

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) E

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

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CROSSLINK CROSSOVER FUND V, L.P.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CROSSLINK CAPITAL, INC.</u></p> <p><u>2180 SAND HILL ROAD, SUITE 200</u> <u>MENLO PARK, CA 94025</u></p>	<p>1c Effective date of plan <u>02/01/2007</u></p> <p>2b Employer Identification Number (EIN) <u>94-3315151</u></p> <p>2c Plan Sponsor's telephone number <u>415-617-1800</u></p> <p>2d Business code (see instructions) <u>523900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	MIHALY SZIGETI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	MIHALY SZIGETI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	MIHALY SZIGETI
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>CROSSLINK CAPITAL, INC.</p> <p>2180 SAND HILL ROAD, SUITE 200 MENLO PARK, CA 94025</p>	<p>3b Administrator's EIN 94-3315151</p> <p>3c Administrator's telephone number 415-617-1800</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CROSSLINK CROSSOVER FUND V, L.P.	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CROSSLINK CAPITAL, INC.	D Employer Identification Number (EIN) 94-3315151	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

ERNST & YOUNG, LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITORS	65000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INSURANCE

95-3252415

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	INSURANCE	5623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHARTSIS FRIESE LLP

94-2288901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	5148	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CROSSLINK CROSSOVER FUND V, L.P.</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CROSSLINK CAPITAL, INC.</u>	D Employer Identification Number (EIN) <u>94-3315151</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRIGGS & STRATTON RETIREMENT PLAN</u>		
b Name of sponsor of entity listed in (a): <u>BRIGGS & STRATTON CORPORATION</u>		
c EIN-PN <u>39-6036174-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2811944</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ATOFINA CHEMICALS INC. PENSION PLAN</u>		
b Name of sponsor of entity listed in (a): <u>ATOFINA CHEMICALS INC.</u>		
c EIN-PN <u>23-1993533-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1798774</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CROSSLINK CROSSOVER FUND V, L.P.	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 CROSSLINK CAPITAL, INC.	D Employer Identification Number (EIN) 94-3315151

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1656371
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	15517351
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	24103388	17173722
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	40157	219659
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	40157	219659
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24063231	16954063

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	155767	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		155767
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	438045	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2314179	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2907991

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	0	
(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)		0
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)	103099	
(11) Other expenses.....	2i(11)	14060	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		117159
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		117159

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2790832
l Transfers of assets:			
(1) To this plan.....	2l(1)		-9900000
(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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

FINANCIAL STATEMENTS

Crosslink Crossover Fund V, L.P.
Year Ended December 31, 2024
With Report of Independent Auditors



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Report of Independent Auditors

The General Partner
Crosslink Crossover Fund V, L.P.

Opinion

We have audited the financial statements of Crosslink Crossover Fund V, L.P. (the “Partnership”), which comprise the statement of assets, liabilities and partners’ capital, including the schedule of investment, as of December 31, 2024, and the related statements of operations, changes in partners’ capital and cash flows for the year then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Partnership at December 31, 2024, and the results of its operations, changes in its partners’ capital and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 the Partnership and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Partnership’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Partnership’s ability to continue as a going concern for a reasonable period of time.

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.

Ernst & Young LLP

February 7, 2025

Crosslink Crossover Fund V, L.P.

Statement of Assets, Liabilities and Partners' Capital

December 31, 2024

Assets

Nonmarketable securities, at fair value (cost of \$7,283,793)	\$	15,517,351
Cash and cash equivalents		1,656,371
Total assets	\$	<u>17,173,722</u>

Liabilities and partners' capital

Liabilities:

Capital withdrawals and distributions payable	\$	178,350
Accounts payable		36,309
Trustee fees payable		5,000
Total liabilities		<u>219,659</u>

Total partners' capital		<u>16,954,063</u>
Total liabilities and partners' capital	\$	<u>17,173,722</u>

See accompanying notes.

Crosslink Crossover Fund V, L.P.

Schedule of Investment

December 31, 2024

<u>Shares</u>		<u>Cost</u>	<u>Fair Value</u>	<u>Percent of Partners' Capital</u>
	Nonmarketable securities			
	Preferred stock			
	<i>United States</i>			
	Financial Technology			
1,759,337	GAIN Credit, Inc.	\$ 7,283,793	\$ 15,517,351	91.53 %
	Total nonmarketable securities	<u>\$ 7,283,793</u>	<u>\$ 15,517,351</u>	<u>91.53 %</u>
	Total investment	<u>\$ 7,283,793</u>	<u>\$ 15,517,351</u>	<u>91.53 %</u>

See accompanying notes.

Crosslink Crossover Fund V, L.P.

Statement of Operations

Year Ended December 31, 2024

Investment income:

Interest	\$	155,767
Total investment income		<u>155,767</u>

Expenses:

Professional fees		83,099
Trustee fees		20,000
Other expenses		14,060
Total expenses		<u>117,159</u>
Net investment income		<u>38,608</u>

Realized gain and change in unrealized gain on investment securities

Net realized gain		438,045
Net change in unrealized gain		2,314,179
Net realized gain and change in unrealized gain on investment securities		<u>2,752,224</u>
Net increase in partners' capital resulting from operations	\$	<u><u>2,790,832</u></u>

See accompanying notes.

Crosslink Crossover Fund V, L.P.

Statement of Changes in Partners' Capital

Year Ended December 31, 2024

	General Partner	Limited Partners	Total
Partners' capital, beginning of year	\$ 2,479,352	\$ 21,583,879	\$ 24,063,231
Capital withdrawals and distributions	(1,030,408)	(8,869,592)	(9,900,000)
Gain Allocation to the General Partner	475,647	-	475,647
Net gain allocated to all partners	290,243	2,024,942	2,315,185
Partners' capital, end of year	<u>\$ 2,214,834</u>	<u>\$ 14,739,229</u>	<u>\$ 16,954,063</u>

See accompanying notes.

Crosslink Crossover Fund V, L.P.

Statement of Cash Flows

Year Ended December 31, 2024

Cash flows from operating activities

Net increase in partners' capital resulting from operations	\$ 2,790,832
Adjustments to reconcile net increase in partners' capital resulting from operations to net cash provided by operating activities	
Proceeds from disposition of investments	438,045
Net realized gain on investment securities	(438,045)
Net change in unrealized gain on investment securities	(2,314,179)
Accounts payable	1,152
Total adjustments	<u>(2,313,027)</u>
Net cash provided by operating activities	477,805

Cash flows from financing activities

Partner capital withdrawals and distributions	<u>(9,721,650)</u>
Net cash used in financing activities	<u>(9,721,650)</u>

Net change in cash and cash equivalents	(9,243,845)
Cash and cash equivalents, beginning of year	<u>10,900,216</u>
Cash and cash equivalents, end of year	<u>\$ 1,656,371</u>

See accompanying notes.

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements

December 31, 2024

1. The Partnership and Significant Accounting Policies

The Partnership

Crosslink Crossover Fund V, L.P. (the “Partnership”) is a limited partnership formed under the Delaware Revised Uniform Limited Partnership Act to invest and trade in a combined portfolio of growth-stage long and short public companies, and traditional private venture capital companies. The Partnership began operations on February 1, 2007, and was set to terminate on December 31, 2013. As set forth in the Partnership Agreement (the “Agreement”) and its related amendments, the termination date was extended to December 31, 2025. The General Partner intends to extend the term of the Partnership for the foreseeable future until the Partnership’s investment is fully liquidated or distributed. The general partner of the Partnership is Crossover Fund V Management, L.L.C. (the “General Partner”) and the Partnership has engaged Crosslink Capital, Inc. (the “Investment Advisor”) to provide investment advisory services and to carry out investment advisory activities on behalf of the Partnership. The Partnership qualifies as an investment company and follows the accounting and reporting guidance outlines in the Financial Accounting Standards Board’s Accounting Standards Codification Topic 946 – Financial Services – Investment Companies.

Basis of Presentation

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States (“U.S. GAAP”). Financial statements prepared on a U.S. GAAP-basis require management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein. Actual results could differ from those estimates and those differences could be material.

Fair Valuation of Investments

The Partnership’s investment securities are valued at fair value, which is defined as 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. Within the measurement of fair value, the use of market-based information is prioritized over entity specific information and a three-level hierarchy for fair value measurement is established based on the nature of the inputs used in the valuation of an asset or liability as of the measurement date.

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

1. The Partnership and Significant Accounting Policies (continued)

The three-level hierarchy for fair value measurement is defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

An investment's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Partnership's investment security at December 31, 2024 is classified as Level 3 securities and was concentrated in the region and industry listed on the schedule of investment. During the year ended December 31, 2024, the Partnership did not reclassify any investments between fair value hierarchy levels. Risks affecting this industry include, but are not limited to, increased competition, government actions, changes in economic conditions including the effects of inflation, catastrophic events, and the occurrence of natural or man-made disasters, including pandemics and epidemics, beyond the control of the Partnership. These events cannot be predicted with any certainty and may have significant material adverse effect on the Partnership and its portfolio investment.

Marketable securities, including foreign securities, which are traded on one or more recognized national securities exchange or quoted on the NASDAQ National Market System are valued at the last sales price on the measurement date or, if no sale occurred on such date, at the mean of the closing bid and asked price on the measurement date. If the valuation date is not a trading day, the securities are valued as of the last trading date preceding the measurement date. Publicly held investments are marked-to-market at the quoted public value and are classified in Level 1 of the fair value hierarchy.

The valuation of non-public investments requires significant judgment by the Investment Advisor due to the absence of quoted market values, the inherent lack of liquidity and the long-term nature of such assets. Private equity investments are valued initially based upon transaction price, which is deemed to represent the fair value that a market participant would pay for the investment. Valuations are reviewed periodically utilizing available market data to determine if the carrying value of these investments should be adjusted. Such market data primarily includes observations of the trading multiples of public companies considered comparable to the private companies being valued. As of December 31, 2024, the Partnership's investment security totaling \$15,517,351 (91.53% of partner's capital) is valued using the average of the mid-point of the valuation ranges provided by bankers.

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

1. The Partnership and Significant Accounting Policies (continued)

Valuations are adjusted, as necessary, to account for company-specific issues, the lack of liquidity inherent in a non-public investment and the fact that comparable public companies are not identical to the companies being valued, including, the absence of a committed buyer and completion of due diligence similar to that performed in an actual negotiated sale process. In addition, a variety of other factors are reviewed by management, including, but not limited to, financing and sales transactions with third parties, current operating performance and future expectations of the particular investment, changes in market outlook and the third party financing environment. In determining valuation adjustments resulting from the investment review process, emphasis is placed on market participants' assumptions and market-based information over entity specific information. Non-public private equity investments are included in Level 3 of the valuation hierarchy.

During the year ended December 31, 2024, there were no purchases of Level 3 portfolio investments. For investments within Level 3 of the fair value hierarchy, at December 31, 2024, the methods described previously may produce a fair value measurement that may not be indicative of the ultimate realizable value. Furthermore, while the Investment Advisor believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date. Those estimated values may differ significantly from the values that would have been used had a readily available market for such investments existed, or had such investments been liquidated, and these differences could be material to the financial statements.

Realized and Unrealized Gains (Losses)

Security transactions are recorded on a trade date basis. Realized gains or losses on dispositions of investments represent the difference between the original cost of the investment (or the market value on the date of contribution for contributed securities), using a specific identification method, and the proceeds received from the sale. For investments owned at the end of the year, the difference between the original cost and the fair value represents unrealized gains or losses.

Interest Income (Expense)

Interest income and expense is recognized on the accrual basis.

Cash and Cash Equivalents

Cash and cash equivalents, if any, comprise cash and interest-bearing money market deposits. The Partnership places its cash deposits and temporary cash investments with creditworthy, high-quality financial institutions. Amounts may exceed federally insured limits. The Partnership defines cash equivalents as highly liquid financial instruments with original maturities of three months or less and are classified as Level 1 in the fair value hierarchy. The concentration of such

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

1. The Partnership and Significant Accounting Policies (continued)

cash deposits and temporary cash investments is not deemed to create a significant risk to the Partnership.

The Partnership enters into overnight repurchase agreements secured by U.S. government securities. This involves the purchase of securities from a counter party with a simultaneous commitment to resell the securities at an agreed-upon date and price. The Partnership's policy is that its custodian takes possession of the underlying collateral securities. As part of the transaction the fair value must exceed the principal amount of the repurchase transactions, including accrued interest, at all times. In the event of default by the counterparty, the Partnership has the contractual right to liquidate the collateral securities and to apply the proceeds in satisfaction of the obligation. The Partnership records securities purchased under agreements to resell at their contracted resell amounts, which approximate fair value and are classified as Level 2 in the fair value hierarchy. As of December 31, 2024, the Partnership was party to overnight repurchase agreements due January 2, 2025, totaling \$1,176,199, (6.9% total of partners' capital) which were collateralized by its custodian with a total fair value of \$1,179,418.

Income Taxes

Federal and state income tax regulations require that the income of a partnership be included in the income tax returns of the partners. Accordingly, no provision for taxes is made in the accompanying financial statements. The Partnership recognizes the tax benefits of uncertain tax positions only where the position is "more likely than not" to be sustained assuming examination by tax authorities. The Investment Advisor has analyzed the Partnership's tax positions, and has concluded that no liability should be recorded related to uncertain tax positions taken on returns filed for open tax years, or expected to be taken in the Partnership's 2024 tax returns. The partnership identifies its major tax jurisdictions as U.S. Federal, California State and foreign jurisdictions where the Partnership makes significant investments. The Partnership is not aware of any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will change materially in the next twelve months.

2. Allocation of Profits and Losses

The Agreement provides for the allocation of net profits and losses among the partners in the following manner:

- a. All items of net profit in a fiscal period are allocated 20% to the General Partner ("Gain Allocation to the General Partner") and the remaining 80% to all partners in proportion to their respective partnership percentages as of the first day of that fiscal period. Certain limited partners that are affiliated with or employed by the General Partner are exempt from this allocation method and are instead allocated other profits and losses in proportion to their respective partnership percentages.

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

2. Allocation of Profits and Losses (continued)

- b. All items of net loss in the fiscal period shall be allocated 20% to the General Partner and 80% to all partners in proportion to their respective partner's percentages as of the first day of that fiscal period, except for the purpose of calculating the General Partner's partnership percentage for the net loss allocations. Net loss allocated to the General Partner during the fiscal period shall be deemed to be allocated to the General Partner's capital account as of the first day of that fiscal period.
- c. The Partnership at times participates in initial public offerings of equity securities ("New Issues"). Profits and losses resulting from the Partnership's participation in such New Issues are allocated in accordance with the guidelines provided by the Financial Industry Regulatory Authority. During the year ended December 31, 2024, no New Issues were earned or incurred by the Partnership.
- d. If any items of net loss allocable to a limited partner would cause or increase a deficit balance in such limited partner's capital account, such item shall not be allocated to such limited partner, but shall instead be allocated to the partners as a group, to the extent possible in proportion to their respective partners' percentages, until the capital account balance of each partner has been reduced to (but not less than) zero, and then to the General Partner.
- e. To the extent that there have been special allocations of net loss away from a limited partner, the next available items of net profit otherwise allocable to such limited partner shall be specially allocated to the partners to whom such items of net loss had been allocated so as to first offset, in reverse order, such special allocations of net loss.
- f. If immediately prior to the liquidation of the Partnership and after the final allocation of all profits and losses of the Partnership pursuant to the Agreement, the capital account balance of the General Partner is less than zero, the General Partner shall contribute the amount necessary to increase its capital account to zero.

Except as provided in the Partnership Agreement, no limited partner shall be bound by, nor be personally liable for, expenses, liabilities, or obligations of the Partnership in excess of such partner's capital account balance.

3. Capital Contributions, Withdrawals and Distributions

Capital contributions by limited partners may be made on any closing held by the General Partner; however, as stated in the Agreement, as of February 1, 2007, the General Partner may only hold subsequent closings on each subsequent June 30 or December 31. Limited partner withdrawals are not permitted during the term of the Partnership, except for certain situations as provided for in the Agreement, including situations involving any limited partner that is an "employee benefit

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

3. Capital Contributions, Withdrawals and Distributions (continued)

plan” within the meaning of the Employee Retirement Income Security Act of 1974. The General Partner is required to make capital contributions such that the General Partner’s aggregate capital contributions at each closing of the Partnership shall be equal to at least 1% of the total capital contributions of the partners.

To the extent requested by a partner in a written notice to the General Partner not later than October 1 of a fiscal year, the General Partner may distribute to such partner, not later than March 31 of the following fiscal year, an amount equal to its estimated share of the net taxable income of the Partnership allocated to such partner in respect of such fiscal year, as shown on the federal income tax return of the Partnership for that year. The General Partner may adjust the rate of distribution to reflect the then-current status of the ordinary income and capital gains tax rates of the federal or state law. To the extent requested by a partner in a written notice to the General Partner not less than 60 days prior to June 30 and December 31 of each fiscal year, the General Partner may distribute to such partner an amount equal to not more than 5% of the limited partner’s capital account balance as of each June 30 and December 31 of such fiscal year.

At the exclusive discretion of the General Partner, distributions may be made to partners in proportion to their respective partnership percentages, and hardship withdrawals may also be permitted.

Withdrawals and distributions are recognized as liabilities when the amount requested in the withdrawal or distribution notice becomes fixed. This generally may occur either at the time of the receipt of the notice, or on the last day of a fiscal period, depending on the nature of the request. As a result, withdrawals and distributions paid after the end of the year, but based upon year-end capital balances are reflected as withdrawals and distributions payable at December 31, 2024.

Withdrawal notices received for which the dollar amount is not fixed remain in capital until the amount is determined. At December 31, 2024, capital withdrawals payable to limited partners’ were \$178,350.

4. Related Party Transactions

The Investment Advisor provides for and bears its own operating expenses including salaries, rent, and other expenses. Certain fees for accounting, tax, legal, and other professional services are expenses of the Partnership. During the year ended December 31, 2024, the Investment Advisor facilitated payments to certain vendors totaling \$64,735 on behalf of the Partnership, none of which remained reimbursable to the Investment Advisor at December 31, 2024.

The Agreement specifies that the Investment Advisor receive a management fee equal to 0.5% of the aggregate capital account balances of all limited partners that are not affiliated with the General

Crosslink Crossover Fund V, L.P.

Notes to Financial Statements (continued)

4. Related Party Transactions (continued)

Partner as of the beginning of each fiscal quarter. Effective January 1, 2022, the Investment Advisor agreed to waive the management fee.

5. Financial Highlights

Financial highlights for the year ended December 31, 2024, are as follows:

Total return before Profit Allocation to the General Partner	16.7 %
Profit Allocation to the General Partner	<u>(3.2)</u>
Total return after Profit Allocation to the General Partner	<u>13.5 %</u>

Ratios to average partners' capital:

Total expenses before Profit Allocation to the General Partner	0.6 %
--	-------

Profit Allocation to the General Partner	3.2 %
--	-------

Net investment income	0.1 %
-----------------------	-------

Financial highlights are calculated for the limited partners taken as a whole. An individual investor's results may vary from these results based on participation in New Issues and arrangements for profit or loss allocation to the General Partner, and the timing of capital transactions. The ratios to average partners' capital are computed on the weighted-average capital of the limited partners for the year ended December 31, 2024.

6. Indemnifications

The Partnership enters into contracts that contain a variety of indemnifications. The Partnership's maximum exposure under these agreements is unknown. However, the Partnership has not had prior claims or losses pursuant to these contracts and expects the risk of loss to be remote.

7. Subsequent Events

Subsequent events for the Partnership have been evaluated through February 7, 2025, which represents the date when the financial statements were available for issuance. Subsequent to December 31, 2024, no events or circumstances have occurred or are pending that would have a material effect on the financial statements at December 31, 2024.

Crosslink Crossover Fund V, L.P.

Schedule of Investment

December 31, 2024

<u>Shares</u>		<u>Cost</u>	<u>Fair Value</u>	<u>Percent of Partners' Capital</u>
	Nonmarketable securities			
	Preferred stock			
	<i>United States</i>			
	Financial Technology			
1,759,337	GAIN Credit, Inc.	\$ 7,283,793	\$ 15,517,351	91.53 %
	Total nonmarketable securities	<u>\$ 7,283,793</u>	<u>\$ 15,517,351</u>	<u>91.53 %</u>
	Total investment	<u>\$ 7,283,793</u>	<u>\$ 15,517,351</u>	<u>91.53 %</u>

See accompanying notes.