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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                          |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>KRAKEN OPERATING LLC 401(K) PLAN                                                                                                                                                                                                                                                                                         |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                       |
| 1c      | Effective date of plan<br>06/01/2012                                                                                                                                                                                                                                                                                                     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>KRAKEN OPERATING LLC<br><br>945 BUNKER HILL ROAD, SUITE 1200<br>HOUSTON, TX 77024 |
| 2b      | Employer Identification Number (EIN)<br>45-5199829                                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>713-360-7705                                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>541990                                                                                                                                                                                                                                                                                               |

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 | BRAD SUDDARTH                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 165                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 130<br><b>6a(2)</b> 169<br><b>6b</b> 0<br><b>6c</b> 47<br><b>6d</b> 216<br><b>6e</b> 0<br><b>6f</b> 216<br><b>6g(1)</b> 162<br><b>6g(2)</b> 205<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                              |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2S 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 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

|                                                                                                              |                                                                                    |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>KRAKEN OPERATING LLC 401(K) PLAN</div>                             | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>KRAKEN OPERATING LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>45-5199829</div> |

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

X

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

T. ROWE PRICE RPS, INC.

52-1309931

| (b)<br>Service Code(s)                                | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 25 28<br>37 38 49 50<br>52 57 59 62<br>63 64 65 | NONE                                                                                              | 1090                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FIDELITY FUNDS

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MET WEST FUNDS

95-4597302

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| T ROWE PRICE RPS, INC                                               | 15 38 59 21 49 62 25 50 63<br>28 52 64 37 57 65                                                                                                                    | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MET WEST TOTAL RETURN BOND I<br><br>95-4597302                      | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| T ROWE PRICE RPS, INC                                               | 15 38 59 21 49 62 25 50 63<br>28 52 64 37 57 65                                                                                                                    | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FIDELITY 500 INDEX FUND<br><br>04-2647786                           | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MET WEST FUNDS                                                      | 28 59                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MET WEST TOTAL RETURN BOND I<br><br>95-4597302                      | INVESTMENT MANAGEMENT FEE BASED UPON 0.44%                                                                                                                         |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |            |
| <b>A</b> Name of plan<br><b>KRAKEN OPERATING LLC 401(K) PLAN</b>                                         | <b>B</b> Three-digit plan number (PN) ▶ | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>KRAKEN OPERATING LLC</b>             |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>45-5199829</b>                                       |                                         |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | <b>0</b>                     | <b>1378613</b>         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  | <b>0</b>                     | <b>94111</b>           |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | <b>538234</b>                | <b>918595</b>          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | <b>97716</b>                 | <b>50813</b>           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | <b>7367434</b>               | <b>10923777</b>        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 8003384               | 13365909        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 8003384               | 13365909        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 2374721    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 1397680    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 190333     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3962734   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 38329      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 3763       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 42092     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 403948     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 403948    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 1331101   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 5739875   |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 376260 |        |
| (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)  |        | 376260 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| h Interest expense .....                                                             | 2h     |        |        |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  |        |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |        |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  |        |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |        |        |
| (7) Actuarial fees .....                                                             | 2i(7)  |        |        |
| (8) Legal fees .....                                                                 | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |        |
| (11) Other expenses .....                                                            | 2i(11) | 1090   |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 1090   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 377350 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 5362525 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PENDING**

(2) EIN: **01-0203040**

**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         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------|
| <b>a</b> 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.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>2323919</b> |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>1000000</b> |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |                |

**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.)

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>KRAKEN OPERATING LLC 401(K) PLAN                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>KRAKEN OPERATING LLC                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>45-5199829                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 04-3157927                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                             |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |  |

|                                                                                                                                                                                        |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                  | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                             | <b>15b</b> |  |

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                         |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

**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..... ☐

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

**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. \_\_\_\_\_

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A.



***KRAKEN OPERATING LLC 401(K) PLAN***

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT  
WITH SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2023, 2022 AND 2021**

# ***KRAKEN OPERATING LLC 401(K) PLAN***

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### **Independent Auditor's Report**

#### **Financial Statements:**

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#### **Supplemental Schedules:**

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All other schedules required by 29 CFR Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because the schedules are not applicable.

## Report of Independent Auditors

The Plan Administrator of  
Kraken Operating LLC 401(k) Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Kraken Operating LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023, 2022, and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Kraken Operating LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor'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 in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023, 2022 and 2021, and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kraken Operating LLC 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis of Matter - Restatement of Previously Issued Financial Statements***

As discussed in Note 2 to the financial statements, the Plan has restated its 2022 financial statements to correct for a misstatement. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kraken Operating LLC 401(k) Plan's ability to continue as a going concern within 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.

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kraken Operating LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kraken Operating LLC 401(k) 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 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 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 audit.

### ***Other Matter***

#### ***Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions as of and for the years ended December 31, 2023 and 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Dallas, Texas

October 15, 2024

**KRAKEN OPERATING LLC 401(K) PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                           | 2023                 | DECEMBER 31,<br>2022 | 2021                |
|-------------------------------------------|----------------------|----------------------|---------------------|
| <u>ASSETS</u>                             |                      |                      |                     |
| <b>INVESTMENTS:</b>                       |                      |                      |                     |
| Investments, at fair value                |                      |                      |                     |
| Mutual funds                              | \$ 10,923,777        | \$ 7,367,434         | \$ 7,868,336        |
| Money market mutual funds                 | 918,595              | 538,234              | 238,077             |
| Total investments                         | <u>11,842,372</u>    | <u>7,905,668</u>     | <u>8,106,413</u>    |
| <b>RECEIVABLES:</b>                       |                      |                      |                     |
| Notes receivable from participants        | 50,813               | 97,716               | 68,539              |
| Participant contribution receivable       | 94,111               | -                    | -                   |
| Employer contribution receivable          | 1,378,613            | 996,108              | 828,465             |
| Total receivables                         | <u>1,523,537</u>     | <u>1,093,824</u>     | <u>897,004</u>      |
| <b>TOTAL ASSETS:</b>                      | <u>13,365,909</u>    | <u>8,999,492</u>     | <u>9,003,417</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b> | <u>\$ 13,365,909</u> | <u>\$ 8,999,492</u>  | <u>\$ 9,003,417</u> |

*See accompanying notes to these financial statements.*

**KRAKEN OPERATING LLC 401(K) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                     | YEAR ENDED<br>DECEMBER 31,<br>2023 | YEAR ENDED<br>DECEMBER 31,<br>2022 |
|---------------------------------------------------------------------|------------------------------------|------------------------------------|
| <b>ADDITIONS TO NET ASSETS:</b>                                     |                                    |                                    |
| <b>Net investment income (loss):</b>                                |                                    |                                    |
| Net appreciation (depreciation) in fair value of investments        | \$ 1,331,101                       | \$ (2,017,464)                     |
| Interest                                                            | 38,329                             | 7,201                              |
| Dividends                                                           | 403,948                            | 444,615                            |
| Net investment income (loss)                                        | <u>1,773,378</u>                   | <u>(1,565,648)</u>                 |
| <b>Interest income on notes receivable from participants</b>        | 3,763                              | 3,832                              |
| <b>Contributions:</b>                                               |                                    |                                    |
| Participant contributions                                           | 1,397,680                          | 997,624                            |
| Employer contributions                                              | 1,378,613                          | 996,108                            |
| Rollover contributions                                              | 190,333                            | 259,758                            |
| Total contributions                                                 | <u>2,966,626</u>                   | <u>2,253,490</u>                   |
| Total additions                                                     | <u>4,743,767</u>                   | <u>691,674</u>                     |
| <b>DEDUCTIONS FROM NET ASSETS:</b>                                  |                                    |                                    |
| Benefits paid directly to participants                              | 376,260                            | 694,299                            |
| Administrative expenses                                             | 1,090                              | 1,300                              |
| Total deductions                                                    | <u>377,350</u>                     | <u>695,599</u>                     |
| <b>NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS</b> | 4,366,417                          | (3,925)                            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, beginning of year</b>         | <u>8,999,492</u>                   | <u>9,003,417</u>                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, end of year</b>               | \$ <u>13,365,909</u>               | \$ <u>8,999,492</u>                |

*See accompanying notes to these financial statements.*

**KRAKEN OPERATING LLC 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023, 2022 AND 2021**

**1. DESCRIPTION OF PLAN**

The following description of the Kraken Operating LLC 401(k) Plan (the “Plan”) provides only general information. For a more complete description of the Plan’s provisions, Plan participants should refer to the Plan Document and Summary Plan Description. The Plan is sponsored by Kraken Operating LLC (the “Company,” the “Employer,” or “Sponsor”).

General

The Plan was established effective June 1, 2012, and most recently amended and restated effective February 1, 2022, as a defined contribution plan covering substantially all employees of the Company who are 21 years of age or older. Union employees and nonresident aliens are not eligible under the Plan. Entry dates are the first day of the month coinciding with or next following the date requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Custodian and Administration

Reliance Trust Company (“Reliance Trust”) serves as trustee and custodian (the “Custodian”) of the Plan. As Custodian, Reliance Trust holds title to plan assets, is a fiduciary to the plan, and is responsible for the proper execution of directions, safekeeping of plan assets and providing periodic trust reporting. T. Rowe Price Retirement Plan Services, Inc. (“T. Rowe Price”) is the recordkeeper of the Plan and provides administrative services to the Plan, including preparation of quarterly participant reports and compliance testing.

Participant Contributions

Each year, participants may contribute to the Plan on a pre-tax and/or Roth basis using up to 90% of their eligible compensation each pay period, subject to statutory and regulatory limitations. Participants reaching age 50 or older by the end of the Plan year may also make additional catch-up contributions to the Plan on a pre-tax and/or Roth basis, subject to statutory and regulatory limitations.

Effective as of January 1, 2014, the Plan includes an eligible automatic contribution arrangement (“EACA”). Under the EACA provisions of the Plan, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3 percent of pre-tax eligible compensation each pay period and their contributions invested in a designated balanced fund until changed by the participant.

Participants may also choose to make rollover contributions to the Plan of amounts received from an eligible employer plan maintained by another company, including direct rollovers from such plans.

Employer Contributions

The Plan is a “safe harbor 401(k) plan”, whereby the Company will make contributions equal to 3% of the amount of each participant’s eligible compensation, subject to certain statutory and regulatory limitations. In addition, the Company may contribute a discretionary matching amount and/or discretionary profit-sharing amount. During the year-ended December 31, 2023, the Company made \$531,378 of safe harbor contributions and \$464,730 of discretionary matching contributions. As of December 31, 2023, the Plan had an employer contribution receivable of \$1,378,613, which is comprised of \$734,804 of safe harbor contributions and \$643,809 of discretionary matching contributions. No discretionary profit-sharing contributions were made.

During the year-ended December 31, 2022, the Company made \$441,655 of safe harbor contributions and \$386,810 of discretionary matching contributions. As of December 31, 2022, the Plan had an employer contribution receivable of \$996,108, which is comprised of \$531,378 of safe harbor contributions and \$464,730 of discretionary matching contributions. No discretionary profit-sharing contributions were made.

**KRAKEN OPERATING LLC 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023, 2022 AND 2021**

*Participant Accounts*

Each participant's account is credited with the participant's contributions and the Company's contributions, as well as allocations of Plan earnings and losses based on the participant's relative investment holdings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Participant allocations of expenses are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Vesting*

Participants are immediately vested in their elective contributions, rollover contributions, and all Company contributions, plus actual earnings thereon.

*Forfeited Accounts*

All contributions are fully vested and are non-forfeitable.

*Investment Options*

Participants direct the investment of contributions into various investment options offered by the Plan. Any Employer matching contributions are invested in the same percentages as the participant contributions. Participants can change the allocation of their existing funds and future contributions at any time.

*Payment of Benefits*

A participant whose employment terminates for any reason is entitled to receive the vested portion of their account in the form of a lump sum distribution of their vested account balance payable in cash or rolled over into a qualified retirement plan. Participants are permitted to leave the vested portion of their account in the Plan, however if the vested account balance does not exceed \$5,000, a distribution will automatically be made to the participant regardless of their consent. Benefit payments are paid out as soon as administratively feasible following termination of employment.

*Notes Receivable from Participants*

Participants may borrow from their fund account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear a commercially reasonable fixed rate of interest, as defined in the Plan. Principal and interest is paid ratably through payroll deductions. A participant cannot have more than one loan outstanding at any time. Interest rates associated with participant loans entered into during the year ended December 31, 2023, ranged from 8.50% to 8.75%, with various maturities through February 2028. Interest rates associated with participant loans entered into during the year ended December 31, 2022, ranged from 4.25% to 7.25%, with various maturities through August 2027.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Restatement of Previously Issued Financial Statements*

Subsequent to the issuance of the December 31, 2022 financial statements, the Plan determined there to be material delinquent contributions related to the 2022 plan year that were not disclosed in the 2022 financial statements. Footnote 10 has been added to correct for the error, along with the Supplemental Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions as of December 31, 2022 (Restated). The error did not result in any impact to the Statement of Net Assets Available for Benefits or to the Statement of Changes in Net Assets Available for Benefits for 2022 or 2021.

*Basis of Accounting*

The accompanying financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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*Use of Estimates*

The preparation of the Plan's financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in these financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

*Investment Valuation and Income (Loss) Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

*Contributions*

Contributions from participants and corresponding Company contributions are recorded in the year in which the related participant's compensation is earned.

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees 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 or 2022. If a participant fails to make any scheduled loan repayment by the end of the calendar quarter following the calendar quarter in which the missed payment was due, the Plan Administrator may deem the participant loan to be in default. A loan that is in default may be considered a distribution from the Plan, resulting in the reduction in the participant loan balance and recording of a benefit payment.

*Payment of Benefits*

Benefits are recorded when paid.

*Expenses*

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

**3. INFORMATION CERTIFIED AND PROVIDED BY RELIANCE TRUST**

The following is a summary of the Plan's asset information as of December 31, 2023, included throughout the Plan's financial statements and supplemental schedule, which was prepared by or derived from information provided by the Custodian and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from the Custodian that information provided to the Plan Administrator by the Custodian related to the following assets and investments reflected on the schedule of assets (held at end of year) is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

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**DECEMBER 31, 2023, 2022 AND 2021**

|                                          | DECEMBER 31,  |              |              |
|------------------------------------------|---------------|--------------|--------------|
|                                          | 2023          | 2022         | 2021         |
| Mutual funds, at fair value              | \$ 10,923,777 | \$ 7,367,434 | \$ 7,868,336 |
| Money market mutual funds, at fair value | \$ 918,595    | \$ 538,234   | \$ 238,077   |
| Notes receivable from participants       | \$ 50,813     | \$ 97,716    | \$ 68,539    |

Reliance Trust certified the completeness and accuracy of \$1,331,101 of net appreciation in fair value of investments, \$442,277 of interest and dividend income related to investments, and \$3,763 of interest income related to notes receivable from participants for the year ended December 31, 2023 and certified the completeness and accuracy of \$2,017,464 of net depreciation in fair value of investments, \$451,816 of interest and dividend income related to investments, and \$3,832 of interest income related to notes receivable from participants for the year ended December 31, 2022.

#### **4. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value 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 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified.

Mutual Funds and Money Market 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 SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan’s investments measured at fair value on a recurring basis were as follows:

| <b>December 31, 2023</b>                   |                      |                |                |                      |
|--------------------------------------------|----------------------|----------------|----------------|----------------------|
|                                            | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds and Money market mutual funds | \$ 11,842,372        | -              | -              | \$ 11,842,372        |
| Total investments at fair value            | <u>\$ 11,842,372</u> | <u>-</u>       | <u>-</u>       | <u>\$ 11,842,372</u> |
| <b>December 31, 2022</b>                   |                      |                |                |                      |
|                                            | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds and Money market mutual funds | \$ 7,905,668         | -              | -              | \$ 7,905,668         |
| Total investments at fair value            | <u>\$ 7,905,668</u>  | <u>-</u>       | <u>-</u>       | <u>\$ 7,905,668</u>  |
| <b>December 31, 2021</b>                   |                      |                |                |                      |
|                                            | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual funds and Money market mutual funds | \$ 8,106,413         | -              | -              | \$ 8,106,413         |
| Total investments at fair value            | <u>\$ 8,106,413</u>  | <u>-</u>       | <u>-</u>       | <u>\$ 8,106,413</u>  |

**5. PARTY-IN-INTEREST TRANSACTIONS**

Plan investments include mutual funds managed by T. Rowe Price. T. Rowe Price is the recordkeeper of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. These transactions are identified in the supplemental schedule. The Plan also invests in notes receivable from participants, which qualify as exempt party-in-interest transactions.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost. These transactions qualify as exempt party-in-interest transactions.

**KRAKEN OPERATING LLC 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**6. PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, no further contributions will be made to the Plan and the net assets of the Plan would be distributed among the participants in accordance with the Plan Document, as the participants are already fully vested.

**7. TAX STATUS**

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**8. RISKS AND UNCERTAINTIES**

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

**9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of the net assets available for benefits reported in the financial statements to the Form 5500 as of December 31:

|                                                                | <u>2023</u>          | <u>2022</u>         | <u>2021</u>         |
|----------------------------------------------------------------|----------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 13,365,909        | \$ 8,999,492        | \$ 9,003,417        |
| Less amounts accrued for employer receivables                  | -                    | (996,108)           | (828,465)           |
| Net assets available for benefits per the Form 5500            | <u>\$ 13,365,909</u> | <u>\$ 8,003,384</u> | <u>\$ 8,174,952</u> |

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net income reported on the Form 5500 for the year ended December 31, 2023:

|                                                                          |                     |
|--------------------------------------------------------------------------|---------------------|
| Change in net assets available for benefits per the financial statements | \$ 4,366,417        |
| Add prior year receivable                                                | 996,108             |
| Net income per the Form 5500                                             | <u>\$ 5,362,525</u> |

**KRAKEN OPERATING LLC 401(k) PLAN**  
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**DECEMBER 31, 2023, 2022 AND 2021**

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net loss reported on the Form 5500 for the year ended December 31, 2022:

|                                                                          |                     |
|--------------------------------------------------------------------------|---------------------|
| Change in net assets available for benefits per the financial statements | \$ (3,925)          |
| Add prior year receivable                                                | 828,465             |
| Less current year receivable                                             | <u>(996,108)</u>    |
| Net income per the Form 5500                                             | \$ <u>(171,568)</u> |

**10. DELINQUENT PARTICIPANT CONTRIBUTIONS**

As disclosed in the accompanying supplemental schedules, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor during the plan years 2023 and 2022. The Company is in the process of determining the amount of related lost earnings and will remit the amounts to participants' accounts, as applicable.

**11. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 15, 2024, the date these financial statements were available to be issued.

***KRAKEN OPERATING LLC 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023, 2022 AND 2021***

**SUPPLEMENTAL SCHEDULES**

**KRAKEN OPERATING LLC 401(k) PLAN**  
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**SCHEDULE H, PART IV LINE 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END)**

**EIN: 45-5199829 – PLAN NO. 001**

**DECEMBER 31, 2023**

| IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR<br>PARTY                                       | DESCRIPTION OF<br>INVESTMENT | COST | CURRENT VALUE |
|------------------------------------------------------------------------------------------------|------------------------------|------|---------------|
| FIDELITY 500 INDEX                                                                             | Mutual Fund                  | **   | \$ 1,869,404  |
| * T. ROWE PRICE DIVIDEND GROWTH INV                                                            | Mutual Fund                  | **   | 231,890       |
| * T. ROWE PRICE INTL EQUITY INDEX INV                                                          | Mutual Fund                  | **   | 244,429       |
| * T. ROWE PRICE GROWTH STOCK INV                                                               | Mutual Fund                  | **   | 207,630       |
| * T. ROWE PRICE FINANCIAL SERVICES INV                                                         | Mutual Fund                  | **   | 137,677       |
| * T. ROWE PRICE REAL ESTATE INV                                                                | Mutual Fund                  | **   | 95,933        |
| * T. ROWE PRICE COMMUNICATIONS & TECH INV                                                      | Mutual Fund                  | **   | 130,599       |
| * T. ROWE PRICE HEALTH SCIENCES INV                                                            | Mutual Fund                  | **   | 87,843        |
| * T. ROWE PRICE NEW HORIZONS INV                                                               | Mutual Fund                  | **   | 80,024        |
| * T. ROWE PRICE EXTENDED EQ MKT INDEX INV                                                      | Mutual Fund                  | **   | 96,868        |
| * T. ROWE PRICE EQUITY INCOME INV                                                              | Mutual Fund                  | **   | 35,629        |
| * T. ROWE PRICE NEW ERA INV                                                                    | Mutual Fund                  | **   | 82,274        |
| * T. ROWE PRICE SCIENCE & TECHNOLOGY INV                                                       | Mutual Fund                  | **   | 32,949        |
| * T. ROWE PRICE INFLATION PROTECTED BD INV                                                     | Mutual Fund                  | **   | 34,719        |
| METROPOLITAN WEST TOTAL RETURN BOND INST                                                       | Mutual Fund                  | **   | 40,537        |
| * T. ROWE PRICE SHORT-TERM BOND INV                                                            | Mutual Fund                  | **   | 7,913         |
| * T. ROWE PRICE QM US BOND INDEX INV                                                           | Mutual Fund                  | **   | 16,839        |
| * T. ROWE PRICE U.S. TREASURY INTERM INV                                                       | Mutual Fund                  | **   | 542           |
| * T. ROWE PRICE U.S. TREASURY LONG TRM INDEX                                                   | Mutual Fund                  | **   | 15,187        |
| * T. ROWE PRICE CAPITAL APPRECIATION INV                                                       | Mutual Fund                  | **   | 91,280        |
| * T. ROWE PRICE U.S. TREASURY MONEY INV                                                        | Money Market                 | **   | 918,595       |
|                                                                                                | Mutual Fund                  |      |               |
| * T. ROWE PRICE RETIREMENT 2015 INV                                                            | Mutual Fund                  | **   | 30,162        |
| * T. ROWE PRICE RETIREMENT 2020 INV                                                            | Mutual Fund                  | **   | 563           |
| * T. ROWE PRICE RETIREMENT 2025 INV                                                            | Mutual Fund                  | **   | 801,234       |
| * T. ROWE PRICE RETIREMENT 2030 INV                                                            | Mutual Fund                  | **   | 53,947        |
| * T. ROWE PRICE RETIREMENT 2035 INV                                                            | Mutual Fund                  | **   | 146,055       |
| * T. ROWE PRICE RETIREMENT 2040 INV                                                            | Mutual Fund                  | **   | 416,570       |
| * T. ROWE PRICE RETIREMENT 2045 INV                                                            | Mutual Fund                  | **   | 656,361       |
| * T. ROWE PRICE RETIREMENT 2050 INV                                                            | Mutual Fund                  | **   | 2,321,266     |
| * T. ROWE PRICE RETIREMENT 2055 INV                                                            | Mutual Fund                  | **   | 2,164,533     |
| * T. ROWE PRICE RETIREMENT 2060 INV                                                            | Mutual Fund                  | **   | 692,459       |
| * T. ROWE PRICE RETIREMENT 2065 INV                                                            | Mutual Fund                  | **   | 100,461       |
| Total pooled separate accounts                                                                 |                              |      | 11,842,372    |
| * Notes receivable (bearing interest from 4.25% to 8.75%;<br>maturities through February 2028) |                              |      | 50,813        |
| Total                                                                                          |                              | \$   | 11,893,185    |

\* Identified as a party-in-interest, as defined by ERISA

\*\*Cost information has been omitted from this table, as all investments are participant directed

Information certified as complete and accurate by Reliance Trust Company, the Custodian of the Plan assets

**KRAKEN OPERATING LLC 401(k) PLAN**  
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**SCHEDULE H, PART IV LINE 4(i) – SCHEDULE OF ASSETS (HELD AT YEAR END)**

**EIN: 45-5199829 – PLAN NO. 001**

**DECEMBER 31, 2022**

| IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR<br>PARTY                                                   | DESCRIPTION OF<br>INVESTMENT | COST | CURRENT VALUE |
|------------------------------------------------------------------------------------------------------------|------------------------------|------|---------------|
| FIDELITY 500 INDEX                                                                                         | Mutual Fund                  | **   | \$ 1,351,169  |
| * T. ROWE PRICE DIVIDEND GROWTH INV                                                                        | Mutual Fund                  | **   | 179,856       |
| * T. ROWE PRICE INTL EQUITY INDEX INV                                                                      | Mutual Fund                  | **   | 165,475       |
| * T. ROWE PRICE GROWTH STOCK INV                                                                           | Mutual Fund                  | **   | 138,479       |
| * T. ROWE PRICE FINANCIAL SERVICES INV                                                                     | Mutual Fund                  | **   | 97,859        |
| * T. ROWE PRICE REAL ESTATE INV                                                                            | Mutual Fund                  | **   | 75,515        |
| * T. ROWE PRICE COMMUNICATIONS & TECH INV                                                                  | Mutual Fund                  | **   | 67,130        |
| * T. ROWE PRICE HEALTH SCIENCES INV                                                                        | Mutual Fund                  | **   | 67,077        |
| * T. ROWE PRICE NEW HORIZONS INV                                                                           | Mutual Fund                  | **   | 57,375        |
| * T. ROWE PRICE EXTENDED EQ MKT INDEX INV                                                                  | Mutual Fund                  | **   | 46,278        |
| * T. ROWE PRICE EQUITY INCOME INV                                                                          | Mutual Fund                  | **   | 43,080        |
| * T. ROWE PRICE NEW ERA INV                                                                                | Mutual Fund                  | **   | 36,189        |
| * T. ROWE PRICE SCIENCE & TECHNOLOGY INV                                                                   | Mutual Fund                  | **   | 16,935        |
| * T. ROWE PRICE INFLATION PROTECTED BD INV                                                                 | Mutual Fund                  | **   | 143,441       |
| METROPOLITAN WEST TOTAL RETURN BOND INST                                                                   | Mutual Fund                  | **   | 39,186        |
| * T. ROWE PRICE SHORT-TERM BOND INV                                                                        | Mutual Fund                  | **   | 16,930        |
| * T. ROWE PRICE QM US BOND INDEX INV                                                                       | Mutual Fund                  | **   | 10,845        |
| * T. ROWE PRICE U.S. TREASURY INTERM INV                                                                   | Mutual Fund                  | **   | 505           |
| * T. ROWE PRICE CAPITAL APPRECIATION INV                                                                   | Mutual Fund                  | **   | 11,766        |
| * T. ROWE PRICE U.S. TREASURY MONEY INV                                                                    | Money Market                 | **   | 538,234       |
|                                                                                                            | Mutual Fund                  |      |               |
| * T. ROWE PRICE RETIREMENT 2015 INV                                                                        | Mutual Fund                  | **   | 19,299        |
| * T. ROWE PRICE RETIREMENT 2020 INV                                                                        | Mutual Fund                  | **   | 496           |
| * T. ROWE PRICE RETIREMENT 2025 INV                                                                        | Mutual Fund                  | **   | 603,158       |
| * T. ROWE PRICE RETIREMENT 2030 INV                                                                        | Mutual Fund                  | **   | 14,866        |
| * T. ROWE PRICE RETIREMENT 2035 INV                                                                        | Mutual Fund                  | **   | 88,919        |
| * T. ROWE PRICE RETIREMENT 2040 INV                                                                        | Mutual Fund                  | **   | 280,807       |
| * T. ROWE PRICE RETIREMENT 2045 INV                                                                        | Mutual Fund                  | **   | 503,371       |
| * T. ROWE PRICE RETIREMENT 2050 INV                                                                        | Mutual Fund                  | **   | 1,518,520     |
| * T. ROWE PRICE RETIREMENT 2055 INV                                                                        | Mutual Fund                  | **   | 1,399,218     |
| * T. ROWE PRICE RETIREMENT 2060 INV                                                                        | Mutual Fund                  | **   | 364,260       |
| * T. ROWE PRICE RETIREMENT 2065 INV                                                                        | Mutual Fund                  | **   | 9,430         |
| Total pooled separate accounts                                                                             |                              |      | 7,905,668     |
| * Notes receivable from interest (bearing interest from 4.25%<br>to 7.25%; maturities through August 2027) |                              |      | 97,716        |
| Total                                                                                                      |                              | \$   | 8,003,384     |

\* Identified as a party-in-interest, as defined by ERISA

\*\*Cost information has been omitted from this table, as all investments are participant directed  
Information certified as complete and accurate by Reliance Trust Company, the Custodian of the Plan assets

**KRAKEN OPERATING LLC 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023, 2022 AND 2021**

**SCHEDULE H, PART IV LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**EIN: 45-5199829 – PLAN NO. 001**

**YEAR ENDED DECEMBER 31, 2023**

| Total that Constitute<br>Nonexempt Prohibited Transactions                                            |                                              |                                                          |                                                          |                                                                  |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
| Participant Contributions<br><u>Transferred Late to Plan</u>                                          | Contributions <u>Not</u><br><u>Corrected</u> | Contributions<br>Corrected <u>Outside</u><br><u>VFCP</u> | Contributions<br>Pending<br>Correction in<br><u>VFCP</u> | Total Fully<br>Corrected Under<br>VFCP and PTE<br><u>2002-51</u> |
| Check here if Late<br>Participant Loan<br>Repayments are included <input checked="" type="checkbox"/> | \$ <u>2,323,919</u>                          | \$ <u>-</u>                                              | \$ <u>-</u>                                              | \$ <u>-</u>                                                      |

**KRAKEN OPERATING LLC 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023, 2022 AND 2021**

**SCHEDULE H, PART IV LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**(RESTATED)**

**EIN: 45-5199829 – PLAN NO. 001**

**YEAR ENDED DECEMBER 31, 2022**

| Total that Constitute<br>Nonexempt Prohibited Transactions                                            |                                              |                                                          |                                                          |                                                                  |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
| Participant Contributions<br><u>Transferred Late to Plan</u>                                          | Contributions <u>Not</u><br><u>Corrected</u> | Contributions<br>Corrected <u>Outside</u><br><u>VFCP</u> | Contributions<br>Pending<br>Correction in<br><u>VFCP</u> | Total Fully<br>Corrected Under<br>VFCP and PTE<br><u>2002-51</u> |
| Check here if Late<br>Participant Loan<br>Repayments are included <input checked="" type="checkbox"/> | \$ <u>926,187</u>                            | \$ <u>-</u>                                              | \$ <u>-</u>                                              | \$ <u>-</u>                                                      |

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► KRAKEN OPERATING LLC 401(K) PLAN

Employer Identification Number:► 45-5199829

For plan year (beginning/ending):► 01/01/2023-12/31/2023

Plan number:► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | T. ROWE PRICE GROWTH STOCK INV                            | MUTUAL FUNDS                                                                                               |          | 207,630.00        |
| *   | T. ROWE PRICE NEW ERA INV                                 | MUTUAL FUNDS                                                                                               |          | 82,274.00         |
| *   | T. ROWE PRICE NEW HORIZONS INV                            | MUTUAL FUNDS                                                                                               |          | 80,024.00         |
| *   | T. ROWE PRICE U.S. TREASURY MONEY INV                     | INTEREST-BEARING CASH                                                                                      |          | 918,595.00        |
| *   | T. ROWE PRICE SHORT-TERM BOND INV                         | MUTUAL FUNDS                                                                                               |          | 7,913.00          |
| *   | T. ROWE PRICE SCIENCE & TECHNOLOGY INV                    | MUTUAL FUNDS                                                                                               |          | 32,949.00         |
| *   | T. ROWE PRICE U.S. TREASURY INTERM INV                    | MUTUAL FUNDS                                                                                               |          | 542.00            |
| *   | T. ROWE PRICE US TREASURY LONG TRM INDEX                  | MUTUAL FUNDS                                                                                               |          | 15,187.00         |
| *   | T. ROWE PRICE EQUITY INCOME INV                           | MUTUAL FUNDS                                                                                               |          | 35,629.00         |
| *   | T. ROWE PRICE CAPITAL APPRECIATION INV                    | MUTUAL FUNDS                                                                                               |          | 91,280.00         |
| *   | T. ROWE PRICE DIVIDEND GROWTH INV                         | MUTUAL FUNDS                                                                                               |          | 231,890.00        |
| *   | T. ROWE PRICE HEALTH SCIENCES INV                         | MUTUAL FUNDS                                                                                               |          | 87,843.00         |
| *   | T. ROWE PRICE FINANCIAL SERVICES INV                      | MUTUAL FUNDS                                                                                               |          | 137,677.00        |
| *   | T. ROWE PRICE COMMUNICATIONS & TECH INV                   | MUTUAL FUNDS                                                                                               |          | 130,599.00        |
| *   | T. ROWE PRICE REAL ESTATE INV                             | MUTUAL FUNDS                                                                                               |          | 95,933.00         |
| *   | T. ROWE PRICE EXTENDED EQ MKT INDEX INV                   | MUTUAL FUNDS                                                                                               |          | 96,868.00         |
| *   | T. ROWE PRICE QM US BOND INDEX INV                        | MUTUAL FUNDS                                                                                               |          | 16,839.00         |
| *   | T. ROWE PRICE INTL EQUITY INDEX INV                       | MUTUAL FUNDS                                                                                               |          | 244,429.00        |
| *   | T. ROWE PRICE RETIREMENT 2020 INV                         | MUTUAL FUNDS                                                                                               |          | 563.00            |
| *   | T. ROWE PRICE RETIREMENT 2030 INV                         | MUTUAL FUNDS                                                                                               |          | 53,947.00         |
| *   | T. ROWE PRICE RETIREMENT 2040 INV                         | MUTUAL FUNDS                                                                                               |          | 416,570.00        |
| *   | T. ROWE PRICE INFLATION PROTECTED BD INV                  | MUTUAL FUNDS                                                                                               |          | 34,719.00         |
| *   | T. ROWE PRICE RETIREMENT 2015 INV                         | MUTUAL FUNDS                                                                                               |          | 30,162.00         |
| *   | T. ROWE PRICE RETIREMENT 2025 INV                         | MUTUAL FUNDS                                                                                               |          | 801,234.00        |
| *   | T. ROWE PRICE RETIREMENT 2035 INV                         | MUTUAL FUNDS                                                                                               |          | 146,055.00        |
| *   | T. ROWE PRICE RETIREMENT 2045 INV                         | MUTUAL FUNDS                                                                                               |          | 656,361.00        |
| *   | T. ROWE PRICE RETIREMENT 2050 INV                         | MUTUAL FUNDS                                                                                               |          | 2,321,266.00      |
| *   | T. ROWE PRICE RETIREMENT 2055 INV                         | MUTUAL FUNDS                                                                                               |          | 2,164,533.00      |
| *   | T. ROWE PRICE RETIREMENT 2060 INV                         | MUTUAL FUNDS                                                                                               |          | 692,459.00        |
| *   | T. ROWE PRICE RETIREMENT 2065 INV                         | MUTUAL FUNDS                                                                                               |          | 100,461.00        |
|     | METROPOLITAN WEST TOTAL RETURN BOND INST                  | MUTUAL FUNDS                                                                                               |          | 40,537.00         |
|     | FIDELITY 500 INDEX                                        | MUTUAL FUNDS                                                                                               |          | 1,869,402.00      |
|     | PARTICIPANT LOANS                                         | LOW-HIGH INTEREST RATE 4.25% - 8.75%                                                                       |          | 50,813.00         |