

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: 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

<p>1a Name of plan <u>MULTIPLIER TECHNOLOGIES US INC 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MULTIPLIER TECHNOLOGIES US INC</u></p> <p><u>1644 PLATTE ST.</u> <u>SUITE 400</u> <u>DENVER, CO 80202</u></p>	<p>1c Effective date of plan <u>01/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>87-2355271</u></p> <p>2c Plan Sponsor's telephone number <u>+12029785101</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	AMRITPAL SINGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	159
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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)	113
a(2) Total number of active participants at the end of the plan year	6a(2)	179
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	127
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	306
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	306
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	144
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	270
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	
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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 2S 3B

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan MULTIPLIER TECHNOLOGIES US INC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MULTIPLIER TECHNOLOGIES US INC	D Employer Identification Number (EIN) 87-2355271

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	41160	52163
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	260	105968
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	339308	1399649
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	380728	1557780
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	380728	1557780

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)		
(B) Participants	2a(1)(B)	1037653	
(C) Others (including rollovers)	2a(1)(C)	209142	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1246795
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23882	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		23882
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		130185
c Other income	2c		-587
d Total income. Add all income amounts in column (b) and enter total	2d		1400275

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222473	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		222473
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	750	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		750
j Total expenses. Add all expense amounts in column (b) and enter total	2j		223223

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1177052
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WAGES CREEK**

(2) EIN: **87-4360267**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?		X	
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>MULTIPLIER TECHNOLOGIES US INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MULTIPLIER TECHNOLOGIES US INC</u>	D Employer Identification Number (EIN) <u>87-2355271</u>	

Part I	Distributions
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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>74-3132639</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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

1 INTRODUCTION

1.1 PURPOSE

This audit was conducted as part of our commitment to ensuring the integrity, accuracy, and regulatory compliance of your 401(k) plan. Our comprehensive review aims to provide assurance that the plan is operating in full compliance with relevant federal regulations, including those set forth by the Internal Revenue Service (IRS) and the Department of Labor (DOL). The audit evaluates the accuracy of participant data, employee and employer contributions, the timeliness of deposits, and adherence to contribution limits, as well as the plan's overall operational compliance. Additionally, the audit examines the administration of loans, distributions, and plan withdrawals to ensure they align with plan documents and fiduciary responsibilities. By conducting this audit, we aim to identify any potential areas of concern and provide recommendations to optimize plan management.

1.2 SCOPE

Our audit encompassed a detailed review of the following core areas of the 401(k) plan:

Employee and Employer Contributions: A thorough analysis of contributions, including the accuracy of deferral percentages, employer matching calculations, and the timely remittance of funds in accordance with DOL standards.

Compliance with Contribution Limits: Verification that the plan adheres to IRS limitations on annual contributions (IRC Section 402(g) elective deferral limits and 415(c) total contribution limits).

Nondiscrimination Testing: Review of compliance with nondiscrimination requirements, including the Actual Deferral Percentage (ADP) and Actual Contribution Percentage (ACP) tests, ensuring fairness in benefit allocation among employees.

Participant Loans and Distributions: Examination of the processes governing participant loans and distributions, including hardships, to confirm that these transactions are handled in compliance with IRS and plan-specific requirements.

Participant Eligibility and Enrollment: Verification of proper procedures for participant eligibility, onboarding, and correct application of vesting schedules.

Cybersecurity Risk Assessment: Out of audit scope.

1.3 PERIOD

The audit was conducted for the plan year beginning January 1, 2023, and ending December 31, 2023. This period covers all financial transactions, contributions, plan enrollments, distributions, and administrative actions undertaken during the stated timeframe.

2 PLAN OVERVIEW

The Multiplier 401(k) Retirement Plan is a defined contribution plan designed to assist employees in saving for retirement, offering both pre-tax and, if applicable, Roth contributions. Below is a detailed overview of the key elements of the plan:

2.1 PLAN STRUCTURE

The Multiplier 401(k) Plan is a traditional defined contribution plan governed by the Employee Retirement Income Security Act (ERISA) and is administered in compliance with Internal Revenue Service (IRS) regulations and Department of Labor (DOL) guidelines. The plan offers employees the opportunity to make elective deferrals, with the employer providing a matching contribution based on the terms outlined in the plan documents.

The plan provides flexibility to participants through various investment options, allowing them to allocate their funds according to their individual risk tolerance and retirement goals. In addition to the core plan features, the plan includes a loan provision enabling participants to borrow against their account balances, as well as hardship withdrawals under specific conditions.

2.2 KEY FEATURES

Employee Deferrals: Participants are allowed to contribute a percentage of their eligible compensation to the plan, up to the annual IRS limit for the plan year. Employees can choose between pre-tax or Roth contributions.

Employer Contributions: The employer does not currently match any employee contributions.

Vesting Schedule: The plan has no vesting schedule for employer contributions.

Loan and Withdrawal Provisions: The plan includes provisions for participants to take loans against their 401(k) account balances, subject to limitations established by the IRS and the plan itself. Additionally, participants may request hardship withdrawals, which are granted under strict criteria, ensuring compliance with federal guidelines.

2.3 PLAN PARTICIPANTS

As of December 31, 2023, the plan had 177 active participants, with an additional 173 former employees or retirees maintaining balances within the plan. The participant demographics consist of employees across various levels, from entry-level to executive positions, providing retirement savings options for a diverse workforce.

2.4 SERVICE PROVIDERS

The administration of the Multiplier 401(k) Plan is supported by a trusted network of financial and administrative service providers, each fulfilling specific roles within the plan's ecosystem:

Plan Administrator: MTG LLC, dba Betterment Securities ["Betterment"], responsible for the day-to-day operations of the plan, ensuring compliance with regulatory filings, nondiscrimination testing, and general recordkeeping.

Recordkeeper: Inspira Financial Trust, tasked with maintaining accurate participant account records, processing contributions, disbursements, loans, and facilitating participant transactions.

2.5 INVESTMENT OPTIONS

The plan offers participants a diverse menu of investment options, including mutual funds, index funds, and target-date funds. These investment options are regularly reviewed and monitored to ensure they meet performance and risk standards appropriate for retirement savings.

3 AUDIT PROCEDURES

As part of the audit of the Multiplier 401(k) Plan for the plan year ending December 31, 2023, a variety of audit techniques were employed to ensure the plan's compliance with federal regulations, accuracy of financial transactions, and adherence to the plan's governing documents. The procedures undertaken in this audit were as follows:

3.1 REVIEW OF EMPLOYEE AND EMPLOYER CONTRIBUTIONS

A detailed review of all contributions made by plan participants and the employer was conducted to ensure the following:

Accuracy of Deferrals: Participant elective deferrals were checked against the plan's salary deferral elections and employee compensation data to confirm that contributions were correctly calculated based on the elected percentage or dollar amount.

Timeliness of Deposits: Employee deferrals were analyzed to confirm that contributions were remitted to the plan trust in a timely manner, in accordance with Department of Labor regulations regarding prompt deposit deadlines.

Sampling Techniques employed to analyze individual participant data for a cross-section of employees across various pay levels to ensure comprehensive accuracy in contributions.

3.2 COMPLIANCE WITH IRS CONTRIBUTION LIMITS

We conducted a compliance review to verify that all participant and employer contributions adhered to the IRS-imposed limits, including:

Elective Deferral Limits: Ensuring no participant's elective deferrals exceeded the annual IRS limit for 2023 (IRC Section 402(g) limit of \$22,500, or \$30,000 for participants over 50 years of age).

Section 415 Limits: Verifying that the total contributions (including employee elective deferrals and any other contributions) did not exceed the IRC Section 415 limit of \$66,000 (or \$73,500 for participants over 50 years of age) for the plan year.

Contributions were reconciled against payroll records and plan reports to identify any discrepancies or over-contributions that would require corrective action.

3.3 NONDISCRIMINATION TESTING

As required by federal law, the plan must undergo nondiscrimination testing to ensure it does not disproportionately benefit highly compensated employees (HCEs) over non-highly compensated employees (NHCEs). The audit included a review of:

ADP (Actual Deferral Percentage) Test: We analyzed the elective deferral rates between HCEs and NHCEs to ensure compliance with the required ADP thresholds.

ACP (Actual Contribution Percentage) Test: The voluntary after-tax contributions were reviewed to ensure fairness between HCEs and NHCEs.

Top-Heavy Testing: This test was conducted to verify that key employees did not own more than 60% of the plan's total assets.

Any issues identified during nondiscrimination testing were cross-referenced with participant compensation data, and recommendations for corrective measures were provided when/if applicable.

3.4 PARTICIPANT LOANS AND DISTRIBUTIONS

The audit involved a comprehensive review of participant loans and plan distributions, focusing on the following areas:

Loan Compliance: No loan/s issued during the plan year to review.

Hardship Withdrawals: Hardship withdrawals were examined to ensure they were granted according to the plan's criteria and that supporting documentation was properly maintained.

Distributions: We analyzed plan distributions, including rollovers and required minimum distributions (RMDs), to ensure they were processed accurately and in compliance with IRS regulations.

3.5 PARTICIPANT ELIGIBILITY AND ENROLLMENT

The audit included a review of the procedures for enrolling new participants and determining eligibility. This review confirmed:

Participants were accurately identified and enrolled based on the plan's eligibility requirements.

Enrollment periods and automatic deferral provisions, if applicable, were administered in accordance with plan rules.

We sampled participant data to verify eligibility calculations and ensured that any employee who was required to be enrolled in the plan was properly notified and given the opportunity to participate.

3.6 PLAN DOCUMENTATION REVIEW

Finally, we conducted a thorough review of the plan's governing documents, including the plan document, summary plan description (SPD), and any amendments made during the plan year. We ensured the following:

The plan document was consistent with all actions taken during the year, and all required amendments were adopted in accordance with IRS guidelines.

Participant communications, including notices related to contributions, distributions, and plan changes, were reviewed to ensure they complied with ERISA's notice requirements.

4 KEY FINDINGS

The audit of the Multiplier Retirement Savings Plan for the plan year ending December 31, 2023, yielded the following key findings:

4.1 COMPLIANCE WITH IRS AND DOL REGULATIONS

Contributions: The review of employee elective deferrals indicated that they were generally compliant with IRS regulations. All contributions were accurately calculated, and no participant exceeded the IRC Section 402(g) or 415 limits for the plan year.

Timeliness of Deposits: Most employee deferrals were deposited promptly in accordance with DOL requirements. However, there were multiple prior period adjustments where contributions were deposited outside the regulatory timeframe, resulting in minor delays. This was addressed promptly, and corrective action, including earnings calculations, was recommended for these late deposits.

Nondiscrimination Testing: The plan successfully passed both the Actual Deferral Percentage (ADP) and Actual Contribution Percentage (ACP) tests, confirming that the plan does not

disproportionately favor highly compensated employees (HCEs). The plan was also not considered top-heavy, with key employees holding less than 60% of total assets.

4.2 PLAN ADMINISTRATION

Participant Loans: Our review of participant loans revealed that no loans were issued during the plan year. No defaults or compliance breaches were noted.

Distributions: Required minimum distributions (RMDs) calculated correctly for eligible participant, with no noted errors in processing. All other distributions, including rollovers and lump-sum payments, were appropriately handled in compliance with IRS regulations.

4.3 PARTICIPANT ELIGIBILITY AND ENROLLMENT

Eligibility: The audit confirmed that participants were enrolled according to the plan's eligibility rules, and no discrepancies in enrollment procedures were found.

Vesting Schedule: No vesting calculation present for this audit.

4.4 FIDUCIARY AND OPERATIONAL OVERSIGHT

Fiduciary Compliance: The plan's fiduciary obligations were met during the audit period. We noted that all plan assets were held in trust, with no discrepancies between the trust statements and records maintained by the plan's recordkeeper. Fiduciary oversight of plan assets appeared to be in line with ERISA guidelines.

Plan Documentation: All required amendments to the plan were adopted within the IRS-prescribed deadlines. However, we recommend a more thorough review process for participant notices to ensure they are distributed within ERISA-specified timeframes. One distribution-related notice was sent late but did not result in any regulatory penalties.

4.5 ADDITIONAL OBSERVATIONS

Late Deposits: While the issue of late deposits was relatively minor, we recommend that Multiplier's Retirement Savings Plan enhance its payroll-to-plan contribution process to prevent future delays. This can be achieved by setting stricter internal deadlines for remitting employee deferrals.

Document Retention: Improving the retention of supporting documentation is essential to ensure full compliance in the event of future audits. A more centralized, digital recordkeeping system is recommended to maintain consistent and easily accessible records.

5 RECOMMENDATIONS

Based on the findings from the audit of the Multiplier Retirement Savings Plan for the plan year ending December 31, 2023, we recommend the following actions to ensure continued compliance and improve plan operations:

5.1 IMPROVE TIMELINESS OF CONTRIBUTION DEPOSITS

Issue: One instance of late deposit of employee deferrals was identified during the audit.

Recommendation: To prevent future delays, we recommend streamlining the payroll-to-plan deposit process by implementing stricter internal deadlines for transferring employee deferrals. Consider automating contribution remittance and introducing regular audits of the deposit timeline to ensure compliance with DOL regulations on timely deposits.

5.2 ENHANCE DOCUMENTATION FOR HARDSHIP WITHDRAWALS

Issue: Documentation for hardship withdrawals was not included.

Recommendation: Strengthen the process for approving and documenting hardship withdrawals by ensuring that all requests are accompanied by the necessary supporting documentation, such as proof of hardship and authorization forms. Implement a checklist for processing withdrawals to standardize the retention of required documents and reduce the risk of non-compliance.

5.3 UPGRADE CYBERSECURITY MEASURES

Issue: While no cybersecurity audit was conducted, current protections can always be improved to further safeguard participant data.

Recommendation: We recommend implementing multi-factor authentication (MFA) for participants accessing their accounts online. Additionally, formalizing a cybersecurity incident response plan and conducting regular security audits will ensure preparedness against potential threats. Consider employee training on data security best practices to reinforce internal controls.

5.4 REFINE PARTICIPANT COMMUNICATION AND NOTICE DELIVERY

Issue: Distribution-related notices were not included.

Recommendation: Review the internal processes for distributing required participant notices to ensure timely delivery. We suggest implementing a reminder system that tracks notice deadlines and automates sending alerts to responsible parties well before the regulatory due date.

5.5 REGULAR COMPLIANCE REVIEWS AND TRAINING FOR PLAN ADMINISTRATORS

Issue: Some compliance issues, like late deposits and possible documentation gaps, indicate areas for process improvement.

Recommendation: Conduct regular internal reviews of plan operations, focusing on key compliance areas such as contribution processing, eligibility reviews, and distribution documentation. Providing ongoing training for plan administrators and relevant staff on regulatory updates, contribution limits, and nondiscrimination testing can further reduce risks.

5.6 ADOPT A CENTRALIZED DIGITAL RECORDKEEPING SYSTEM

Issue: Documentation for hardship withdrawals and other plan activities were not included.

Recommendation: To enhance efficiency and ensure better record retention, we suggest adopting a centralized digital recordkeeping system. This system should store all participant records, plan documents, and transaction histories in one accessible platform, making it easier to retrieve documentation during future audits or inquiries.

5.7 MONITOR PLAN INVESTMENT PERFORMANCE

Issue: No significant issues were found during the review of investment options, but regular monitoring is crucial.

Recommendation: Regularly review the performance of the plan's investment options to ensure they continue to meet the retirement needs of plan participants. Engage with the plan's financial advisor to evaluate the plan's investment lineup against industry benchmarks and consider offering financial education programs to help participants make informed investment decisions.

6 CONCLUSION

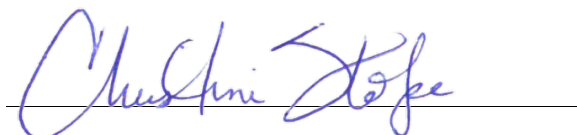
The audit of the Multiplier Retirement Savings Plan for the plan year ending December 31, 2023, demonstrated a high level of operational efficiency and adherence to regulatory standards. The plan's solid foundation, including accurate contributions, effective fiduciary oversight, and successful compliance with nondiscrimination testing, reflects the dedication of the Multiplier team to providing their employees with a well-managed and secure retirement plan.

Notably, the plan's commitment to prompt remittance of contributions and strong recordkeeping practices has helped establish a robust system that serves the best interests of participants. While minor areas for improvement were identified, particularly in the timeliness of a few contributions and the retention of documentation for hardship withdrawals, these issues are relatively small and can be easily addressed through the implementation of recommended enhancements.

The proactive management of the plan, coupled with a willingness to refine processes, ensures that Multiplier remains well-positioned to support the retirement goals of its employees while maintaining full compliance with federal regulations. With continued attention to cybersecurity, participant communication, and plan oversight, the Multiplier Retirement Savings Plan will continue to deliver long-term value and security for its participants.

Wages Creek commends Multiplier on the efficiency and effectiveness with which the plan has been administered, and we are confident that the recommendations provided in this report will further strengthen your retirement savings plan.

Respectfully submitted this 27th of September in the year of 2024 by Christine Stolpe CPP

A handwritten signature in blue ink, reading 'Christine Stolpe', is written over a horizontal line.

Christine Stolpe CPP, Wages Creek

27-September-24

Date Signed

Plan Multi-Asset Schedule O Traded End Date 12/31/2023

Ticker	Investment	Ending Inve	Ending Uni	Ending Mar	Ending Cost Value
GBIL	Goldman S	99.74	30.17636	3009.79	3017.9
COMB	GraniteSha	19.43	17.81336	346.11	351.1
PCY	Invesco Em	20.62	25.46059	525	445.99
STIP	iShares 0-5	98.59	236.3278	23299.56	23109.85
AGG	iShares Cor	99.25	684.8508	67971.44	66909.47
EMB	iShares Em	89.06	392.256	34934.32	33470.99
IJJ	iShares S&I	114.04	1.194542	136.23	120.55
BGRN	iShares Tru	47.23	2.188607	103.37	106.14
JPST	Jpmorgan U	50.23	19.17749	963.29	964.64
SCHF	Schwab Int	36.96	10.28658	380.19	340.25
SCHB	Schwab U.S	55.67	43.81378	2439.11	2257.99
SCHV	Schwab U.S	70.1	3.441667	241.26	221.12
EFAX	SPDR MSCI	39.01	0	0	-0.2
EEMX	SPDR MSCI	30.8	2.018464	62.17	67.63
SLYV	SPDR S&P 6	83.31	1.209617	100.77	88.46
SPEM	SPDR S&P 5	35.41	8.092314	286.55	269.19
KOMP	SPDR S&P 1	46.7	52.1919	2437.36	2443.87
VIG	Vanguard E	170.4	1.483324	252.76	241.37
VEA	Vanguard F	47.9	6545.04	313507.4	290640.5
VWO	Vanguard F	41.1	4318.904	177507	173608.4
VOE	Vanguard M	145.01	603.8532	87564.75	81816.25
VTIP	Vanguard S	47.49	6.521484	309.71	377.27
VBR	Vanguard S	179.97	423.9286	76294.43	68415.42
BNDX	Vanguard T	49.37	1392.783	68761.71	67944.1
VTI	Vanguard T	237.22	1785.925	423657.1	372042.3
VTV	Vanguard V	149.5	751.4647	112344	105273.8
HVLB	Xtrackers L	35.55	62.25592	2213.2	2098.57