth Fund	Mutual Fund	101,004
*	MassMutual Select T.Rowe Price Retirement 2020 Fund	Mutual Fund	99,714
	Fidelity Real Estate Index Fund	Mutual Fund	97,916
	MFS Mid-Cap Value Fund	Mutual Fund	57,996
*	MassMutual Select T.Rowe Price Retirement 2015 Fund	Mutual Fund	57,173
	Lord Abbett Developing Growth Fund	Mutual Fund	55,948
	Fidelity U.S. Bond Fund	Mutual Fund	47,974
	BlackRock Total Return Fund	Mutual Fund	39,811
	PGIM High-Yield Fund	Mutual Fund	33,813
*	MassMutual Select T.Rowe Price Retirement 2005 Fund	Mutual Fund	30,128
*	MassMutual Select T.Rowe Price Retirement 2010 Fund	Mutual Fund	13,122
	Allspring Special Small Cap Value Fund	Mutual Fund	12,388
			14,965,164
*	GWI Fixed Account	Guaranteed investment contract	201,871
	Putnam Large Cap Value Fund	Collective trust fund	86,234
*	Participant loans	Interest rate at 4.25%: various maturities through 2026	65,622
			\$ 15,318,891
*	Party-in-interest		



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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of
Treasure Data, Inc. 401(k) Plan

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

We have performed audits of the financial statements of Treasure Data, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institutions as of and for the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with U.S. GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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

Other Matter – *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 and 2021, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BPM LLP

San Francisco, California
May 23, 2024

TREASURE DATA, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments:		
Mutual funds, at fair value	\$ 14,428,690	\$ 14,965,164
Common collective trust, at fair value	351,904	86,234
Guaranteed investment contract, at contract value	417,154	201,871
	<u>15,197,748</u>	<u>15,253,269</u>
Total investments		
Receivables:		
Employer contribution receivable	116,968	57,220
Participant contributions receivable	-	2,621
Participant notes receivable	36,068	65,622
	<u>153,036</u>	<u>125,463</u>
Total receivables		
Total assets	<u>15,350,784</u>	<u>15,378,732</u>
Net assets available for benefits	<u>\$ 15,350,784</u>	<u>\$ 15,378,732</u>

TREASURE DATA, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2022 and for the
Period from October 1, 2021 to December 31, 2021

	For the year ended December 31, 2022	For the period from October 1, 2021 to December 31, 2021
Changes to net assets attributed to:		
Investment income (loss):		
Net depreciation in fair value of mutual funds and common/collective trust	\$ (4,003,415)	\$ (999,903)
Interest and dividends	1,294,133	1,096,473
Total investment (loss) income	(2,709,282)	96,570
Interest on participant notes receivable	713	728
Contributions and rollovers:		
Participants' contributions	3,764,048	655,743
Employer contributions	1,700,135	298,174
Rollovers	679,025	177,578
Total contributions and rollovers	6,143,208	1,131,495
Benefit payments and administrative expenses:		
Benefits paid to participants	(3,420,429)	(1,016,103)
Administrative expenses	(42,158)	-
Total benefit payments and administrative expenses	(3,462,587)	(1,016,103)
Net (decrease) increase in net assets	(27,948)	212,690
Transfer in from the ARM 401(k) Plan (Note 11)	-	15,166,042
Net assets available for benefits:		
Beginning of year	15,378,732	-
End of year	\$ 15,350,784	\$ 15,378,732

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

1. Plan Description

The following description of Treasure Data, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering eligible employees who are employed by Treasure Data, Inc. (“Treasure Data”, the “Plan Sponsor”, or the “Company”). The Plan originally became effective on January 1, 1996, and was most recently amended and restated effective October 1, 2021. In June of 2021, Arm, Inc. distributed all of the equity interests in Treasure Data, Inc. and its subsidiaries to Arm, Inc.’s shareholders due to a spin off. Effective October 1, 2021, all account balances of participants employed by Treasure Data were transferred from the Arm, Inc. 401(k) Savings Plan to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and to certain sections of the Internal Revenue Code (“IRC”). All employees who have reached the age of 18 and who have completed one month of service are automatically enrolled in the Plan at 4% of eligible compensation with automatic increases of 1% per year up to 10% of eligible compensation, unless they opt out, and will enter the Plan on the first day of month following eligibility requirements being met. Certain classes of employees, as defined by the Plan document, are excluded from participating in the Plan.

Plan Administration

The Plan Sponsor is the administrator of the Plan. As administrator, the Plan Sponsor has authority and responsibility for matters in connection with the operation and administration of the Plan (including the authority to select the investment options, which are available for employees to select). As of December 31, 2022 and 2021 and for the year ended December 31, 2022, Empower Annuity Insurance Company of America (formally named Great-West Life & Annuity Insurance Company) and Empower Trust Company, LLC (formally named Great-West Trust Company, LLC) were appointed as the Plan’s custodian and trustee, respectively, and acted at the direction of the Plan’s administrator. Effective August 1, 2022, Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC were renamed to Empower Annuity Insurance Company of America and Empower Trust Company, LLC, respectively. The changes in name were not the result of any changes in business, ownership or corporate structure.

The Retirement Plan Committee responsible for oversight of the Plan. The Retirement Plan Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance.

Contributions

Employees who elect to participate in the Plan may contribute a portion of their eligible compensation on a pre-tax, Roth, or after-tax basis pursuant to Code Section 401(a) up to limits imposed by Section 402(g) of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Plan Sponsor may make discretionary matching contributions based on employee elective deferrals, as well as discretionary nonelective contributions. For the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021, the Company made a discretionary employer matching contribution of 100% of deferrals up to 4% of eligible compensation, which amounted to \$1,700,100 and \$298,174, respectively. For the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021, there was no employer nonelective contributions made or approved. Participants direct the investment of their contributions into various investment options offered by the Plan.

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

1. Plan Description, continued

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company contributions (if any), Plan earnings or losses, and rollovers from other qualified plans. Plan earnings or losses are allocated based upon each participant's account balance daily. Certain fees are charged to the fund investments and are offset against Plan investment income and loss as presented on the statements of changes in net assets available for benefits.

Participants should refer to the prospectuses of these funds for details on the various types and amounts of investment fees charged to the Plan and their individual accounts.

Vesting

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

Participant Notes Receivable

Participants are allowed one loan at any time and may borrow from their fund accounts a minimum of \$1,000, up to 50% of the value of their account balance, or \$50,000, whichever is less. Participant notes receivable terms range from one to five years, except for loans used to purchase a primary residence, which must be payable within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar loans. Participant notes receivable are secured by no more than 50% of the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates at the time the loan originates. The interest rates on participant notes receivable as of December 31, 2022 and 2021 ranged from 4.25% to 8.00% per annum. Principal and interest are paid in equal installments through bi-weekly payroll deductions, personal checks from employees on leave, or cashier's checks for the full payoff of loans.

Payments of Benefits

When participants leave the employer, upon retirement or for any other reason, those participants (or their beneficiaries) may receive the full value of their salary deferrals, vested employer contribution, rollovers, and the net earnings thereon in a single lump-sum payment or installments. In-service distributions are available to participants at age 59½. Financial hardship distributions are available for certain immediate and heavy financial needs. Participants should refer to the Plan document for the specific needs that qualify for a financial hardship distribution.

In order to receive distributions, participants (or their beneficiaries) are required to file the appropriate forms with the Plan's administrator. Account values will be determined as of the day the distribution is made.

Distributions under the Plan shall generally be made as soon as possible after the date of retirement, date of death, or termination of employment. The Plan provides for a mandatory force out distribution of \$5,000. In the event of a mandatory distribution greater than \$1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the Plan's administrator will pay the distribution in a direct rollover to an Individual Retirement Account designated by the Plan's administrator.

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

1. Plan Description, continued

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions in a specific percentage or dollar amount into a series of mutual funds, a common/collective trust, and a guaranteed investment contract offered by the Plan. Participants may change their investment options at any time.

Forfeitures

Forfeitures that occur during a Plan year are used to reduce expenses related to the administration of the Plan and to reduce future employer discretionary contributions. Forfeitures amounted to approximately \$34 and \$4,793 as of December 31, 2022 and 2021, respectively. Forfeiture amounts of approximately \$4,786 were used for Plan fees for the year ended December 31, 2022.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, and trustee. See Note 4 for discussion of fair value measurements.

Investments in securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the valuation period. In accordance with the policy of stating investments at fair value, net realized and unrealized appreciation (depreciation) for the year is reflected in the statements of changes in net assets available for benefits.

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

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

2. Summary of Significant Accounting Policies, continued

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance 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 are 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's 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.

Payment of Benefits

Benefit payments are recorded when paid.

Expenses

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

Information Certified by the Custodian and Trustee

Empower Annuity Insurance Company of America (formerly named Great-West Life & Annuity Insurance Company) and Empower Trust Company, LLC (formerly named Great-West Trust Company, LLC), the custodian and trustee of the Plan, respectively, have prepared and certified as complete and accurate the Plan's schedule of investment assets, notes receivable from participants, transactions, net realized and unrealized gains and losses on investments, and interest and income, which was used to prepare the accompanying financial statements and supplemental schedules.

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

3. Certified Information

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by Empower Annuity Insurance Company of America (formerly named Great West Life & Annuity Insurance Company) and Empower Trust Company, LLC (formerly named Great West Trust Company, LLC) as of December 31, 2022 and 2021 and for the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021:

	December 31, 2022	December 31, 2021
Investments:		
Mutual funds	\$ 14,428,690	\$ 14,965,164
Common/ collective trust	\$ 351,904	\$ 86,234
Guaranteed investment contract	\$ 417,154	\$ 201,871
Participant notes receivable	\$ 36,068	\$ 65,622
	For the year ended December 31, 2022	For the period from October 1, 2021 to December 31, 2021
Interest and dividends	\$ 1,294,133	\$ 1,096,473
Interest on participant notes receivable	\$ 713	\$ 728
Net depreciation in fair value of mutual funds and common/collective trust	\$ (4,003,415)	\$ (999,903)

4. Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

4. Fair Value Measurements, continued

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

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

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

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

Common/collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

	Investments at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 14,428,690	\$ -	\$ -	\$ 14,428,690
Common/collective trust measured at net asset value				351,904
Total investments, at fair value				\$ 14,780,594

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

4. Fair Value Measurements, continued

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 14,965,164	\$ -	\$ -	\$ 14,965,164
Common/collective trust measured at net asset value				86,234
Total investments, at fair value				\$ 15,051,398

The Plan's investments include a common collective trust fund, which is measured at fair value using the NAV per share practical expedient. This investment is not categorized within the fair value hierarchy.

Fair Value of Investments in Entities that Use NAV

The following tables summarize the Plan's investment that is measured at fair value based on NAV per share as of December 31, 2022 and 2021. There are no participant redemption restrictions for this investment; the redemption notice period is applicable to the Plan.

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if eligible)	Redemption Notice Period
Collective trust fund:				
Putnam Large Cap Value Fund	\$ 351,904	N/A	Daily	30 days
December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if eligible)	Redemption Notice Period
Collective trust fund:				
Putnam Large Cap Value Fund	\$ 86,234	N/A	Daily	30 days

5. Investment Contract with Empower

As of December 31, 2022 and 2021, the Plan held a traditional fully benefit-responsive guaranteed investment contract, the Key Guaranteed Portfolio Fund ("Contract"), totaling \$417,154 and \$201,871, respectively, with Empower Annuity Insurance Company of America, who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The methodology for calculating the interest crediting rate is based on the earning of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the Contract, and prevailing market conditions. Interest crediting rate is reset quarterly. The Contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

5. Investment Contract with Empower, continued

This Contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity Insurance Company of America, represents contributions made under the Contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, and (5) premature termination of the Contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the Contract with the Plan and settle at an amount different from Contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the Contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

6. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodian and trustee of the Plan, respectively. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investments, as they are paid through the ERISA spending account, which is a revenue sharing account rather than a direct payment. For the year ended December 31, 2022, \$15,852 was paid out of the ERISA spending account for Plan advisor related fees.

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

7. Tax Status

The Plan adopted a prototype non-standardized profit-sharing plan document, which obtained its latest opinion letter dated November 14, 2022, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC.

The Plan has been amended since receiving its opinion letter. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and ERISA, and that the trust, which forms a part of the Plan, is exempt from income tax. Accordingly, no provision has been made for federal or state income taxes.

8. Plan Termination

The Plan Sponsor established the Plan with the intention and expectation that the Plan will continue indefinitely. However, 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 Plan termination, participants will become 100% vested in their non-vested accounts. The Plan Sponsor may direct that either (a) benefits be distributed to the participants in any manner permitted by the Plan as soon as practicable, or (b) the trust created by the Plan be continued and benefits be distributed to the participants or their beneficiaries as if the Plan had not terminated.

9. Risks and Uncertainties

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

The Plan held investments in three funds that represented 13%, 12% and 11% of the Plan's net assets as of December 31, 2022.

The Plan held investments in five funds that represented 18%, 11%, 11%, 10% and 10% of the Plan's net assets as of December 31, 2021.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2022 and 2021, to Form 5500:

	2022	2021
Net assets available for benefits per financial statements	\$ 15,350,784	\$ 15,378,732
Employer contribution receivable	(116,968)	(57,220)
Participant contributions receivable	-	(2,621)
Net assets available for benefits per Form 5500	<u>\$ 15,233,816</u>	<u>\$ 15,318,891</u>

TREASURE DATA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022

10. Reconciliation of Financial Statements to Form 5500, continued

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2022 and for the period from October 1, 2021 to December 31, 2021, to Form 5500:

	For the year ended December 31, 2022	For the period from October 1, to December 31, 2021
Per the financial statements	\$ (27,948)	\$ 212,690
Employer contribution receivable, 2022	(116,968)	-
Employer contribution receivable, 2021	57,220	(57,220)
Participant contributions receivable, 2022	-	-
Participant contributions receivable, 2021	2,621	(2,621)
Per the Form 5500	<u>\$ (85,075)</u>	<u>\$ 152,849</u>

11. Transfer

The Plan was formed effective October 1, 2021. The following amounts were transferred into the Plan due to a spin off from the Arm, Inc. 401(k) Savings Plan: \$14,935,565 asset conversion, \$60,350 of participant notes receivable and \$170,127 related to the September 30, 2021 paycheck date for a total transfer of \$15,166,042.

12. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through May 23, 2024, the date which these financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2022 that require recognition or disclosure in these financial statements.

SUPPLEMENTAL SCHEDULES

TREASURE DATA, INC. 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(EIN: 45-2602506 – Plan Number 002)

As of December 31, 2022

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	MassMutual Select T.Rowe Price Retirement 2045 Fund	Mutual Fund	\$ 2,030,308
	Fidelity 500 Index Fund	Mutual Fund	1,783,571
*	MassMutual Select T.Rowe Price Retirement 2040 Fund	Mutual Fund	1,736,880
*	MassMutual Select T.Rowe Price Retirement 2055 Fund	Mutual Fund	1,428,871
*	MassMutual Select T.Rowe Price Retirement 2050 Fund	Mutual Fund	1,284,547
*	MassMutual Select T.Rowe Price Retirement 2035 Fund	Mutual Fund	1,081,886
*	MassMutual Select T.Rowe Price Retirement 2030 Fund	Mutual Fund	1,081,121
	JPMorgan International Equity Fund	Mutual Fund	532,188
*	MassMutual Select T.Rowe Price Retirement 2060 Fund	Mutual Fund	438,677
	Fidelity Mid-Cap Index Fund	Mutual Fund	403,875
	Fidelity Small Cap Index Fund	Mutual Fund	390,597
*	MFS Growth Fund	Mutual Fund	289,629
	Fidelity Emerging Markets Index Fund	Mutual Fund	288,783
*	MassMutual Select T.Rowe Price Retirement 2005 Fund	Mutual Fund	174,594
	Fidelity U.S. Bond Fund	Mutual Fund	167,028
*	MassMutual Select T.Rowe Price Retirement 2025 Fund	Mutual Fund	166,739
	JPMorgan Small Cap Fund	Mutual Fund	166,153
	Fidelity Real Estate Index Fund	Mutual Fund	156,729
	BlackRock Total Return Fund	Mutual Fund	145,108
*	MassMutual Select T.Rowe Price Retirement 2010 Fund	Mutual Fund	135,242
	JPMorgan Mid-Cap Growth Fund	Mutual Fund	120,440
	MFS Mid-Cap Value Fund	Mutual Fund	113,386
*	MassMutual Select T.Rowe Price Retirement 2020 Fund	Mutual Fund	97,060
	Lord Abbett Developing Growth Fund	Mutual Fund	94,235
*	MassMutual Select T.Rowe Price Retirement 2015 Fund	Mutual Fund	65,622
	Allspring Special Small Cap Value Fund	Mutual Fund	28,840
	PGIM High-Yield Fund	Mutual Fund	26,581
			14,428,690
*	EI Fixed Account	Guaranteed investment contract	417,154
	Putnam Large Cap Value Fund	Collective trust fund	351,904
*	Participant loans	Interest rates at 4.25% to 8.00%; various maturities through 2037	36,068
			\$ 15,233,816
*	Party-in-interest		

TREASURE DATA, INC. 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(EIN: 45-2602506 – Plan Number 002)

As of December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
*	MassMutual Select T.Rowe Price Retirement 2045 Fund	Mutual Fund	\$ 2,692,272
*	MassMutual Select T.Rowe Price Retirement 2040 Fund	Mutual Fund	1,629,484
*	MassMutual Select T.Rowe Price Retirement 2030 Fund	Mutual Fund	1,615,539
*	MassMutual Select T.Rowe Price Retirement 2050 Fund	Mutual Fund	1,543,490
*	MassMutual Select T.Rowe Price Retirement 2055 Fund	Mutual Fund	1,472,531
*	MassMutual Select T.Rowe Price Retirement 2025 Fund	Mutual Fund	1,273,567
*	MassMutual Select T.Rowe Price Retirement 2035 Fund	Mutual Fund	1,254,203
	Fidelity 500 Index Fund	Mutual Fund	1,207,702
*	MassMutual Select T.Rowe Price Retirement 2060 Fund	Mutual Fund	475,152
	Fidelity Mid-Cap Index Fund	Mutual Fund	326,404
	Fidelity Small Cap Index Fund	Mutual Fund	302,388
	JPMorgan Mid-Cap Growth Fund	Mutual Fund	152,346
	JPMorgan Small Cap Fund	Mutual Fund	137,295
	JPMorgan International Equity Fund	Mutual Fund	128,849
	Fidelity Emerging Markets Index Fund	Mutual Fund	106,955
	MFS Growth Fund	Mutual Fund	101,004
*	MassMutual Select T.Rowe Price Retirement 2020 Fund	Mutual Fund	99,714
	Fidelity Real Estate Index Fund	Mutual Fund	97,916
	MFS Mid-Cap Value Fund	Mutual Fund	57,996
*	MassMutual Select T.Rowe Price Retirement 2015 Fund	Mutual Fund	57,173
	Lord Abbett Developing Growth Fund	Mutual Fund	55,948
	Fidelity U.S. Bond Fund	Mutual Fund	47,974
	BlackRock Total Return Fund	Mutual Fund	39,811
	PGIM High-Yield Fund	Mutual Fund	33,813
*	MassMutual Select T.Rowe Price Retirement 2005 Fund	Mutual Fund	30,128
*	MassMutual Select T.Rowe Price Retirement 2010 Fund	Mutual Fund	13,122
	Allspring Special Small Cap Value Fund	Mutual Fund	12,388
			14,965,164
*	GWI Fixed Account	Guaranteed investment contract	201,871
	Putnam Large Cap Value Fund	Collective trust fund	86,234
*	Participant loans	Interest rate at 4.25%: various maturities through 2026	65,622
			\$ 15,318,891
*	Party-in-interest		

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Treasure Data, Inc. 401(k) Plan

01-JAN-21 to 31-DEC-21

22-JAN-22 10:30:19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MMDDX			1,649,542.77	1,543,490.05
1MMFBX			33,552.57	30,128.47
1MMXBX			13,045.22	13,121.62
1MMFHX			62,439.39	57,173.27
1MMTWX			110,170.36	99,714.28
1MMTFX			1,398,237.81	1,273,567.27
1MMTRX			1,758,390.79	1,615,538.60
1MMTJX			1,352,929.31	1,254,202.89
1MMFOX			1,753,738.28	1,629,483.90
1MMFTX			2,897,768.31	2,692,272.46
1MMDJX			1,576,605.14	1,472,531.39
1MMSKX			509,215.73	475,152.31
1FPADX			111,957.02	106,954.97
1JNEMX			133,383.95	128,848.65
1FSRNX			92,538.91	97,916.34
1FSSNX			321,833.07	302,387.93
1JSVUX			154,535.85	137,295.44
1LADVX			64,601.14	55,947.87
1ESPRX			13,172.81	12,386.12
1FSMDX			335,666.43	326,403.60
1JMGMX			168,212.47	152,345.96
1MVCKX			59,178.89	57,995.99
1FXAIX			1,169,449.92	1,207,702.66
1MFEKX			101,510.79	101,003.94
1PLCVIA			84,466.02	86,233.74
1MPHQX			39,974.86	39,810.62
1FXNAX			48,064.80	47,974.34
1PHYQX			34,142.19	33,813.10
1GWAQ25		1.400	196,882.07	197,078.26
			16,245,206.87	15,248,476.04
PARTICIPANT LOANS	VARIOUS	4.250-4.250	65,621.82	65,621.82
FORFEITURES			4,786.05	4,792.93

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Treasure Data, Inc. 401(k) Plan

01-JAN-21 to 31-DEC-21

22-JAN-22 10:30:19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1MMDDX	MassMutual Select TRP Retirement 2050 I	1MMFBX	MassMutual Select TRP Retirement 2005 I
1MMXBX	MassMutual Select TRP Retirement 2010 I	1MMFHX	MassMutual Select TRP Retirement 2015 I
1MMTWX	MassMutual Select TRP Retirement 2020 I	1MMTFX	MassMutual Select TRP Retirement 2025 I
1MMTRX	MassMutual Select TRP Retirement 2030 I	1MMTJX	MassMutual Select TRP Retirement 2035 I
1MMFOX	MassMutual Select TRP Retirement 2040 I	1MMFTX	MassMutual Select TRP Retirement 2045 I
1MMDJX	MassMutual Select TRP Retirement 2055 I	1MMSKX	MassMutual Select TRP Retirement 2060 I
1FPADX	Fidelity Emerging Markets Index	1JNEMX	JPMorgan International Equity R6
1FSRNX	Fidelity Real Estate Index Institutional	1FSSNX	Fidelity Small Cap Index
1JSVUX	JPMorgan Small Cap Value R6	1LADVX	Lord Abbett Developing Growth R6
1ESPRX	Allspring Special Small Cap Value R6	1FSMDX	Fidelity Mid Cap Index
1JMGMX	JPMorgan Mid Cap Growth R6	1MVCKX	MFS Mid Cap Value R6
1FXAIX	Fidelity 500 Index	1MFEKX	MFS Growth R6
1PLCVIA	Putnam Large Cap Value Trust IA	1MPHGX	BlackRock Total Return K
1FXNAX	Fidelity US Bond Index	1PHYQX	PGIM High-Yield R6
1GWAQ25	GW Fixed Account - Series Class III		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year