

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: INN VENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): INN VENTURES IVI, LP
2b Employer Identification Number (EIN): 82-2983870
2c Plan Sponsor's telephone number: 206-604-7128
2d Business code (see instructions): 721110

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number | | | | | | | | | | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name <u>INNVENTURES IVI LP</u> c Plan Name <u>INNVENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST</u> | 4b EIN <u>82-2983870</u> 4d PN <u>001</u> | | | | | | | | | | | | | | | | | | | | |
| 5 Total number of participants at the beginning of the plan year | 5 <u>2518</u> | | | | | | | | | | | | | | | | | | | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;"><u>2228</u></td></tr> <tr><td>6a(2)</td><td style="text-align: right;"><u>2001</u></td></tr> <tr><td>6b</td><td style="text-align: right;"><u>0</u></td></tr> <tr><td>6c</td><td style="text-align: right;"><u>87</u></td></tr> <tr><td>6d</td><td style="text-align: right;"><u>2088</u></td></tr> <tr><td>6e</td><td style="text-align: right;"><u>0</u></td></tr> <tr><td>6f</td><td style="text-align: right;"><u>2088</u></td></tr> <tr><td>6g(1)</td><td style="text-align: right;"><u>715</u></td></tr> <tr><td>6g(2)</td><td style="text-align: right;"><u>506</u></td></tr> <tr><td>6h</td><td style="text-align: right;"><u>77</u></td></tr> </table> | 6a(1) | <u>2228</u> | 6a(2) | <u>2001</u> | 6b | <u>0</u> | 6c | <u>87</u> | 6d | <u>2088</u> | 6e | <u>0</u> | 6f | <u>2088</u> | 6g(1) | <u>715</u> | 6g(2) | <u>506</u> | 6h | <u>77</u> |
| 6a(1) | <u>2228</u> | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | <u>2001</u> | | | | | | | | | | | | | | | | | | | | |
| 6b | <u>0</u> | | | | | | | | | | | | | | | | | | | | |
| 6c | <u>87</u> | | | | | | | | | | | | | | | | | | | | |
| 6d | <u>2088</u> | | | | | | | | | | | | | | | | | | | | |
| 6e | <u>0</u> | | | | | | | | | | | | | | | | | | | | |
| 6f | <u>2088</u> | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | <u>715</u> | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | <u>506</u> | | | | | | | | | | | | | | | | | | | | |
| 6h | <u>77</u> | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | | | | | | | | | | | | | | | | | | | | |

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

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u> (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
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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 _____

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| 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 INN VENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INN VENTURES IVI, LP | D Employer Identification Number (EIN) 82-2983870 | |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 125891 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

MORGAN STANLEY GLOBAL BA

20-8764829

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50 | INVESTMENT ADVISORY | 26725 | 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)

SD MAYER

46-1171913

| (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 50 | ACCOUNTANT | 16000 | 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:

| | |
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| 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 <hr/> 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

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| A Name of plan <u>INN VENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INN VENTURES IVI, LP</u> | D Employer Identification Number (EIN) <u>82-2983870</u> | |

| | |
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| 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) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM STABLE VALUE FUND (25)</u> | | |
| b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>04-3159710-202</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1144675</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE ASSET</u> | | |
| b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u> | | |
| c EIN-PN <u>27-3884161-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST INTL IDX SECLEND VIII</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u> | | |
| c EIN-PN <u>90-0337987-336</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST S&P 500 IDC IX</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u> | | |
| c EIN-PN <u>90-0337987-344</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST RUSS SC IDX VIII</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u> | | |
| c EIN-PN <u>90-0337987-340</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST S&P MD CP IDX NL J</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u> | | |
| c EIN-PN <u>90-0337987-347</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US BD IDX SL VIII</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u> | | |
| c EIN-PN <u>90-0337987-362</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</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)

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| 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 INN VENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INN VENTURES IVI, LP | D Employer Identification Number (EIN) 82-2983870 |

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|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 1046 |
| (2) Participant contributions | 1b(2) | 279 |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | 186219 |
| (9) Value of interest in common/collective trusts | 1c(9) | 5291418 |
| (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) | 7717531 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 13049984 |
| (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 | 13195168 | 14383525 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 13195168 | 14383525 |

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) | 399813 | |
| (B) Participants..... | 2a(1)(B) | 1970030 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 563752 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2933595 |
| 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) | 14424 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 14424 |
| (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) | 243412 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 243412 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -13531 |
| (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) | | 1729767 |
| c Other income | 2c | | 27451 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 4935118 |

Expenses

| | | | |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3353431 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | 107742 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 3461173 |
| f Corrective distributions (see instructions) | 2f | | 96863 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 20105 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 125892 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 16000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 26728 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 168620 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 3746761 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1188357 |
| 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: **LANE GORMAN TRUBITT, LLC**

(2) EIN: **75-1044330**

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:

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

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | X | | 241 |

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

| | | | |
|-----------|--|---|--|
| 4b | | X | |
|-----------|--|---|--|

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

| | | | |
|-----------|--|---|--|
| 4c | | X | |
|-----------|--|---|--|

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

| | | | |
|-----------|--|---|--|
| 4d | | X | |
|-----------|--|---|--|

e Was this plan covered by a fidelity bond?

| | | | |
|-----------|---|--|---------|
| 4e | X | | 1000000 |
|-----------|---|--|---------|

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

| | | | |
|-----------|--|---|--|
| 4f | | X | |
|-----------|--|---|--|

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

| | | | |
|-----------|--|---|--|
| 4g | | X | |
|-----------|--|---|--|

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

| | | | |
|-----------|--|---|--|
| 4h | | X | |
|-----------|--|---|--|

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

| | | | |
|-----------|---|--|--|
| 4i | X | | |
|-----------|---|--|--|

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

| | | | |
|-----------|--|---|--|
| 4j | | X | |
|-----------|--|---|--|

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

| | | | |
|-----------|--|---|--|
| 4k | | X | |
|-----------|--|---|--|

l Has the plan failed to provide any benefit when due under the plan?

| | | | |
|-----------|--|---|--|
| 4l | | X | |
|-----------|--|---|--|

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

| | | | |
|-----------|---|--|--|
| 4m | X | | |
|-----------|---|--|--|

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

| | | | |
|-----------|---|--|--|
| 4n | X | | |
|-----------|---|--|--|

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

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

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

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

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>INN VENTURES IVI LP 401K PROFIT SHARING PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>INN VENTURES IVI, LP</u> | D Employer Identification Number (EIN) <u>82-2983870</u> | |

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702476A.

Financial Statements and Independent Auditor's Report

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust

For the years ended December 31, 2024 and 2023



LANE GORMAN TRUBITT, LLC
Accountants & Advisors

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INNVENTURES IVI LP 401(K) PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2024 AND 2023

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LANE GORMAN TRUBITT, LLC
Accountants & Advisors

Independent Auditor's Report

Plan Administrator and Participants
InnVentures IVI LP 401(k) Profit Sharing Plan and Trust

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the accompanying financial statements of the InnVentures IVI LP 401(k) Profit Sharing Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2024 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the 2024 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 on the 2024 Financial Statements

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 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 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 the Plan's ability to continue as a going concern for one year after the date 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 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 Schedule of Assets (Held at Year End) and Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Other Matter – Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 15, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Lane Gorman Trubitt, LLC

Dallas, Texas
October 14, 2025

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

| | 2024 | 2023 |
|------------------------------------------|----------------------|----------------------|
| ASSETS | | |
| Investments at fair value: | | |
| Mutual funds | \$ 13,049,984 | \$ 7,717,531 |
| Common/collective trusts | 1,207,343 | 5,291,418 |
| Total investments | 14,257,327 | 13,008,949 |
| Receivables: | | |
| Notes receivable from participants | 187,541 | 186,219 |
| Participant contributions | 279 | 28,324 |
| Employer contributions | 1,046 | 3,267 |
| | 188,866 | 217,810 |
| Total assets | 14,446,193 | 13,226,759 |
| LIABILITIES | | |
| Excess contributions payable | 111,997 | 97,398 |
| Total liabilities | 111,997 | 97,398 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 14,334,196 | \$ 13,129,361 |

The accompanying notes are an integral part of these financial statements.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

| | 2024 | 2023 |
|-----------------------------------------------|---------------|---------------|
| ADDITIONS | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 1,697,331 | \$ 1,443,953 |
| Interest and dividends | 341,236 | 272,417 |
| Total investment income | 2,038,567 | 1,716,370 |
| Contributions: | | |
| Participant | 1,855,171 | 1,760,529 |
| Employer | 358,436 | 423,269 |
| Rollover | 563,752 | 306,806 |
| Total contributions | 2,777,359 | 2,490,604 |
| Total additions | 4,815,926 | 4,206,974 |
| DEDUCTIONS | | |
| Benefit payments to participants | 3,330,474 | 1,584,188 |
| Administrative expenses | 168,620 | 32,730 |
| Corrective distributions | 111,997 | 97,119 |
| Total deductions | 3,611,091 | 1,714,037 |
| NET INCREASE | 1,204,835 | 2,492,937 |
| Net assets available for benefits at: | | |
| Beginning of year | 13,129,361 | 10,636,424 |
| End of year | \$ 14,334,196 | \$ 13,129,361 |

The accompanying notes are an integral part of these financial statements.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the InnVentures IVI LP 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established on January 1, 1995, by Inn Ventures IVI, LP., and participating employers (the “Company”) under the provision of Section 401(a) of the Internal Revenue Code (“IRC”), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The purpose of the Plan is to encourage employees to accumulate savings for their retirement.

Substantially all employees of the Company, who have completed six months of service, as defined, are eligible to participate, provided they are at least 18 years of age excluding collectively bargained employees, non-resident alien without U.S. source income from the Company and residents of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Plan Administration

The Plan is administered by the Company. The duties of the Plan Administrator are to oversee the operations of the Plan, provide for prudent investment of Plan assets, and maintain accurate records and reports. Accordingly, the Plan Administrator has been granted discretionary authority concerning investment and management activities. ADP Retirement Services (“ADP”) was the Plan’s third-party administrator and Reliance Trust Company (“Reliance”) was the Plan’s custodian for the year ended December 31, 2023. Effective January 1, 2024, custodial, record keeper services, and third-party administrator responsibilities were transferred to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (“Principal”).

Contributions

Each year, participants may contribute the lesser of 1 percent to 92 percent of eligible compensation, as defined in the Plan, subject to certain IRC limitations. The Plan permits pre-tax and certain after-tax (Roth) deferral contributions. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may contribute to each eligible employee a matching contribution as determined by the Company. Participant catch up contributions will be excluded from any matching calculation. Additional profit sharing amounts may be contributed at the option of the Company to eligible employees. For the years ended December 31, 2024 and 2023, the Company made matching contributions of \$358,436 and \$423,269, respectively.

Participant Accounts

Individual accounts are maintained for each of the Plan’s participants to reflect the participant’s contributions and related employer matching and non-elective contributions, as well as the participant’s share of investment income, appreciation (depreciation) and any related administrative expenses and distributions. The participant determines both the amount to be invested and the allocation of the investment to one or more of the investment alternatives. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Participants may modify investment elections, transfer existing account balances, and obtain information regarding the investments on a daily basis.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan to any one or more of the investment alternatives maintained by the Custodian, determined at the discretion of the participant and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Vesting

Participants are immediately vested in their elective contributions, rollover contributions and the earnings received on those contributions. Vesting in the remainder of their accounts and the earnings thereon is based upon vesting years of service with the Company, as defined in the Plan. Effective January 1, 2024, a participant is 100 percent vested after five years of credited service. For the plan years prior to 2024, a participant is 100 percent vested after six years of credited service. Participants who leave the Company before they are vested in the Company's contributions forfeit their non-vested portion. The Plan allows for immediate vesting in any non-elective matching contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of 50 percent of their vested balance less any outstanding loans or \$50,000. Participants may only have five loans outstanding at a given time. Loan terms are for up to five years, except for loans for the purchase of a primary residence, which if issued, are for a reasonable period of time that may be longer than five years. The loans are secured by the balance in the Participant's account and bear interest between 4.25 percent and 10.50 percent, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. Upon termination of employment, the Plan will make a mandatory distribution if the participant's account balance is less than \$1,000. All vested participant accounts exceeding \$1,000 but not exceeding \$5,000 may be rolled into an Individual Retirement Account. In addition, in-service and hardship distributions are permitted if certain criteria are met. Benefits are recorded when paid.

Forfeited Accounts

Amounts forfeited by participants prior to becoming fully vested are used to pay administrative expenses or reduce the Company's matching contribution. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$41,990 and \$71,619, respectively. For the years ended December 31, 2024 and 2023 administrative expenses of \$128,637 and \$10,000, respectively were paid from forfeited non-vested accounts. For the years ended December 31, 2024 and 2023 forfeitures of \$82,076 and \$-, respectively, were used to reduce employer contributions from forfeited non-vested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with United States generally accepted accounting principles.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Distribution and loan fees are charged directly to the requesting participants' account. Certain administrative expenses of the Plan are paid by the Plan. The remaining administrative expenses are paid by the Company. The Plan has no obligation to reimburse the Company for the expenses paid by the Company. Plan expenses paid by the Company are not included in these financial statements. Management fees and operating expenses charged to the Plan for investments in the various mutual funds and common/collective trusts are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of such investments.

Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document or loan policy of the Plan. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. The allowance for credit losses was immaterial at December 31, 2024 and 2023.

Risks and Uncertainties

The Plan provides for investments with different investment strategies, which, in general, are exposed to various risks, such as interest rate, credit, foreign investment, active management, and overall market volatility risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. The Plan attempts to limit these risks by authorizing and offering participants a broad range of investment options that are invested in high quality securities or are offered and administered by reputable and known investment companies. 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 statements of net assets available for benefits. The Plan's exposure to a concentration of risk is limited by the diversification of investments across multiple investment fund options. Additionally, the investments within each investment fund option are further diversified into varied financial instruments.

Market conditions have resulted in an unusually high degree of volatility and increased the risks and may affect the short term liquidity associated with certain investments held by the Plan which could impact the value of investments after the date of these financial statements. Because the values of individual investments fluctuate with market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined.

Investment Valuation and Income Recognition

Investments are stated at fair value. Changes in fair value are reflected in operations. Mutual funds and common/collective trusts represent investments with various investment managers. The respective values of these investments are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the quoted market price at year-end. Units held in common/collective trusts are valued at net asset value based on information reported to the Plan by the investment manager as a practical expedient for fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation (depreciation) of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the fair value of investments held at year-end, is presented in the statements of changes in net assets available for benefits.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The Putnam Stable Value Fund (“Stable Value Fund”) is a collective trust established and maintained by Putnam Fiduciary Trust Company. The Stable Value invests primarily in guaranteed and security-backed investment contracts with life insurance companies, banks and other financial institutions, fixed income securities, and money market funds. The Stable Value Fund seeks to preserve principal and achieve high current income through a diversified portfolio of high-quality investment contracts. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the constant net asset value of \$1 per unit with generally no advance notice requirement. There are no reserves for credit risk of the contract issuer or otherwise. If the Plan initiates a full redemption of the Stable Value Fund, the trustee reserves the right to require a 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding charge to corrective distributions. The Plan distributed the 2024 and 2023 excess contributions to the applicable participants prior to March 15, 2025 and 2024, respectively.

Recent Accounting Pronouncements

In July 2025, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The amendments simplifies the estimation of expected credit losses for current accounts receivable arising from revenue transactions under Accounting Standards Codification (“ASC”) 606, such as participant and employer contribution receivables. This amendment provides (1) all entities with a practical expedient to assume that current conditions as of the statement of net assets available for benefit date do not change for the remaining life of the assets and (2) entities other than public business entities with an accounting policy election to consider collection activity after the statement of net assets available for benefit date, but before financial statement issuance, when estimating expected credit losses. ASU 2025-05 is effective for the fiscal years beginning after December 15, 2025, with early adoption permitted, and requires prospective application.

The Plan is currently evaluating the impact of this recent pronouncement will have in its financial statements.

3. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were units of a common/collective trust managed by an affiliate of the Custodian and therefore, these transactions qualify as party-in-interest transactions. Any purchases and sales of this investment are performed on the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

The Plan issues notes receivable to participants, which are secured by the participant’s account balances. These transactions qualify as exempt party-in-interest transactions. Certain administrative functions of the Plan are performed by an officer or employees of the Company. No such officer or employee receives compensation from the Plan.

4. TAX STATUS

The Company adopted a Non-Standardized Pre-Approved 401(k) Profit Sharing Plan, which received a favorable opinion letter from the Internal Revenue Service (“IRS”), in July 2014 which stated that the Plan, as then designed was in accordance with applicable sections of the IRC.

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

4. TAX STATUS (Continued)

Effective January 1, 2024, the Company adopted the Principal Financial Group Pre-Approved Basic Savings Plan (Basic Plan Document No. 2). The Plan's provisions were not significantly changed by the amended and restated Plan document. The Internal Revenue Service has issued an opinion letter dated June 30, 2020, stating that the plan document is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Company is relying on the opinion letter (in accordance with Revenue Procedure 2017-41) that the Plan meets the qualification requirements of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires 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 Internal Revenue Service or the Department of Labor ("DOL"). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 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 authorities; however, there are currently no audits for any tax periods in progress.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA and the IRC. The Plan provides for full and immediate vesting of all participant rights upon termination of the Plan, subject to liquidation costs and expenses.

6. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS (UNAUDITED)

The Plan Administrator has elected the method of annual reporting compliance permitted by Section 2520.103-8 of the United States DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31:

| | 2024 | 2023 |
|-----------------------------------------------|---------------|---------------|
| Investments: | | |
| Mutual funds | \$ 13,049,984 | \$ 7,717,531 |
| Common/collective trusts | 1,207,343 | 5,291,418 |
| Notes receivable from participants | 187,541 | 186,219 |
| Total | \$ 14,444,868 | \$ 13,195,168 |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 1,697,331 | \$ 1,443,953 |
| Interest and dividends | 341,236 | 272,417 |
| Total investment income | \$ 2,038,567 | \$ 1,716,370 |

7. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

7. FAIR VALUE MEASUREMENTS (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended December 31, 2024 and 2023 there were no significant transfers in or out of levels 1, 2 or 3.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

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

Common/collective trusts: Valued based on the net asset value ("NAV") of units of the common/collective trusts. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments held by the trust less its liabilities, divided by the total number of units. The practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Each common/collective trust has (1) no unfunded commitments, (2) a daily redemption frequency, and (3) a redemption notice period of up to 12 months as of December 31, 2024 and 2023. Plan management believes that no events are probable of occurring that might limit the ability of the Plan to transact at NAV with the common/collective trusts or that also limit the ability of the Plan to transact at NAV with the participants. The NAV is not a publicly quoted price in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2024:

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|------------------------------------------|----------------------|----------------|----------------|----------------------|
| Mutual funds | \$ 13,049,984 | \$ - | \$ - | \$ 13,049,984 |
| Total assets in the fair value hierarchy | <u>\$ 13,049,984</u> | <u>\$ -</u> | <u>\$ -</u> | 13,049,984 |
| Common/collective trusts (a) | | | | 1,207,343 |
| Total assets at fair value | | | | <u>\$ 14,257,327</u> |

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

7. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2023:

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|------------------------------------------|---------------------|----------------|----------------|----------------------|
| Mutual funds | \$ 7,717,531 | \$ - | \$ - | \$ 7,717,531 |
| Total assets in the fair value hierarchy | <u>\$ 7,717,531</u> | <u>\$ -</u> | <u>\$ -</u> | 7,717,531 |
| Common/collective trusts (a) | | | | 5,291,418 |
| Total assets at fair value | | | | <u>\$ 13,008,949</u> |

(a) These investments are valued using net asset value as a practical expedient and therefore have not been classified in the fair value hierarchy.

8. REPORTABLE TRANSACTIONS

During the years ended December 31, 2024 and 2023, there were no loans in default or uncollectible, investment assets acquired and disposed of within the Plan year, or non-exempt transactions with parties-in-interest, which would require supplemental presentation under United States DOL regulations.

9. PROHIBITED TRANSACTIONS

During the year ended December 31, 2024, the Plan inadvertently failed to deposit \$241 of participant deferrals within the required time frame as stated by the DOL. The DOL considers late remittances to be prohibited transactions reportable on the schedule of delinquent participant contributions, which are reportable each year until fully corrected. As such, this amount is presented in the supplemental schedule of delinquent participant contributions included in these financial statements.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500:

| | <u>2024</u> | <u>2023</u> |
|--------------------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 14,334,196 | \$ 13,129,361 |
| Excess contributions payable | 111,997 | 97,398 |
| Contribution receivable | - | (31,591) |
| Difference in investment value (contract value vs. fair value) | <u>(62,668)</u> | <u>-</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 14,383,525</u> | <u>\$ 13,195,168</u> |
| | | |
| Net increase in net assets available for benefits per the financial statements | \$ 1,204,835 | \$ 2,492,937 |
| Excess contributions payable - end of year | 111,997 | 97,398 |
| Excess contributions payable - beginning of year | (97,398) | (90,687) |
| Contribution receivable – end of year | - | (31,591) |
| Contribution receivable – beginning of year | 31,591 | 52,268 |
| Difference in classification of deemed loans | (20,105) | - |
| Difference in investment value (contract value vs. fair value) | (37,044) | - |
| Other | <u>(5,519)</u> | <u>-</u> |
| Net increase in net assets available for benefits per Form 5500 | <u>\$ 1,188,357</u> | <u>\$ 2,520,325</u> |

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS

11. RECENT LEGISLATION

In December 2022, Securing a Strong Retirement Act (“SECURE 2.0”) was passed into law. This package of laws builds on the Setting Every Community Up for Retirement Enhancement (“SECURE”) Act of 2019. SECURE 2.0 covers numerous changes to retirement provisions designed to increase retirement savings, facilitate access to retirement savings, encourage employees to save for retirement, and lower employers’ cost of offering and funding retirement savings plans. The provisions include both required and optional elements and the Plan Administrator will determine the optional provisions to elect. The United States Department of the Treasury and the Internal Revenue Service continue to issue guidance and regulations implementing provisions of SECURE 2.0. Many of the provisions in SECURE 2.0 were effective in 2023 and 2024, but it will not be completely implemented until 2028. The deadline for amending plan documents has been extended to December 31, 2026, as such, the Company is currently evaluating the provisions of SECURE 2.0 and related guidance to determine the full impact to the Plan and its participants.

12. PLAN AMENDMENT AND RESTATEMENT

Effective January 1, 2024, the Plan changed third-party administrator, custodian and recordkeeper from ADP and Reliance to Principal and adopted the Principal Financial Group Pre-Approved Basic Savings Plan (Basic Plan Document No. 2). The terms and provisions of the Plan did not significantly change by the amended and restated Plan document.

13. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN 82-2983870 PN 001
December 31, 2024

| (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 |
|-----|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| | | MUTUAL FUNDS | | |
| | BlackRock | BlackRock High Yield Portfolio | ** | \$ 80,138 |
| | BNY Mellon | BNY Mellon Natural Resource Fund | ** | 35,115 |
| | Capital Group | American Funds New Perspective R6 Fund | ** | 64,192 |
| | Dimensional Fund Advisors | DFA International Small Company Portfolio | ** | 5,126 |
| | Fidelity | Fidelity Inflation Protected Bond Index Fund | ** | 96,131 |
| | The Vanguard Group | Vanguard Intermediate-Term Bond Index Fund | ** | 344,106 |
| | The Vanguard Group | Vanguard 500 Index Fund | ** | 2,659,152 |
| | The Vanguard Group | Vanguard Growth Index Fund | ** | 1,603,160 |
| | The Vanguard Group | Vanguard Mid-Cap Growth Index Fund/Open-end | ** | 38,869 |
| | The Vanguard Group | Vanguard Mid-Cap Index Fund | ** | 796,879 |
| | The Vanguard Group | Vanguard Real Estate Index Fund | ** | 69,414 |
| | The Vanguard Group | Vanguard Small-Cap Growth Index Fund | ** | 139,488 |
| | The Vanguard Group | Vanguard Small-Cap Index Fund | ** | 334,160 |
| | The Vanguard Group | Vanguard Small-Cap Value Index Fund | ** | 3,146 |
| | The Vanguard Group | Vanguard Total Stock Market Index Fund | ** | 506,882 |
| | The Vanguard Group | Vanguard Value Index Fund | ** | 626,998 |
| | The Vanguard Group | Vanguard Developed Markets Index Fund | ** | 403,288 |
| | The Vanguard Group | Vanguard Emerging Markets Stock Index Fund/United States | ** | 140,657 |
| | The Vanguard Group | Vanguard Balanced Index Fund | ** | 31,506 |
| | The Vanguard Group | Vanguard LifeStrategy Conservative Growth Fund | ** | 19,931 |
| | The Vanguard Group | Vanguard LifeStrategy Growth Fund | ** | 2,122 |
| | The Vanguard Group | Vanguard Target Retirement 2020 Fund | ** | 172 |
| | The Vanguard Group | Vanguard Target Retirement 2025 Fund | ** | 193,888 |
| | The Vanguard Group | Vanguard Target Retirement 2030 Fund | ** | 792,959 |
| | The Vanguard Group | Vanguard Target Retirement 2035 Fund | ** | 582,234 |
| | The Vanguard Group | Vanguard Target Retirement 2040 Fund | ** | 678,315 |
| | The Vanguard Group | Vanguard Target Retirement 2045 Fund | ** | 727,062 |
| | The Vanguard Group | Vanguard Target Retirement 2050 Fund | ** | 500,313 |
| | The Vanguard Group | Vanguard Target Retirement 2055 Fund | ** | 1,268,342 |
| | The Vanguard Group | Vanguard Target Retirement 2060 Fund | ** | 25,270 |
| | The Vanguard Group | Vanguard Target Retirement 2065 Fund | ** | 27,149 |
| | The Vanguard Group | Vanguard Target Retirement 2070 Fund | ** | 5,482 |
| | The Vanguard Group | Vanguard Target Retirement Income Fund | ** | 246,132 |
| | The Vanguard Group | Vanguard Federal Money Market Investor Fund | ** | 2,206 |
| | | | | <u>13,049,984</u> |
| | | COMMON / COLLECTIVE TRUSTS | | |
| | Putnam Fiduciary Trust Company | Putnam Stable Value Fund | ** | 1,207,343 |
| | | NOTES RECEIVABLE FROM PARTICIPANTS | | |
| | * Participant loans | Interest rates ranging from 4.25% to 10.50%, maturing through October 2036 | \$ - | <u>187,541</u> |
| | | | | <u>\$ 14,444,868</u> |

* - Party-in-interest

** - Cost information is omitted when reporting investments that are participant directed

InnVentures IVI LP 401(k) Profit Sharing Plan and Trust
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Form 5500, Schedule H, Part IV, Line 4a
 EIN 82-2983870 PN 001
 December 31, 2024

| Plan Year | Participant Contributions Transferred Late to Plan | Total that Constitute Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002- 51 |
|-----------|-------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| | | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2024 | \$ 241 * | \$ 241 | \$ - | \$ - | \$ - |

* Represents delinquent participant elective deferral contributions that were deposited in trust later than the applicable ERISA timely deposit deadline.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

07/21/25

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PLAN ID 5-40826

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

I V I V I LP 401 P S P
 EIN 82.2983870
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| The American Funds | Registered Investment Company AMERICAN FUNDS NEWPRSP R6 FND | | \$ 0.00 | \$ 64,193.90 |
| BlackRock | Registered Investment Company BLACKROCK HY PORTFOLIO INST FD | | \$ 0.00 | \$ 80,138.35 |
| BNY Mellon | Registered Investment Company BNY MELLON NAT RESOURCES Y FD | | \$ 0.00 | \$ 35,114.64 |
| Dimensional Fund Advisors | Registered Investment Company DFA INT'L SMALL COMPANY I FD | | \$ 0.00 | \$ 5,126.98 |
| Fidelity Investments | Registered Investment Company FIDELITY INF-PR BOND INDEX FD | | \$ 0.00 | \$ 96,130.68 |
| Putnam Fiduciary Trust Company | Common/Collective Trust PUTNAM STABLE VALUE FUND (25) | | \$ 0.00 | \$ 1,144,675.02 |
| Vanguard Group | Registered Investment Company VANGUARD BALNCD INDEX ADMRL FD | | \$ 0.00 | \$ 31,506.41 |
| Vanguard Group | Registered Investment Company VANGUARD DEV MKTS INDEX ADM FD | | \$ 0.00 | \$ 403,288.24 |
| Vanguard Group | Registered Investment Company VANGUARD EMG MK STK IDX ADM FD | | \$ 0.00 | \$ 140,656.96 |
| Vanguard Group | Registered Investment Company VANGUARD FED MONEY MKT INV FD | | \$ 0.00 | \$ 2,205.92 |
| Vanguard Group | Registered Investment Company VANGUARD GROWTH INDEX INSTL FD | | \$ 0.00 | \$ 1,603,164.97 |
| Vanguard Group | Registered Investment Company VANGUARD INT-TM BD IDX ADM FD | | \$ 0.00 | \$ 344,106.10 |
| Vanguard Group | Registered Investment Company VANGUARD MID CAP INDEX ADM FD | | \$ 0.00 | \$ 796,881.31 |
| Vanguard Group | Registered Investment Company VANGUARD MIDCP GRTH IDX ADM FD | | \$ 0.00 | \$ 38,872.68 |
| Vanguard Group | Registered Investment Company VANGUARD RE INDEX ADM FUND | | \$ 0.00 | \$ 69,415.42 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

I V I V I LP 401 P S P
 EIN 82.2983870
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) | (B) Identity of issuer, 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 |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| | Vanguard Group | Registered Investment Company VANGUARD SM CAP GR IDX ADM FD | \$ 0.00 | \$ 139,489.35 |
| | Vanguard Group | Registered Investment Company VANGUARD SM CAP INDEX ADM FUND | \$ 0.00 | \$ 334,160.55 |
| | Vanguard Group | Registered Investment Company VANGUARD SM CAP VAL IDX ADM FD | \$ 0.00 | \$ 3,147.90 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT INC INV FUND | \$ 0.00 | \$ 246,132.20 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2020 INV FUND | \$ 0.00 | \$ 172.44 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2025 INV FUND | \$ 0.00 | \$ 193,888.11 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2030 INV FUND | \$ 0.00 | \$ 792,958.99 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2035 INV FUND | \$ 0.00 | \$ 582,233.76 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2040 INV FUND | \$ 0.00 | \$ 678,315.81 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2045 INV FUND | \$ 0.00 | \$ 727,062.03 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2050 INV FUND | \$ 0.00 | \$ 500,312.85 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2055 INV FUND | \$ 0.00 | \$ 1,268,341.98 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2060 INV FUND | \$ 0.00 | \$ 25,270.81 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2065 INV FUND | \$ 0.00 | \$ 27,150.10 |
| | Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2070 INV FUND | \$ 0.00 | \$ 5,482.20 |

