

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 2023 This Form is Open to Public Inspection
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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) _____ ☐ 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 SEQUOIA ONE 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2002
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) SEQUOIA ONE PEO, LLC 350 W. WASHINGTON STREET SUITE 301 TEMPE, AZ 85288
2b	Employer Identification Number (EIN) 46-4716239
2c	Plan Sponsor's telephone number 650-369-0200
2d	Business code (see instructions) 524210

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.	10/15/2024	JAMES GIBSON
	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 ☐ Same as Plan Sponsor SEQUOIA ONE 401K PLAN COMMITTEE 350 W. WASHINGTON STREET SUITE 301 TEMPE, AZ 85288		3b Administrator's EIN 46-4716239 3c Administrator's telephone number 650-369-0200	
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	43903
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	35977 31136 3706 8747 43589 0 43589 17650 10053 247
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 2J 2F 2G 2K 3D 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (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 <u>1</u> (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 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 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 SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	899251	1145	01/01/2023	12/31/2023

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	16722130
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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**

16308147

c Additions: (1) Contributions deposited during the year**7c(1)**

4943545

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

731169

(4) Transferred from separate account.....

7c(4)

6194912

(5) Other (specify below)

7c(5)

544337

▶ **LOAN REPAYMENTS AND FORFEITURES**

(6) Total additions

7c(6)

12413963

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

28722110

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

7661538

(2) Administration charge made by carrier

7e(2)

25725

(3) Transferred to separate account.....

7e(3)

4312717

(4) Other (specify below)

7e(4)

(5) Total deductions

7e(5)

11999980

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

16722130

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	10b	

Specify nature of costs.

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239	

Part I

Service Provider Information (see instructions)

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

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)

EMPOWER ANNUITY INS. COMAPNY

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	1938127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QDRO CONSULTANTS COMPANY, LLC

3071 PEARL ROAD
MEDINA, OH 44256

(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?
16 27	INVESTMENT ADVISOR	800	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:

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 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
	A Name of plan SEQUOIA ONE 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC	D Employer Identification Number (EIN) 46-4716239	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4551816	4768937
(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)	752171467	1000571292
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17285410	16938522
(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	774008693	1022278751
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	774008693	1022278751

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)	52539355	
(B) Participants	2a(1)(B)	250829398	
(C) Others (including rollovers)	2a(1)(C)	66484117	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		369852870
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)	268355	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		268355
(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)	22150613	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		22150613
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		142094055
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		534365893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138041679	
(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)		138041679
f Corrective distributions (see instructions)	2f		69887
g Certain deemed distributions of participant loans (see instructions)	2g		386203
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1357831	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	400	
(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)	4204	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1362435
j Total expenses. Add all expense amounts in column (b) and enter total	2j		139860204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		394505689
l Transfers of assets:			
(1) To this plan	2l(1)		70840783
(2) From this plan	2l(2)		217076414

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** 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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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)
ADP	59-2452823	001
ASCENSUS	11-3665754	001
BETTERMENT AT WORK, LLC	90-0735456	001
CHARLES SCHWAB	94-3106735	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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)
EMPOWER	84-0467907	001
FIDELITY	04-3523567	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SEQUOIA ONE 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEQUOIA ONE PEO, LLC		D Employer Identification Number (EIN) 46-4716239
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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: ☐ 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
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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
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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 <u>04 / 07 / 2021</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703120A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 SEQUOIA ONE 401(K) PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SEQUOIA ONE 401K PLAN COMMITTEE	D Administrator's EIN 46-4716239	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 010118 MANAGEMENT, LP (DBA 01	2b EIN 84-2672047	2c Percentage of Total Contributions for the Plan Year 0.07	2d Aggregate Account Balances Attributable to Participating Employer 598765
2a Name of Participating Employer 11 11 MEDIA, LLC	2b EIN 85-3830851	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 110106

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
23RD STREET BERK, LLC DBA BERK	47-4958762	0.09	1095138
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
776 FOUNDATION	87-4537467	0.00	37411
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
776 MANAGEMENT, LLC	85-2968310	0.04	218371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AA VISIONBRIDGE HOLDINGS, L.P.	88-4303194	0.01	35122
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABLY REALTIME, INC.	30-1280910	0.06	178910
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABS DEVELOPMENT 1, INC.	85-4210420	0.04	151814
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCERN CORP.	47-1518457	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCORDION TECHNOLOGIES CORP.	85-3257039	0.07	385541
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACROLINX NORTH AMERICA, INC.	20-4292117	0.28	3830233

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTIONIQ, INC.	47-1110995	0.72	9906792
2a Name of Participating Employer ACTUAL SYSTEMS, INC.	83-3340283	0.05	660679
2a Name of Participating Employer ADENTRO, INC.	45-4101834	0.04	1787803
2a Name of Participating Employer ADFORM INC.	46-4447149	0.07	554860
2a Name of Participating Employer ADYEN NV	46-4716239	0.00	0
2a Name of Participating Employer AETION, INC.	46-1291862	1.66	18836715
2a Name of Participating Employer AGORIC SYSTEMS OPERATING COMPANY	82-5206977	0.13	1521986
2a Name of Participating Employer AI INC	87-3655857	0.04	236456
2a Name of Participating Employer AIR LABS, INC.	81-4937009	0.08	807392

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIR SPACE INTELLIGENCE, INC.	30-0997865	0.04	259075
AIRBORNE SNOW OBSERVATORIES, I	84-2295226	0.14	1029734
AIRWALLEX US, LLC	37-1913769	0.25	2388813
AKAYSHA ENERGY US	93-2155898	0.00	15125
AKEANA USA INC.	86-1978073	0.19	2808999
AKUITY, INC.	86-4003446	0.08	445497
ALDEN HEALTH, INC.	85-2134721	0.01	449838
ALEX MACK INC (DBA COMPOUND)	83-2736001	0.00	43816
ALIF SEMICONDUCTOR USA INC. (D	83-3173368	0.34	3823141

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALIGNED IMAGING, LLC	83-3371280	0.07	471506
ALKYMI INC.	81-5212729	0.06	367672
ALLOCATE HOLDINGS INC.	86-2174553	0.05	0
ALLSTRIPES RESEARCH INC.	35-2611177	0.11	1643910
ALTITUDE NETWORKS, INC.	82-5256892	0.00	8733
AMAGI CORPORATION	47-3625288	0.47	2208327
AMAGI MEDIA LLC	92-0945987	0.01	4664
AMPLE, INC.	47-2514015	0.52	5664850
ANCHOR LABS, INC.	82-3257853	0.73	9545712

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ANROK INC.	85-3719725	0.11	541630
ANYROAD INC	45-4723461	0.25	2635544
AP CADMA HOLDINGS, L.P.	92-1294428	0.02	432756
AP CLIMATE YIELDCO, L.P.	92-1726209	0.03	220390
APARTMENT THERAPY, LLC	04-3720010	0.51	9112918
APIARY	48-1308980	0.00	17727
APPIFY SYSTEMS, INC	82-0833835	0.00	12254
APPLATIX	47-4082294	0.00	136043
ARASTRADERO RESEARCH INSTITUTE	87-1920284	0.36	2169449

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ARCHIPELAGO ANALYTICS HOLDINGS	83-1808623	0.00	0
ARIZE AI, INC.	84-4221839	0.30	2930111
ARKOSE LABS INC	32-0538594	0.25	0
ARQUILA USA LLC	92-1010707	0.08	212713
ART PROCESSORS INC	47-2384993	0.04	129633
ARTA FINANCE, INC.	87-1608433	0.24	1332296
ARTHUR AI, INC.	32-0573447	0.15	1558496
ARTYMIS HOLDINGS, LLC	92-1589937	0.01	23221
ATLANTIC FOOD WASTE PARTNERS, LLC DBA CHOCO	32-0612925	0.03	88540

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLAS AI PBC	82-5055948	0.04	601413
ATLAS SECURITIZED PRODUCTS PARTNERS LP	92-1421772	1.32	11296226
ATOM TECH	86-1806695	0.02	128654
ATOMIC AI, INC	87-0920882	0.07	234155
ATTAINMENT HOLDCO, LLC	83-3246188	0.81	7579426
AURORA SOLAR, INC.	46-3517853	0.38	759947
AUTERION GOVERNMENT SOLUTIONS,	83-3920523	0.03	299587
AUTERION, INC.	83-3920523	0.08	303611
AUTHID INC.	46-2069547	0.09	394328

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTHOMIZE INC	86-1829082	0.03	180258
AUTIFY, INC.	81-3777944	0.01	20781
AVA LABS, INC.	83-1794398	0.51	3913921
AVAG1	88-2746881	0.03	110702
AVEGANT CORPORATION 401(K) PLA	46-1059906	0.15	3392339
AWAKE SECURITY, INC. 401(K) PLAN	47-1514539	0.00	20541
AXIAL NETWORKS, INC.	83-1890769	0.09	1502546
AXIOM, INC.	36-4847021	0.03	308571
AYR, INC.	81-1078022	0.13	587961

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AZUGA, INC.	45-5498486	0.00	1111200
BAEK CLINICAL, INC.	83-1099614	0.03	226287
BANDCAMP	26-1552034	0.00	1533520
BANDIT RUNNING, INC.	87-3036751	0.05	533033
BANDWIDTH IG LLC	82-1446139	0.10	2020922
BANJO HEALTH	83-4539478	0.09	515774
BANYAN SECURITY, INC.	47-4357489	0.21	2629756
BARKING LABS CORP. (DBA FI)	82-0620257	0.09	0
BASTION PLATFORMS INC.	92-1241136	0.01	33810

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAUTIFUL SLIDES, INC.	81-3760969	0.06	860094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELLICUM PHARMACEUTICALS, INC.	20-1450200	0.05	2380368
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BETABLE	01-0901449	0.00	251032
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BETAWORKS VENTURES, LLC	81-2777297	0.01	284824
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BETAWORKS ZERO, INC.	83-2696105	0.02	630127
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEYOND 12 EDUCATION, INC.	27-1275246	0.09	1498632
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILT PAYMENTS LLC	93-2872417	0.00	7925
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILT TECHNOLOGIES, INC.	84-4372402	0.36	1925822
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIONIC STORK	84-5154175	0.11	639638

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLACE LLC	83-1818866	0.01	45004
2a Name of Participating Employer BLACKTHORN.IO, INC.	47-4813950	0.19	1318872
2a Name of Participating Employer BLEND FINANCIAL, INC. DBA ORIG	82-4047933	0.12	1606437
2a Name of Participating Employer BLOCKCHAIN, INC.	47-3503672	0.08	0
2a Name of Participating Employer BLOCKGRAPH LLC	84-4982934	0.37	2564131
2a Name of Participating Employer BLOCKWORKS INC.	92-2513395	0.09	607821
2a Name of Participating Employer BLUE CEDAR NETWORKS, INC.	81-1520397	0.10	1872414
2a Name of Participating Employer BLUEFYN US INC.	87-2843659	0.03	189612
2a Name of Participating Employer BOND CAPITAL MANAGEMENT LP	83-2575339	0.20	2686018

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BONFIRE STUDIOS, INC.	81-1714094	0.08	4558654
BOOMERANG COMMERCE	46-0592559	0.01	0
BRANDED SERVICECO, LLC	86-1692212	0.13	1040553
BRAVELY, INC.	82-1362511	0.08	585434
BREADWALLET LLC (DBA BRD)	47-3530092	0.00	927664
BRIDGE IT INC.	82-3136030	0.27	2665150
BRIGHT MACHINES INC.	82-4765973	0.35	6232701
BRINC DRONES, INC.	83-2465449	0.13	746091
BRITIVE INC	83-1523694	0.09	762282

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROADBAND PROLIFERATION PARTNE	90-0927033	0.07	621726
2a Name of Participating Employer BROKER GENIUS, INC.	81-2100564	0.23	2793616
2a Name of Participating Employer BUILDOPS INC.	83-1822006	0.16	968976
2a Name of Participating Employer BUZZER TECHNOLOGIES, INC	84-4545780	0.08	1154744
2a Name of Participating Employer BVF PARTNERS LP	36-3924730	0.11	2879241
2a Name of Participating Employer CAELUX CORPORATION	46-5734147	0.03	120165
2a Name of Participating Employer CALYXO MEDICAL	81-1510524	0.17	1308089
2a Name of Participating Employer CANDEX SOLUTIONS INC.	45-2805653	0.03	81519
2a Name of Participating Employer CAPITAL MARKETS GATEWAY LLC	47-3609849	0.52	4904047

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAREMESSAGE, INC.	27-3252911	0.12	2589430
CATALYST SPIRITS LLC	88-3686253	0.05	164222
CATHY LABS D.B.A COMPA.AS	81-1067343	0.02	143907
CAUSALY US INC	36-5032366	0.05	441109
CEREBRAL MEDICAL GROUP, P.A.	46-4716239	0.00	0
CEREBROTECH MEDICAL SYSTEMS, I	27-4242665	0.00	0
CERTIFIED KERNEL TECH, LLC	82-4634818	0.72	4977879
CHALK TALK SOLUTIONS, INC.	46-4636157	0.01	0
CHARGELAB INC.	86-1857967	0.04	332386

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARTHOP, INC.	37-1880111	0.01	0
2a Name of Participating Employer CHIARO USA, INC. DBA ELVIE	38-4126086	0.06	403882
2a Name of Participating Employer CHILD WELFARE INNOVATION, INC.	38-4011253	0.02	0
2a Name of Participating Employer CLASSDOJO, INC.	80-0740562	0.00	0
2a Name of Participating Employer CLICKHOUSE, INC	87-2142127	0.23	3429332
2a Name of Participating Employer CLIMATEPARTNER LLC	86-3582662	0.07	421378
2a Name of Participating Employer CLIMAVARSE PBC	88-1092441	0.00	3237
2a Name of Participating Employer CLIMAVISION OPERATING LLC	86-2897875	0.16	1208577
2a Name of Participating Employer CLOUD APPS MANAGEMENT LLC	46-3718728	0.01	275694

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CLOUDBEES, INC.	46-0524790	0.03	76657
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOUDERA FOUNDATION	82-1355201	0.00	16032
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOUDINARY, INC.	35-2526409	0.87	12166913
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOVERS, AI INC	85-4112965	0.04	477424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COBALT INVESTMENT MANAGEMENT LLC	83-2156621	0.04	1073435
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COCKROACH LABS, INC.	47-3157689	1.54	23148075
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CODEFRESH	47-2114231	0.16	1694252
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COGITO GOVERNMENT SOLUTIONS LLC	92-1382264	0.00	169942
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COGNITO THERAPEUTICS, INC.	81-3245278	0.06	1226237

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMET ML INC	82-1647611	0.00	13763
2a Name of Participating Employer COMPETITIVE ADVANTAGE LLC	92-0267457	0.02	63857
2a Name of Participating Employer COMPOUND EYE, INC.	36-4820627	0.06	825552
2a Name of Participating Employer CONCORD WORLDWIDE, INC. DBA CONCORD CONTRACT MANAGEMENT SOFTWARE, INC.	61-1748732	0.00	804963
2a Name of Participating Employer CONDUCTORONE, INC.	85-3356411	0.13	1112256
2a Name of Participating Employer CONFIANT, INC.	46-4716239	0.21	3022365
2a Name of Participating Employer CONSUMER EDGE INSIGHT, LLC	27-3963005	0.62	8390461
2a Name of Participating Employer CONTI COMMUNICATIONS CORP.	84-1987527	0.00	2068
2a Name of Participating Employer COPADO NCS, LLC	86-2207573	0.04	509955

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COPADO, INC.	83-2108374	0.70	7550043
COURSEDOG, INC.	82-5074121	0.19	1423603
COYA THERAPEUTICS	85-4017781	0.04	86708
CREATEME TECHNOLOGIES, LLC	61-1952104	0.15	3316591
CRED LLC	85-2308268	0.00	1093231
CRICKET HEALTH MP, PC	83-3654603	0.03	903386
CRICKET HEALTH, INC.	47-2746692	0.01	0
CRITICAL IDEAS INC (DBA CHIPPE	47-1031588	0.24	2838365
CROSSPOINT CAPITAL PARTNERS, L	84-3923131	0.24	3690103

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C-STACKS, INC. (DBA CREDITSTAC	47-5203075	0.01	280984
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUNY GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY FOUNDATION	81-2072207	0.00	11398
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUPIX AMERICA, INC.	82-2290829	0.05	618508
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CURAI INC.	82-0598239	0.35	3355285
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYAN ROBOTICS, INC. DBA COCO	84-2558286	0.01	56220
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYCLING 74	94-3301834	0.10	3409372
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYERA US INC.	87-3329644	0.09	885251
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAILYMOTION, INC.	20-8433991	0.25	4301727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANDELION HEALTH	85-4341766	0.03	99148

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DASH SYSTEMS, INC.	82-2730948	0.00	112934
DATA REPUBLIC, INC	98-1301608	0.00	152583
DEEP 6 AI, INC.	46-3745750	0.17	2029723
DEEP SENTINEL, INC.	81-2784494	0.06	767928
DEI COLLECTION	82-3932212	0.00	0
DELPHIA US OPERATIONS INC.	86-1809212	0.05	0
DELTASTREAM, INC.	85-4104721	0.05	627714
DEMAND LOCAL, INC	26-3783533	0.07	312493
DEMEX SOLUTIONS LLC	84-3707301	0.01	0

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DEMEX TECHNOLOGIES LLC	84-3692778	0.07	581173
DEXTERITY INC	82-2914538	0.02	0
DFINITY USA RESEARCH, LLC	82-2560096	0.20	3155254
DFS TECH, INC.	87-2389385	0.05	471808
DIGITS FINANCIAL, INC.	82-4995169	0.21	2317375
DISTRIBUTED CREATION, INC.	46-2736038	0.94	13962032
DIVISADERO HEALTH SERVICES PA	92-2416306	0.00	3316
DIVVY HOMES INC.	82-1948327	0.93	7511649
DIXA, INC.	83-3388187	0.02	33544

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DOME9 SECURITY, INC.	80-0753687	0.00	144326
DOVETAIL RESEARCH INC.	36-4976072	0.03	120330
DREMIO CORP	47-4311632	1.30	12920708
DRISHTI TECHNOLOGIES, INC.	82-0839419	0.09	1812535
DUALITAS THERAPEUTICS, INC.	92-2141988	0.02	79419
EARTH FORCE TECHNOLOGIES	88-0667778	0.04	222963
EAT WORKS	87-3855585	0.01	148742
EBB CARBON INC.	86-2214287	0.08	568546
ECARX AMERICAS INC	61-2095224	0.03	164730

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ECHO TECHNOLOGY SOLUTIONS, INC	84-4140199	0.00	349319
EDX CLEARING, LLC	92-1831714	0.03	122923
EDX MARKETS LLC	88-1746781	0.09	313577
EFFECTIVE GOVERNMENT	87-1713412	0.02	71009
EFFODIO INC	88-0643941	0.05	294478
ELEMENT ANALYTICS, INC.	47-2255580	0.06	908721
ELEMENT ENERGY, INC.	83-3405343	0.19	2155136
ELEMENTAL COGNITION INC.	61-1772300	0.50	8739098
ELIANT TRADE FINANCE LP	86-3526798	0.07	718638

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELYSIAN STRATEGIC MARKETING, INC. DBA ROBIN	85-3108132	0.03	215179
EMBER LIFESCIENCES, INC.	88-2571864	0.01	39214
EMBER TECHNOLOGIES, INC.	47-3287206	0.03	3385873
EMBRACER FREEMODE INC.	87-3323684	0.06	278997
IMPACTFUL CAPITAL LLC	81-2758305	0.05	411226
ENABLE INTERNATIONAL INC.	36-4946467	0.22	1420281
ENCELADUS BIO, INC.	87-2576682	0.12	609992
ENCLAVE MARKETS INC.	85-1172606	0.06	225283
ENCOMPASS CORPORATION US INC	32-0632033	0.06	436305

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ENDOR LABS INC.	87-2317944	0.14	787917
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENIAC VENTURES MANAGEMENT LLC	46-5570164	0.06	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENIGMA TECHNOLOGIES, INC.	45-2236667	0.40	6257848
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENVZERO INC	98-1505908	0.05	247360
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EQUIP HEALTH MEDICAL PC	85-1430172	0.16	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EQUIP HEALTH, INC.	84-3571900	0.24	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESCAPE VELOCITY ENTERTAINMENT,	88-1942222	0.26	1523067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESPRESA, INC.	47-4143138	0.05	570057
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVEN FINANCIAL, INC.	47-2678569	0.01	0

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EVERGREEN STATISTICAL TRADING LLC	88-2948438	0.03	88801
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVIDENT ID, INC.	47-4148248	0.07	1741914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLV TECHNOLOGY SOLUTIONS, INC.	83-3080735	0.10	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPO EATS, INC.	86-1388096	0.00	25370
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPRESSABLE, INC.	84-2382054	0.23	1812281
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXTEND ENTERPRISES, INC.	82-1142309	0.39	3629967
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXTOLE, INC.	27-0940587	0.16	3361109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIR FINANCE SERVICES LLC (DBA	83-2486643	0.22	5131282
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FASTINFORM, INC.	81-2198089	0.00	35521

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FEATURESPACE INC.	82-2815595	0.17	3210067
FEELD, INC	92-4024484	0.03	100731
FELFEL USA CORP	93-1671153	0.01	25877
FIAT SERVICES, LLC	92-2754697	0.17	935928
FILTERED INC	82-3904365	0.05	121505
FIN2 INCORPORATED	87-2024633	0.02	169643
FINLYNC LLC	84-2561903	0.03	239841
FIRST OPINION HEALTH SERVICES,	86-1534271	0.07	431792
FIRST TECH, INC.	88-2769531	0.01	41188

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FIRSTLIGHT BIO, INC.	46-4716239	0.00	0
FISHER WALLACE LABORATORIES	84-2859247	0.00	57
FIZZ SOCIAL	87-2721256	0.02	222048
FLEXIBLE FINANCE, INC.	83-3265156	0.50	3452274
FLOURISH LABS	88-3270053	0.03	99884
FLOXDEV. INC.	85-0538657	0.00	3018
FLUENT RETAIL NORTH AMERICA, L	82-1339827	0.17	1602713
FLYMACHINE, INC.	85-1566298	0.03	588910
FOCUSAI	88-2756404	0.06	186774

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FORENSIC LOGIC, LLC	82-2816982	0.00	1115722
FORTER, INC.	36-4792760	0.88	9150651
FOSSA, INC.	47-2780189	0.03	0
FRACTA	47-4462857	0.02	204449
FREEMODE GO LLC	45-5343514	0.01	24343
FRESH HEALTH INC.	82-1724647	0.00	0
FRESHWORKS INC.	33-1218825	0.00	0
FRUITFUL, INC.	87-1231937	0.10	550544
FUNNY OR DIE, INC.	71-1031046	0.07	3517727

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GALAXIA TECHNOLOGIES INC	88-3932182	0.02	48782
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAME1, LLC	84-4033696	0.00	110819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAMING COLLECTIVE INC.	85-2337328	0.01	36241
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAN INTEGRITY INC	47-3369653	0.06	1191812
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEMINI TITAN, LLC	85-2528155	0.01	53836
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENIES, INC.	27-5117846	0.31	2714097
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENOMICS INC	85-1114551	0.03	248315
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEOSITE INC.	82-4725852	0.05	717126
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GIVINGLI INC.	84-4788413	0.01	227573

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Part II Participating Employer Information (Continued).

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GLYDWAYS	81-4123069	0.23	1409114
GOARC US, INC.	84-2662520	0.00	24206
GOODWATER CAPITAL, LLC	47-1096340	0.18	0
GRAPHCORE, INC.	36-4879458	0.05	2123901
GREENOAKS CAPITAL PARTNERS, LL	45-5269686	0.54	5366757
GREENPARK SPORTS	83-2142906	0.01	649780
GREMLIN INC.	81-1277279	0.28	4565569
GRO INTELLIGENCE, INC	46-4876260	0.44	4375512
GROVO LEARNING, INC.	27-3056493	0.00	177739

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GROW CREDIT INC.	83-2585113	0.04	148042
GROWTH BY DESIGN TALENT, LLC	84-4031548	0.05	462529
GUARANTR INC.	47-2127961	0.01	0
GX MOLECULAR INC	84-3991847	0.04	180621
H LLC	80-0646856	0.00	0
HARBR USA INC.	38-4137779	0.02	206191
HEALTHRHYTHMS	46-5572108	0.09	786162
HEDERA HASHGRAPH, LLC	38-4048700	0.03	445737
HELLO HEART INC.	82-3489727	0.36	0

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HELLOTECH, INC.	47-2425792	0.06	393777
HERESAY LLC	87-2128246	0.24	1295353
HERO TECHNOLOGIES INC	82-3076139	0.00	816
HIGHLANDX MANAGEMENT LLC	85-4201423	0.07	1512314
HIGHNOTE PLATFORM, INC.	85-2922649	0.42	4175632
HIRO SYSTEMS PBC	46-3116269	0.19	2857386
HIVERY NORTH AMERICA, INC.	84-4123768	0.19	1573837
HOLO, INC.	82-2932523	0.12	2402910
HORIZON 3 VENTURE STUDIO LLC	85-4147099	0.05	319109

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HOXHUNT INC.	61-2044575	0.06	204072
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HR CLOUD, INC.	81-3051951	0.01	305091
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUMAN LONGEVITY, INC.	46-3131906	0.07	3962790
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUMU, INC.	82-1048887	0.25	32
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNGRYROOT INC.	47-3850451	0.52	4738713
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNTER POINT CAPITAL LP.	85-2073903	0.32	2043920
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDROGEN HEALTH LLC	86-2212926	0.11	303584
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYP3R, INC.	47-3540442	0.00	136022
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYPEMARKS, INC. DBA TINT	45-3762138	0.00	228540

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYPER LABS, INC. (DBA HYPERSCI	46-5752283	1.15	14583219
HYPERTRACK, INC.	47-4754347	0.02	69782
IF LABS INC.	84-4429399	0.05	201557
IGNITE BIOSCIENCES, INC.	81-4928437	0.33	0
IGNITE MEDIA GROUP LLC	88-3500475	0.01	669004
IMAGEN TECHNOLOGIES, INC.	81-0890225	0.41	3081472
IMATCHATIVE	46-0959120	0.00	189919
INATO, INC.	83-4099496	0.09	546856
INCEPTIO TECHNOLOGY, INC.	32-0574962	0.27	2520754

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INFLECTION AI	88-0698735	0.10	504557
2a Name of Participating Employer INSCRIBEAI, INC.	32-0545542	0.09	667355
2a Name of Participating Employer INSTABUG INC.	90-0985691	0.06	307234
2a Name of Participating Employer INTERACTIVE WORKSHOPS LLC	88-3215276	0.00	404522
2a Name of Participating Employer INTERANA, INC.	46-1685542	0.32	4246742
2a Name of Participating Employer INVECTYS, INC.	85-3603782	0.02	247750
2a Name of Participating Employer INX DIGITAL, INC.	83-4689718	0.05	409487
2a Name of Participating Employer IRIS LABS INC.	83-4311343	0.02	317269
2a Name of Participating Employer IRREVERENT LABS, INC.	87-3044456	0.03	128293

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IVXS TECHNOLOGY USA, INC. DBA	81-4264677	0.14	1241327
JAM & TEA STUDIOS INC	92-3824368	0.00	9612
JANUARY TECHNOLOGIES, INC.	82-1767351	0.17	1368347
JIKO TECHNOLOGIES, INC.	82-3251495	0.26	2026640
JOHN HARDY USA	26-0515339	0.33	4750811
JOMBOY CORP	82-4216315	0.09	793866
JOYN INSURANCE SERVICES	87-2323409	0.14	894668
JUMP PLATFORMS, INC.	87-2171947	0.12	1109732
K HEALTH INC	81-4173541	0.01	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K PHARMACY LLC	86-3550200	0.00	0
KAIROS MANAGERS, LLC	81-2946694	0.02	286922
KAIROSHQ, LLC.	87-3342622	0.00	76464
KALOOM CORP.	81-4754802	0.02	345118
KASADA INC.	35-2599307	0.09	748523
KEEN LABS, INC.	45-4102482	0.00	238311
KEYWAY REAL ESTATE, INC	85-1541497	0.03	281245
KIDDOM, INC.	46-3803977	0.17	2235976
KITE SOLUTIONS, INC.	80-0889277	0.02	562478

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KNOWLEDGE HEALTH MEDICAL SERVI	83-2925394	0.00	0
KODEX INC	86-3811383	0.03	179777
KOJO TECHNOLOGIES, INC.	82-4257711	0.13	0
KOUNTABLE, INC.	47-3345941	0.00	215817
KRISP TECHNOLOGIES, INC.	37-1869108	0.02	194404
KROISOS LABS	87-3976611	0.01	111619
KSV ESPORTS DELAWARE, INC. DBA	82-2039783	0.11	1605249
KUESKI, INC	33-1229980	0.08	316027
KUNA SYSTEMS	46-1593622	0.02	0

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KYRON LEARNING PBC	88-2638228	0.02	116145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LA GOLF CLUB INC.	93-1627734	0.00	840
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LADDER FINANCIAL, INC.	47-3671449	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAWFTY ABS HOLDINGS LLC	92-1948051	0.00	1772
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAWFTY LAW, LLP	47-5240112	0.02	66727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAWFTY LLC	46-2537876	0.07	351356
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEAPSOME INC.	61-2022067	0.06	436473
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGENDARY FIELD EXHIBITIONS, L	82-4648964	0.00	357255
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGGUP, INC.	82-2229798	0.00	131932

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LIBERATE INNOVATIONS, INC.	88-1044499	0.04	130932
LIFEIGNITER	46-2080102	0.00	92315
LIFELABS GROUP, INC. (DBA LIFE	45-3826257	0.34	0
LIGHT LABS, INC.	46-3596259	0.00	2934798
LIGHTBEND, INC.	27-4752281	0.00	10217
LIMINAL EXPERIENCES INC	87-4551175	0.03	94165
LINGOACE ACADEMY, INC.	84-3247807	0.08	604650
LINGOTTO US LLC	93-1775849	0.00	630
LINNOVATE PARTNERS AFS US LLC	87-4066973	0.01	16072

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LIQUID AGENCY, INC.	77-0559406	0.06	0
LISTIA, INC.	27-0339247	0.00	271819
LITTLE OTTER	38-4124814	0.08	383039
LITTLE SLOTH	86-3128367	0.06	379495
LONE VIEW CAPITAL MANAGEMENT,	87-4125356	0.09	412762
LOOKOUT LOCAL, INC.	32-0606025	0.02	213568
LOOM, INC.	32-0532497	0.00	0
LOUPE TECH INC.	86-1320840	0.03	280529
LUCIDUM, INC.	84-3399252	0.04	538645

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LUMA HEALTH, INC.	47-3270012	0.39	4199974
LUMOS APP, INC.	85-0938666	0.15	952938
LUNAR ENERGY, INC	85-2228737	0.47	4749410
LUZMO, INC	30-1208166	0.02	91835
MAGNETIC INSIGHT, INC.	45-4850476	0.15	1474258
MAINSTREET WORK, INC.	84-3255808	0.08	2600744
MANIFOLD VALLEY LLC	86-2218826	0.02	54808
MAROWN USA INC.	87-2805015	0.12	559992
MARPIPE, INC.	83-3930735	0.03	205815

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARVELOUS TECHNOLOGY INC.	30-1279429	0.04	99405
MATERIAL SECURITY, INC.	82-1974733	0.35	2789152
MAVEN RESEARCH, INC.	26-2116238	0.06	914341
MELODYARC, INC.	87-2101501	0.03	381164
MEMX LLC	83-2162372	0.63	6950298
MENTION ME USA, INC.	98-1649700	0.01	18943
MERIT INTERNATIONAL	47-4905730	0.07	4384040
MERLON INTELLIGENCE, INC.	81-3011087	0.00	93728
METHODICAL GAMES, INC.	88-0740069	0.04	249921

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRONOME TECHNOLOGIES	84-3815124	0.18	1186995
MIDDLE-EARTH ENTERPRISES LLC	88-3737784	0.04	108626
MOBILITY CAPITAL FINANCE, INC.	81-1072268	0.02	68067
MODAL LEARNING, INC.	86-1569671	0.13	861475
MODERNE INC.	85-1972053	0.05	250696
MOJO INTERACTIVE, INC.	85-3973995	0.47	4037846
MONAD, INC.	85-0752403	0.02	315986
MONOGOTO, INC.	87-3251866	0.01	50580
MONOGRAPH INC	83-4416045	0.11	1253569

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MOOCO ROBOTICS, INC. DBA AGTON	86-2343655	0.11	702600
MOONFARE USA, LLC	87-3272242	0.04	485817
MOORE THREADS, INC.	87-2458729	0.21	1102863
MORNING BREW	82-3920438	0.91	8468369
MOTION2AI INC	82-4864602	0.02	23868
MR YUM TRADING INC.	85-2322073	0.01	26751
MUDITA PARTNERS LP	82-3634805	0.00	43678
MURA NORTH AMERICA DEVELOPMENT	87-1465068	0.10	446268
MYTHICAL, INC.	46-4716239	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NA, INC.	27-3331827	0.32	6138828
2a Name of Participating Employer NALU BIO, INC.	2b EIN 84-3273726	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 53167
2a Name of Participating Employer NARVII, INC.	2b EIN 45-3828694	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 946565
2a Name of Participating Employer NATURAL CAPITAL EXCHANGE, INC.	2b EIN 85-4010515	2c Percentage of Total Contributions for the Plan Year 0.09	2d Aggregate Account Balances Attributable to Participating Employer 795023
2a Name of Participating Employer NAVGAR INC	2b EIN 88-0996893	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 59466
2a Name of Participating Employer NAYYA HEALTH, INC.	2b EIN 35-2675756	2c Percentage of Total Contributions for the Plan Year 0.49	2d Aggregate Account Balances Attributable to Participating Employer 3680679
2a Name of Participating Employer NEBULON, INC.	2b EIN 82-4985511	2c Percentage of Total Contributions for the Plan Year 0.17	2d Aggregate Account Balances Attributable to Participating Employer 2823679
2a Name of Participating Employer NEEVA, INC.	2b EIN 61-1908275	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer NEEVE RESEARCH, LLC	2b EIN 26-2471100	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 233813

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEFELI NETWORKS	81-3776783	0.13	1218825
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEON COMMERCE, INC.	88-1987109	0.05	202314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NETDATA, INC.	32-0570802	0.01	155137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NETLIFY, INC.	46-4748334	0.66	7459815
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEUREAL LLC	92-2238379	0.00	1312
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEUROLUTIONS, INC.	26-2913648	0.04	486013
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEUROTRACK TECHNOLOGIES, INC.	90-0863282	0.04	699007
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWBOOK INTERNATIONAL INC.	38-4063858	0.00	12543
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWSPICKS USA, LLC	82-1087838	0.00	999

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEXTSENSE, INC	85-2953348	0.03	204709
NIC.KL, INC.	81-5355014	0.01	61278
NICKL, INC.	81-5355014	0.00	13469
NOETIK INC.	88-2662424	0.06	249508
NOHO WELLNESS, INC	85-1774310	0.10	541362
NOTEABLE, INC.	85-0869757	0.10	817810
NOVA CREDIT, INC.	81-2654196	0.39	4145552
N-POWER MEDICINE, INC.	87-1592802	0.22	1466987
NUCLEUS MEDICAL GROUP, INC.	47-4897105	0.06	574322

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUDGE SECURITY INC	87-4424346	0.03	135861
NXYZ, INC.	88-1864623	0.05	0
NYDIG IHC, LLC	82-5402334	1.69	19922075
NYOTRON USA, INC.	30-0873132	0.00	233942
OHANA BUILDERS LLC	92-2982864	0.00	4654
OHANA REAL ESTATE SERVICES, LL	27-1213566	0.06	645006
OHANA REALTY CORP.	80-0873130	0.07	1508222
OLLY PUBLIC BENEFIT CORPORATIO	46-4535888	1.58	19721115
ON CORE CONSULTING	45-2425328	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OREI ADVISORS LP	35-2565836	0.19	4985523
OSMURICA INC.	87-3631628	0.01	31095
OTTER.AI, INC.	81-2445246	0.38	3295611
OUTER, INC.	82-3471987	0.10	0
OUTERLANDS CAPITAL MANAGEMENT, LLC	93-1375831	0.00	2506
OUTLIER AI, INC.	47-3152424	0.00	349568
OUTSCHOOL, INC.	46-5489336	0.31	4745752
PADDLE.COM INC.	30-1210399	0.31	1984555
PAPIER INC.	86-3696775	0.02	73626

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARABOL	47-4935345	0.08	472913
2a Name of Participating Employer PARADIGM HEALTH, INC. DBA PARADIGM	86-1252110	0.43	2613462
2a Name of Participating Employer PARADIGM OPERATIONS LP	83-1531977	0.47	3852424
2a Name of Participating Employer PARAGON INTEL	81-4926839	0.05	400540
2a Name of Participating Employer PARED, INC.	47-4386839	0.01	526095
2a Name of Participating Employer PARSABLE, INC.	46-3258168	0.09	3951416
2a Name of Participating Employer PARTNERTAP INC	30-0951284	0.03	173264
2a Name of Participating Employer PASSAGE LABS INC	87-3559739	0.00	11416
2a Name of Participating Employer PAYZEN, INC.	84-2362343	0.09	553916

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PBF SUBSIDIARY 1	92-1209312	0.05	149533
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEARL HEALTH INC.	85-4245581	0.45	3393782
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEPPY HEALTH CORPORATION	87-4004835	0.01	22866
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEPPY MEDICAL, P.A.	88-3508544	0.00	7633
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERFECT365, INC.	81-2835738	0.03	1272020
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERSONIO CORP	93-1592231	0.07	270492
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERSUIT INC	32-0572174	0.16	1209282
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PG13 LAUNCHPAD GAMMA, INC (OPT	84-4937562	0.00	53534
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOENIX LABS USA OPERATIONS, I	83-4114829	0.81	6996001

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PHOTOSHELTER, INC.	20-8294732	0.24	5240435
PINGCAP US INC.	35-2605275	0.20	1226951
PIXLEE TURNT0, INC.	46-0677157	0.20	3455968
PK AIRFINANCE US, L.P.	85-3364433	0.07	236335
PLACE EXCHANGE, INC.	37-1901234	0.31	5393506
POND5, INC.	26-1575318	0.01	0
POSTALYTICS, INC	46-3454555	0.05	363255
POWERSCOUT, INC. (DBA ZESTY.AI	47-3854753	0.12	1890400
PREDICTHQ, INC.	81-3541861	0.09	918316

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESCRIBERPOINT CORP	87-2052855	0.02	80846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIMAL CAUSE, INC. DBA APPBUDD	57-1146708	0.00	357141
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIME FINANCIAL TECHNOLOGIES,	87-3983979	0.04	540185
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIOS LLC	81-3641647	0.07	1286226
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIVATEER SPACE INC	86-3656294	0.05	157364
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRODUCT HUNT INC.	46-5540176	0.04	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRODUCTBOARD, INC.	46-5356613	0.43	4051689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROMISE NETWORKS INC	38-4055041	0.15	585077
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPELLER INDUSTRIES, LLC II	46-4716239	0.00	0

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PROPELO INC	84-2687343	0.00	0
2a Name of Participating Employer PROTEUSGAMES.COM, INC.	83-4722085	0.00	45754
2a Name of Participating Employer PROVENANCE BLOCKCHAIN FOUNDATI	87-1068727	0.00	46312
2a Name of Participating Employer PYMETRICS, INC.	46-3496583	0.00	0
2a Name of Participating Employer QALO HOLDINGS, LLC	84-3328085	0.00	359931
2a Name of Participating Employer CAPITAL INVEST LLC	36-4870183	0.00	4908
2a Name of Participating Employer CAPITAL LLC	47-1161945	0.08	721163
2a Name of Participating Employer QUIP NYC, INC.	46-5118084	0.35	4850509
2a Name of Participating Employer RADIAN AEROSPACE, INC.	81-1405898	0.11	528930

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RALLY NETWORKS, INC.	82-4808014	0.00	1204606
RALLYTEAM	46-3950786	0.00	53972
RANDOM GAMES COMPANY INC	35-2730217	0.00	10292
RANGE FINANCE, INC	85-4349421	0.04	478708
RAPID ROBOTICS, INC.	84-3276717	0.22	1102269
RATIONAL PR LLC	27-5245422	0.20	2532785
REAL COLLABORATIVE INC	84-2615916	0.01	21235
RECOUNT MEDIA, INC.	83-2638560	0.00	499634
RECUR FOREVER INC.	86-2306646	0.17	1482393

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REDACTED, INC.	47-4837888	0.00	0
2a Name of Participating Employer REEBELO USA INC.	88-3215530	0.03	259576
2a Name of Participating Employer REGRELLO CORP	86-1240963	0.02	58517
2a Name of Participating Employer REPLICATED, INC.	47-2486425	0.22	1899761
2a Name of Participating Employer RESOLVE BIOSCIENCES, INC.	85-3589545	0.08	340560
2a Name of Participating Employer RESOURCELY, INC.	88-0981063	0.03	120895
2a Name of Participating Employer RETAILERX, INC.	85-0739301	0.10	850868
2a Name of Participating Employer RETURNLY TECHNOLOGIES, INC.	80-0673029	0.00	394546
2a Name of Participating Employer RHINO LABS, INC.	81-5285931	0.26	3034006

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RIDIAN HOLDINGS USA, INC.	88-1155574	0.02	61975
RISILIENCE, INC.	87-3536618	0.07	328770
RISKIFIED, INC.	47-3189089	1.25	14489022
RISKOPTICS, INC.	80-0597136	0.08	5203784
ROADZ, INC.	35-2629780	0.01	244748
ROGUE GAMES INC	82-1339741	0.03	236641
ROKO LABS, LLC	46-1093783	0.07	556904
ROLLBAR INC.	80-0842320	0.10	2226037
RONDO THERAPEUTICS, INC.	84-4001042	0.07	811136

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RR TACTICAL MERGER SUB II LLC	92-0297852	0.01	1050830
RUBICON CARBON MANAGEMENT, LLC	88-2751935	0.18	808122
RUDDERSTACK, INC	84-2063210	0.24	1863311
RUN DEXTER, INC.	47-4619731	0.00	159056
RUNE LABS, INC.	83-2090943	0.19	1267714
RUNHOUSE INC	92-1254560	0.00	9234
RUNX LABS, INC.	85-2442908	0.00	29778
SAFIGEN PBC.	82-0851774	0.12	528416
SALESPEAK INC	92-3971977	0.00	2914

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SALT SECURITY INC.	36-4816863	0.12	1557398
SANDSHARKGAMES.COM, INC.	84-2926020	0.01	21781
SANO INTELLIGENCE, INC.	45-4771888	0.00	368125
SCALE AT SPEED AGENCY LLC	92-3713375	0.01	544366
SCENER, INC.	82-4434782	0.00	28767
SCHIFF ADAMS, INC. DBA PATIO	83-3694143	0.01	30830
SCOOP TECHNOLOGIES INC.	47-1260581	0.05	0
SCREENCLOUD INC.	47-5120584	0.01	46574
SEARCHMETRICS, INC	98-0661635	0.01	0

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SECURITI, INC.	83-2500426	0.18	0
SECURLY, INC.	46-0789922	0.54	4931492
SEEKER ENTERTAINMENT, INC	92-3899986	0.01	23505
SEMPERVIRENS VENTURES LLC	83-0891906	0.04	187456
SENDLE USA, INC.	35-2653119	0.13	933674
SENSIBLE WEATHER CO.	84-3294206	0.13	956088
SENSU, INC.	81-5048655	0.00	62474
SEVENROOMS INC	45-2463011	0.79	8619436
SHARE LABS INC	83-3692082	0.00	6812

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHEF INC	83-3060915	0.15	756023
2a Name of Participating Employer SHOPWELL LABS, INC.	80-0933876	0.00	27104
2a Name of Participating Employer SHPE LIVING INC DBA NABR	86-2392853	0.03	74409
2a Name of Participating Employer SIBLY, INC.	61-1745068	0.02	744948
2a Name of Participating Employer SIGHTGLASS VISION, INC.	81-2702145	0.09	491529
2a Name of Participating Employer SILICON VALLEY FINANCE GROUP I	27-3541753	0.05	1059322
2a Name of Participating Employer SILK SECURITY INC	87-4376062	0.02	79689
2a Name of Participating Employer SIMBE ROBOTICS, INC.	47-1275059	0.11	1744468
2a Name of Participating Employer SIMCHA THERAPEUTICS, INC	83-0822449	0.12	637233

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SIMPPLR, INC.	47-1850837	1.15	9657658
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINGLE GRAIN, LLC	27-0187391	0.04	634863
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SJ MEDCONNECT, INC.	46-4667002	0.11	866442
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SJW INVESTMENTS LLC	85-2774432	0.00	158822
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKILLCYCLE, INC.	83-1793390	0.05	191117
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKUPOS, INC.	81-2171086	0.24	14
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKUTEAM INC. DBA SILQ	84-4761119	0.03	375927
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYLINE MOBILITY, INC,	92-3167159	0.02	221196
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYLOOM GLOBAL CORPORATION	82-1171513	0.07	413494

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SLINGSHOT AEROSPACE, INC.	81-3642756	0.38	0
SMLXL, INC.	86-3854565	0.02	84289
SNAP FOUNDATION	61-1817014	0.02	54868
SNAPT, INC.	32-0465598	0.00	374401
SNICKERDOODLE LABS, INC.	86-3882264	0.05	109046
SOCIAL CONCEPTS, INC.	45-4820720	0.10	1750691
SOLEY THERAPEUTICS, INC.	85-2249009	0.08	366328
SOLVVY, INC.	46-3414401	0.00	201
SOMA EQUITY PARTNERS LP	81-1380724	0.13	620048

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SORA SCHOOLS, INC.	32-0585348	0.06	0
SORARE, INC.	87-2353415	0.26	1628823
SPON, INC. DBA CITIZEN	90-1128807	0.00	0
SPAN.IO INC.	83-0951469	0.87	6425687
SPATIALX INC.	84-3442879	0.07	1085816
SPIIDEO INC	38-4186650	0.03	84525
SPIRITWALK GAMES, INC.	47-2982538	0.00	5801
SPLITERO INC	87-2047683	0.10	825716
SPOON RADIO INC.	84-4482187	0.01	85117

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SQUARE 8 GROUP INC.	84-4851391	0.03	167339
STANDARD BOTS	45-2689952	0.05	186737
STASH FINANCIAL DBA STASH INVEST	47-3187441	0.05	0
STELLAR HEALTH GROUP, INC	82-4157637	1.30	10839137
STELLAR LOYALTY, INC.	46-5347853	0.00	393026
STITCH CONSULTING, LLC	82-5464188	0.10	1349363
STONE KITE INC	85-3223020	0.01	27648
STONE RIDGE ASSET MANAGEMENT L	45-5371940	0.64	9567683
STONE RIDGE HOLDINGS ADMINISTRATION LLC	92-0860468	0.39	4890909

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STOR AND DELIVER, INC. (AUDIIE	36-4901274	0.01	23056
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STORY PROTOCOL INC.	88-3229444	0.07	235357
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRIDE CONSULTING, LLC	46-4980530	0.10	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRIMMERZ MEDIA, INC.	82-2112328	0.01	50768
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIOS AT BETAWORKS, INC.	82-2220166	0.00	306821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STYRA, INC.	47-4171785	0.24	5354709
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUBSCRIPT INC.	85-4118793	0.04	400049
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUBSTACK, INC.	82-3647158	0.25	2584821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUDO SECURITY GROUP, INC.	46-4848288	0.00	0

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SUITENESS, INC.	45-5278525	0.00	326762
SUKI AL, INC.	81-4462134	0.29	3305136
SUPER LEAGUE GAMING, INC.	47-1990734	0.11	1424461
SUPER STUDIOS, INC.	85-3922953	0.02	87555
SUPERLAYER LABS MANAGEMENT LLC	87-0842115	0.09	857237
SUPERWORLD INC.	82-1532075	0.00	0
SWARE, INC.	45-3853706	0.08	340500
SWISH BEVERAGE LLC	82-4139360	0.00	177154
SYMBOLIC CAPITAL ASSOCIATES LLC	86-3743771	0.03	586045

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SYNTEGRA, INC.	84-3358711	0.00	61878
TACHYUS, INC.	46-2560051	0.06	616516
TALKSHOPLIVE, INC.	86-1675002	0.04	350044
TANDYM, INC.	87-2713393	0.07	440667
TAPAS ENTERTAINMENT, INC.	81-1062010	0.19	1686659
TEAMBLIND, INC.	30-0828486	0.18	1441965
TEAMSHARES	36-4829165	0.30	0
TEAMWORKERS, INC.	35-2625697	0.13	1144922
TECTON, INC.	83-2465556	0.44	4299554

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TENDERLY TECHNOLOGIES, INC.	86-2865334	0.04	187910
TENYX	87-0974647	0.10	626145
TEQUILAS PREMIUM INC	90-0135754	0.12	1898469
TERNS, INC.	82-0873147	0.46	4429582
TESSIAN, INC.	30-1129049	0.33	2410267
THAT'S NO MOON ENTERTAINMENT	85-3080455	0.58	5227777
THE COTERIE.ME, INC	86-2647604	0.03	228589
THE MARKOV CORPORATION	81-3542145	0.00	330908
THE NOUN PROJECT, INC.	46-2259842	0.06	1079551

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE OUTSET GROUP LLC	86-3231861	0.02	273207
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PLAYERS TRIBUNE, INC.	46-5721333	0.00	250666
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PUBLIC HEALTH COMPANY GRP	85-2931931	0.13	1036879
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SKIMM, INC.	46-3986171	0.40	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE WILL PBC INC.	87-1486823	0.06	325621
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THINGS INC.	87-1943377	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THORN	27-0943677	0.57	7176935
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOUGHTFUL LIFE INC.	86-2523151	0.01	56033
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREAD TOGETHER INC	84-2048692	0.00	23264

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THREADLOOM, INC	47-5142998	0.04	704370
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THRIVE FINANCIAL INC.	82-3032815	0.07	524612
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TILDA RESEARCH, INC.	84-2221322	0.06	418545
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIVENI MERGECO INC	84-2110104	0.00	83190
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TONKEAN, INC.	47-3859229	0.07	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOWER COLD CHAIN SOLUTIONS INC	37-1805535	0.01	36245
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRACE DATA, INC.	84-1729208	0.00	15597
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRACER LABS INC.	86-3905742	0.11	3565045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRADEWING, INC.	84-2175880	0.08	745872

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TRANQUILITY CYBERSECURITY INTE	87-4175005	0.00	0
2a Name of Participating Employer TRAVEL OPERATIONS CORPORATION	86-1848846	0.01	26968
2a Name of Participating Employer TRAYT INC.	46-4716239	0.06	399764
2a Name of Participating Employer TRIALSPARK, INC.	47-1134239	0.59	5783475
2a Name of Participating Employer TRIPPING INTERNATIONAL, INC.	27-3389261	0.00	385819
2a Name of Participating Employer TRIVALENCE, LLC	87-2797851	0.17	1593883
2a Name of Participating Employer TRUATA, LLC	86-3971256	0.04	415847
2a Name of Participating Employer TRUMID FINANCIAL, LLC	47-1050580	0.23	3647221
2a Name of Participating Employer TRUMID HOLDINGS, LLC	47-1038782	0.09	1632919

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TRUMID TECHNOLOGIES, LLC	47-3764865	0.38	5451798
TRUSTPILOT, INC.	32-0400058	0.71	8204554
TUTORED BY TEACHERS	85-3064173	0.06	368042
TWENTY HOLDINGS, INC.	84-2366424	0.12	1779580
TWIC INC.	81-4843379	0.02	0
TWINGATE INC.	84-3387110	0.20	1669960
TYMPA HEALTH TECHNOLOGIES INC	92-1655021	0.00	8514
TYPEFACE INC.	88-2469676	0.07	271381
TYPEFORM US	82-2393796	0.01	0

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UBCO BIKES US LLC	81-4840686	0.03	90116
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNIBET INTERACTIVE, INC	61-1884911	0.31	3008300
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNKNOWN WORLDS ENTERTAINMENT,	86-1109270	0.26	4775597
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URBAN ELECTRIC CO.	86-1400325	0.00	90528
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
US DIGITAL RESPONSE	86-3759883	0.18	1087778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USERVOICE, INC.	26-2057362	0.07	2151684
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USHUR, INC.	46-4643440	0.21	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UTALK LLC (DBA AVADO)	98-0670215	0.00	26784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VARETO INC	85-1147049	0.17	1525566

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VCP MANAGEMENT, LLC.	87-3131586	0.01	0
2a Name of Participating Employer VECTOR AIS STAFFING SERVICES,	87-3201755	0.07	468107
2a Name of Participating Employer VECTOR FLOW, INC.	83-4209292	0.02	497946
2a Name of Participating Employer VECTOR LABS, INC.	47-1762953	0.09	730742
2a Name of Participating Employer VEGAMOUR, INC.	81-1752067	0.30	1903305
2a Name of Participating Employer VENDIA	85-0699744	0.21	1599502
2a Name of Participating Employer VENTIVA INC	37-1465473	0.02	2042398
2a Name of Participating Employer VERCEL, INC.	47-5513830	0.98	6797829
2a Name of Participating Employer VERTO EDUCATION, INC.	82-3961817	0.16	1206741

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VICI PROPERTIES L.P.	35-2576503	0.24	4674896
VIDIQ, INC.	45-2781614	0.00	0
VIDSY MEDIA, INC.	30-1140474	0.17	911050
VIEWPOINT VENTURES MANAGEMENT	87-2944176	0.05	520934
WISE TECHNOLOGIES, INC.	81-4740461	0.17	0
VITALACY INC.	26-3076048	0.02	82027
VIVUN INC	83-0743745	0.47	5242808
VIZ AI, INC.	81-3006038	0.45	0
VOLANS-I, INC.	47-5021562	0.00	1006042

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VOLCANO PLATFORMS INC	92-1695581	0.01	21462
VOLLEY LABS	47-2906932	0.00	12309
VOTINGWORKS	83-2910494	0.13	1405071
VOUCH, INC.	83-0795636	0.02	0
VOYA HEALTH MEDICAL GROUP, PLL	85-2596482	0.02	0
VOYA HEALTH, INC	85-0629114	0.07	0
WAIT WHAT INC.	35-2582668	0.09	819026
WALNUT TECH INC.	85-3311180	0.14	1018054
WATERLINE DATA SCIENCE, INC.	46-4184347	0.00	1181653

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WATT, INC. DBA NORTHSTAR	81-3756192	0.24	2123801
WAVEFRONT, INC.	46-1677391	0.00	177285
WAVERLEY STREET FOUNDATION	81-3242506	0.10	1183269
WAYMARK CARE, LLC	88-4221458	0.00	8385
WAYMARK CARE, NV, BASU, PLLC	88-2103652	0.00	2850
WAYMARK, INC.	87-1928993	0.13	750354
WAYVE TECHNOLOGIES, INC.	87-4088158	0.15	746464
WEAVE GRID, INC	83-2785785	0.52	3724503
WEI LABORATORIES INC.	75-2985611	0.09	1601430

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WEKAIO INC.	32-0466363	0.57	6167742
WELENDUS, INC.	86-3841308	0.01	26935
WEST LAKE LABS, LLC	85-3022916	0.02	198230
WEVR, INC.	27-2021862	0.02	241049
WHISPER AL	81-5087566	0.00	0
WHITEOPS, INC.	47-2928619	0.46	0
WILD LIFE, INC.	84-1735601	0.15	0
WILDBIT, LLC	23-3061076	0.00	131899
WIN BRANDS GROUP	81-5226174	0.14	2179986

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WINDFALL DATA, INC.	81-3232300	0.28	2450080
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WITHME HEALTH, LLC	83-0674605	0.17	1741652
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WITHSECURE INC	77-0396340	0.15	1805130
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WIZARD COMMERCE INC	87-2202937	0.14	697837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOEBOT LABS, INC.	38-4034738	0.44	2722743
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WONDERMIND GLOBAL, INC	88-2935932	0.04	323399
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORKING CAPITAL MANAGEMENT, LL	84-3778054	0.07	670311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
X1 DISCOVERY, INC.	45-3354149	0.06	1016170
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
X10 CAPITAL MANAGEMENT LLC	82-0864952	0.05	1439053

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XCIMER ENERGY INC	35-2735113	0.04	184074
XENETA LLC	82-1102631	0.02	140607
XP HEALTH, INC.	83-2580247	0.14	619788
YALOCHAT, INC.	35-2584177	0.06	301338
YARDZEN, INC.	82-5056825	0.11	852404
YOTTA TECHNOLOGIES INC.	35-2675262	0.06	315789
Z21 LABS, INC.	35-2601413	0.35	2563965
ZEROMARK, INC	88-3862405	0.01	149815
ZEROPW, INC.	83-4283254	0.65	5904641

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ZETA SERVICES, INC.	85-2514504	0.13	694378
ZETTA INC.	33-1204491	0.00	1082607
ZILLIZ INC.	30-1328796	0.07	261464
ZOOMIN SOFTWARE INC	82-4543082	0.09	998116
ZUM SERVICES, INC.	47-3064863	0.38	3338734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

SEQUOIA ONE 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

December 31, 2023

SEQUOIA ONE 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the financial statements of Sequoia One 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audits"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 institution") in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audits 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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 Audits 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) audits 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) Audits 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter - *Supplemental Schedule Required by ERISA*

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BPM LLP

Walnut Creek, California
October 11, 2024

SEQUOIA ONE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments, at fair value	\$ 1,000,571,292	\$ 752,171,467
Investments, at contract value	16,938,522	17,285,410
	<u>1,017,509,814</u>	<u>769,456,877</u>
Total investments		
Receivables:		
Notes receivable from participants	4,768,937	4,551,816
Participant salary deferral contributions	7,665,449	8,753,805
Employer contributions	3,877,574	1,379,220
	<u>16,311,960</u>	<u>14,684,841</u>
Total receivables		
Net assets available for benefits	<u>\$ 1,033,821,774</u>	<u>\$ 784,141,718</u>

SEQUOIA ONE 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2023

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 142,094,055
Interest and dividend income	22,150,613

Total investment income	164,244,668
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Interest on notes receivable from participants	268,355
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Contributions and rollovers:

Participant salary deferrals	249,741,042
Employer contributions	55,037,709
Participant rollovers	66,484,117

Total contributions and rollovers	371,262,868
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Total additions to net assets	535,775,891
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Deductions from net assets attributed to:

Benefits paid to participants	138,497,769
Administrative expenses	1,362,435

Total deductions from net assets	139,860,204
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Net increase in net assets before transfers	395,915,687
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Net transfer to (from) the Plan	(146,235,631)
---------------------------------	---------------

Net increase in net assets	249,680,056
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Net assets available for benefits:

Beginning of year	784,141,718
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End of year	\$ 1,033,821,774
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SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

1. Description of Plan

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

General

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

Effective January 1, 2023, the Plan was amended to update deferral compensation. The Plan was further amended effective July 1, 2023, updating the allocation of the discretionary employer contributions to pro rata as a uniform percentage of Plan compensation, and that Employers may decide how forfeitures are to be used.

Plan Administration

Sequoia One 401(k) Plan Committee (“Plan Committee”) is the administrator of the Plan. As administrator, the Plan Committee has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. Empower Trust Company, LLC is the appointed trustee for the Plan for the years ended December 31, 2023 and 2022, and acted at the direction of the Plan’s administrator.

Eligibility

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

Contributions

Employees who elect to participate in the Plan may contribute a portion of their salary up to 80%, effective January 1, 2023, of their compensation, with the exception of bonuses that can be 100% contributed, or up to the limits imposed by Section 402(g) of the IRC. Plan allows for contributions to be made on a pre-tax basis or Roth 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers may make discretionary employer contributions and matching contributions. Participants must be employed on the last day of the Plan year and complete 1,000 hours of service to be eligible for the discretionary employer contribution. Employers may elect to change requirements for participant eligibility for employer contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

1. Description of Plan, continued

Participant Accounts

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

Vesting

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

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

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

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

Notes Receivable from Participants

Participants are allowed one note receivable at any time and may borrow from their fund accounts a minimum of \$1,000 up to 50% of the value of their account balance, or \$50,000, whichever is less. Note receivable terms range from one to five years, except for notes receivable used to purchase a primary residence, which have a maximum term of ten years. The notes receivable are secured by no more than 50% of the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates at the time the note receivable originates, prime rate plus 1%. As of December 31, 2023, interest rates on notes receivable from participants ranged from 4.25% to 9.75% per annum. Principal and interest are paid in equal installments through payroll deductions, personal checks from employees on leave, or cashier's checks for the full payoff of the notes receivable.

Payments of Benefits

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

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

1. Description of Plan, continued

Payments of Benefits, continued

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

Investment Options

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

Forfeitures

Forfeitures that occur during a Plan year will be used to reduce future discretionary employer and matching contributions and to reduce expenses related to the administration of the Plan. As of December 31, 2023 and 2022, forfeited non-vested accounts totaled \$1,393,618 and \$1,330,519, respectively. For the year ended December 31, 2023, \$282,004 of forfeited funds were used to decrease discretionary employer and matching contributions, and \$6,661 was used to pay Plan expenses.

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, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

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

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

2. Summary of Significant Accounting Policies, continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees paid by participants are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

Plan Transfers

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Information Certified by the Trustee

Empower Trust Company, LLC has prepared and certified as complete and accurate the Plan's schedule of investment assets, notes receivable from participants, transactions, and net realized and unrealized gains and losses on investments, and interest and dividend income, which was used to prepare the accompanying financial statements and supplemental schedule.

3. Fair Value Measurements

Accounting standards for fair value measurements establish 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.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

3. Fair Value Measurements, continued

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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, 2023 and 2022.

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 and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,000,571,292	\$ -	\$ -	\$ 1,000,571,292
Total assets in the fair value hierarchy	<u>\$ 1,000,571,292</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,000,571,292</u>
Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 752,171,467	\$ -	\$ -	\$ 752,171,467
Total assets in the fair value hierarchy	<u>\$ 752,171,467</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 752,171,467</u>

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

4. Investment Contract

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

The investment contract value as of December 31, 2023 and 2022 was \$16,938,522 and \$17,285,410, respectively. The average yield and crediting interest rates were approximately 4.75% and 4.00% for 2023 and 2022, respectively.

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

5. Certified Information

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Empower Trust Company, LLC as of December 31, 2023 and 2022, and for the year ended December 31, 2023:

	2023	2022
Investments, at fair value	\$ 1,000,571,292	\$ 752,171,467
Investments, at contract value	\$ 16,938,522	\$ 17,285,410
Notes receivable from participants	\$ 4,768,937	\$ 4,551,816
Interest and dividend income	\$ 22,150,613	N/A
Interest on notes receivable from participants	\$ 268,355	N/A
Net appreciation in fair value of investments	\$ 142,094,055	N/A

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

Certain Plan investments are or were managed by Empower Trust Company, LLC, the trustee of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

7. Tax Status

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

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

8. Plan Termination

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

9. Risks and Uncertainties

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

As of December 31, 2023 and 2022, approximately 39% and 38%, respectively, of net assets are held in three funds.

10. Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2023 and 2022 to Form 5500:

	2023	2022
Net assets available for benefits per financial statements	\$ 1,033,821,774	\$ 784,141,718
Participant salary deferral contributions receivable	(7,665,449)	(8,753,805)
Employer contributions receivable	(3,877,574)	(1,379,220)
Net assets available for benefits per Form 5500	<u>\$ 1,022,278,751</u>	<u>\$ 774,008,693</u>

SEQUOIA ONE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023

10. Reconciliation of the Financial Statements to the Form 5500, continued

The following is a reconciliation of net increase in net assets per financial statements to net income per Form 5500 for the year ended December 31, 2023:

Net increase in net assets before transfers per financial statements	\$ 395,915,687
2022 Participant salary deferral contributions accrued on financial statements, recorded on Form 5500 in 2023	8,753,805
2023 Participant salary deferral contributions accrued on financial statements, to be recorded on Form 5500 in 2024	(7,665,449)
2022 Employer contributions accrued on financial statements, recorded on Form 5500 in 2023	1,379,220
2023 Employer contributions accrued on financial statements, to be recorded on Form 5500 in 2024	<u>(3,877,574)</u>
Total net income per Form 5500	<u>\$ 394,505,689</u>

11. Subsequent Events

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through October 11, 2024, the date which these financial statements were available to be issued. Management concluded that no other material subsequent events have occurred since December 31, 2023 that require recognition or disclosure in these financial statements.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Guideline	47-4474775	001
Human Interest	47-3868366	001
Insperity	76-0178498	001
Principal	43-1929483	001
Slavic	01-0620969	001
The Retirement Plan Company/Charles Schwab	36-4526030	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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)
The Standard	56-6458321	001
Transamerica	36-6071399	001
Vanguard	23-2311358	001
Voya	52-1317217	001
401Go	43-8945642	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SUPPLEMENTAL SCHEDULE

SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2023

(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
*	SAGIC Diversified Bond II	Guaranteed contract	\$ 16,938,522 **
	Vanguard Target Retirement 2055 Fund	Mutual fund	\$ 157,456,050
	Vanguard Target Retirement 2050 Fund	Mutual fund	\$ 142,299,775
	Fidelity 500 Index Fund	Mutual fund	\$ 105,471,648
	Vanguard Target Retirement 2045 Fund	Mutual fund	\$ 102,778,282
	Vanguard Target Retirement 2060 Fund	Mutual fund	\$ 85,479,355
	Vanguard Target Retirement 2040 Fund	Mutual fund	\$ 65,720,343
	Vanguard Target Retirement 2035 Fund	Mutual fund	\$ 52,559,154
	Fidelity Total Market Index Fund	Mutual fund	\$ 49,474,489
	Vanguard Target Retirement 2030 Fund	Mutual fund	\$ 31,944,074
	JP Morgan Large Cap Growth Fund	Mutual fund	\$ 31,368,787
	Fidelity Total Institutional Index Fund	Mutual fund	\$ 17,898,292
	Fidelity Mid Cap Index Fund	Mutual fund	\$ 14,663,341
	Vanguard Target Retirement 2065 Fund	Mutual fund	\$ 14,507,237
	Fidelity Small Cap Index Fund	Mutual fund	\$ 14,302,275
	Dodge & Cox Stock Fund	Mutual fund	\$ 12,807,458
	Vanguard FTSE Social Index Fund	Mutual fund	\$ 12,566,987
	Fidelity US Bond Index Fund	Mutual fund	\$ 10,945,944
	Vanguard Target Retirement 2025 Fund	Mutual fund	\$ 9,222,366
	American Funds New Perspective Fund	Mutual fund	\$ 8,473,536
	Dreyfus Government Cash Mgmt Institutional	Mutual fund	\$ 7,727,100
	DFA US Targeted Value Fund	Mutual fund	\$ 6,129,643
	PGIM Total Return	Mutual fund	\$ 5,021,455
	Cohen & Steers Real Estate Fund	Mutual fund	\$ 4,949,021
	MassMutual Mid Cap Growth Fund	Mutual fund	\$ 4,840,190
	PIMCO Real Return Fund	Mutual fund	\$ 4,254,141
	American Funds New World R6	Mutual fund	\$ 4,128,467
	Allspring Special Mid Cap Value Fund	Mutual fund	\$ 4,099,990
	BlackRock High Yield Bond Fund	Mutual fund	\$ 3,878,701
	American Funds EuroPacific Gr Fund	Mutual fund	\$ 3,447,295
	Vanguard Target Retirement 2070 Fund	Mutual fund	\$ 3,234,908
	Invesco Gold & Special Minerals Fund	Mutual fund	\$ 3,176,451
	Janus Henderson Triton Fund	Mutual fund	\$ 3,137,601
	Vanguard Target Retirement Income Fund	Mutual fund	\$ 1,310,970
	Vanguard Target Retirement 2020 Fund	Mutual fund	\$ 1,013,651
	MassMutual US Govt Money Mkt Fund	Mutual fund	\$ 273,205
	Franklin Small Cap Growth R6	Mutual fund	\$ 8,908
	Fidelity International Index	Mutual fund	\$ 202
*	Participant loans	4.25% to 9.75%, with various maturities	\$ 4,768,937

* Party-in-interest

** At contract value