

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan SEQUOIA ONE 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SEQUOIA ONE PEO, LLC
350 W. WASHINGTON STREET
SUITE 301
TEMPE, AZ 85288
2b Employer Identification Number (EIN) 46-4716239
2c Plan Sponsor's telephone number 650-369-0200
2d Business code (see instructions) 524210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  SEQUOIA ONE 401K PLAN COMMITTEE  350 W. WASHINGTON STREET SUITE 301 TEMPE, AZ 85288	<b>3b</b> Administrator's EIN 46-4716239  <b>3c</b> Administrator's telephone number 650-369-0200
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	46072
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	35527
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	32912
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	4108
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	10014
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	47034
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	47034
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	14233
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	20083
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	182

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2J 2F 2G 2K 3D 2S 2T

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

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

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

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**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.

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**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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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">SEQUOIA ONE 401(K) PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">SEQUOIA ONE PEO, LLC</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">46-4716239</span></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	899251	1849	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	16486293
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 16635717
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 2077153
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 686060
	(4) Transferred from separate account .....	<b>7c(4)</b> 5128498
	(5) Other (specify below)..... ▶ <b>LOAN REPAYMENTS AND FORFEITURES</b>	<b>7c(5)</b> 810134
	(6) Total additions .....	<b>7c(6)</b> 8701845
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 25337562
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 4072896
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 23550
	(3) Transferred to separate account .....	<b>7e(3)</b> 4754824
	(4) Other (specify below)..... ▶	<b>7e(4)</b> 0
(5) Total deductions .....	<b>7e(5)</b> 8851270	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 16486292

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

EMPOWER ANNUITY INS. COMAPNY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1924211	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BPM LLP

600 CALIFORNIA ST  
STE 600  
SAN FRANCISCO, CA 94108

(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	AUDITOR	47250	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)

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SEQUOIA ONE 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEQUOIA ONE PEO, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>46-4716239</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	4768937
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1000571292
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	17120539
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1022278751	1398458926
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1022278751	1398458926

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	59496682	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	258855814	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	82616484	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		400968980
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	463241	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		463241
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	32580719	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		32580719
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		138576336
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		572589276

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	187703316	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		187703316
<b>f</b> Corrective distributions (see instructions) .....	2f		701888
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		0
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	1971461	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	75467	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		2046928
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		190452132

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		382137144
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		140239115
(2) From this plan .....	2l(2)		146196084

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BPM LLP**

(2) EIN: **81-4234542**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25809
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
EMPOWER	84-0467907	001
HUMAN INTEREST	47-3868366	001
VOYA FINANCIAL	52-1317217	001
PRINCIPAL GROUP GROUP	42-0127290	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ADP RETIREMENT SERVICES	59-2425282	001
FIDELITY INVESTMENTS	04-3523567	001

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

<b>1</b>		<b>0</b>
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 20-3691708

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

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

<b>3</b>	
----------	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

**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 04 / 07 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q703120A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SEQUOIA ONE 401(K) PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>SEQUOIA ONE 401K PLAN COMMITTEE</b></p>	<p><b>D</b> Administrator's EIN <b>46-4716239</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>010118 MANAGEMENT, LP DBA 01</b>	<b>2b</b> EIN <b>84-2672047</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.08</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>1180776</b>
<b>2a</b> Name of Participating Employer <b>11 11 MEDIA, LLC</b>	<b>2b</b> EIN <b>85-3830851</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.02</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>221172</b>

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

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
23RD STREET BERK, LLC DBA BERK	47-4958762	0.11	1523169
776 FOUNDATION	87-4537467	0.00	62033
776 MANAGEMENT, LLC	85-2968310	0.04	588291
AA VISIONBRIDGE HOLDINGS, L.P.	88-4303194	0.01	75524
ABLY REALTIME, INC.	30-1280910	0.01	122773
ABS DEVELOPMENT 1, INC.	85-4210420	0.00	0
ABUNDANCE NETWORK	87-1713412	0.02	262126
ACCORDION TECHNOLOGIES CORP.	85-3257039	0.04	512136
ACROLINX NORTH AMERICA, INC.	20-4292117	0.31	4283144

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTIONIQ, INC.	47-1110995	0.88	12255269
ACTUAL SYSTEMS, INC.	83-3340283	0.05	639790
ADA HEALTH INC	56-2399046	0.00	9536
ADENTRO, INC.	45-4101834	0.13	1831976
ADFORM INC.	46-4447149	0.06	891672
ADVANCED NANOTHERAPIES INC.	83-2181071	0.00	43650
AETION, INC.	46-1291862	1.54	21470440
AFO MANAGEMENT COMPANY LLC	61-2182599	0.00	3900
AGORIC SYSTEMS OPERATING COMPANY	82-5206977	0.15	2148155

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIDENAI INC	92-3782099	0.07	976836
AIR LABS, INC.	81-4937009	0.08	1141467
AIR SPACE INTELLIGENCE, INC.	30-0997865	0.07	967239
AIRBORNE SNOW OBSERVATORIES, I	84-2295226	0.14	1906858
AIRWALLEX US, LLC	37-1913769	0.33	4624481
AKAYSHA ENERGY US	93-2155898	0.01	114724
AKEANA USA INC.	86-1978073	0.30	4146777
AKUITY, INC.	86-4003446	0.06	827630
ALDEN HEALTH, INC.	85-2134721	0.03	405616

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX MACK INC (DBA COMPOUND)	83-2736001	0.00	50139
ALIF SEMICONDUCTOR USA INC. (D	83-3173368	0.38	5304020
ALIGNED IMAGING, LLC	83-3371280	0.11	1599538
ALKYMI INC.	81-5212729	0.14	2012910
ALL INSPIRE HEALTH INC. DBA INSPIREN	81-2464194	0.01	79864
ALLSTAR GAMING INC	84-4488561	0.01	132617
ALLSTRIPES RESEARCH INC.	35-2611177	0.12	1711718
ALOGISTICO, LLC	92-2683077	0.00	0
AMAGI CORPORATION	47-3625288	0.34	4792020

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMPLE, INC.	47-2514015	0.59	8195068
ANCHOR LABS, INC.	82-3257853	0.00	0
ANETAC, INC	92-1550028	0.07	985833
ANROK INC.	85-3719725	0.10	1333159
ANUTTACON LLC	93-4133204	0.00	0
ANYROAD INC	45-4723461	0.21	2947968
AP CADMA HOLDINGS, L.P.	92-1294428	0.06	817121
AP CLIMATE YIELDCO, L.P.	92-1726209	0.06	838987
APARTMENT THERAPY, LLC	04-3720010	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APIARY	48-1308980	0.00	8863
APPIFY SYSTEMS, INC	82-0833835	0.00	14011
APPLATIX	47-4082294	0.01	162389
ARABLE LABS, INC.	47-2172698	0.14	1941878
ARASTRADERO RESEARCH INSTITUTE	87-1920284	0.31	4337068
ARIZE AI, INC.	84-4221839	0.33	4554872
ARK BIOTECH INC.	87-2023914	0.06	853820
ARQUILA USA LLC	92-1010707	0.02	329107
ART PROCESSORS INC	47-2384993	0.06	772274

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTA FINANCE, INC.	87-1608433	0.00	0
ARTHUR AI, INC.	32-0573447	0.14	2018546
ARTYMIS HOLDINGS, LLC	92-1589937	0.01	104861
ASTRIX SECURITY, INC.	88-3078642	0.04	579951
ASTRONOMY DATA PROCESSING	88-1369294	0.00	67880
ATLANTIC FOOD WASTE PARTNERS, LLC DBA CHOCO	32-0612925	0.07	970917
ATLAS AI PBC	82-5055948	0.06	796511
ATLAS SECURITIZED PRODUCTS PARTNERS LP	92-1421772	0.00	0
ATOM TECH	86-1806695	0.01	186414

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATOMIC AI, INC	87-0920882	0.10	1380024
ATTAINMENT HOLDCO, LLC	83-3246188	0.77	10700565
AURORA SOLAR, INC.	46-3517853	0.05	753513
AUTERION GOVERNMENT SOLUTIONS,	83-3920523	0.05	684294
AUTERION, INC.	83-3920523	0.05	750845
AUTHID INC.	46-2069547	0.07	944937
AUTHOMIZE INC	86-1829082	0.00	0
AUTIFY, INC.	81-3777944	0.00	0
AVA LABS, INC.	83-1794398	0.41	5741618

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AVAG1	88-2746881	0.02	265531
AVEGANT CORPORATION 401(K) PLA	46-1059906	0.32	4451534
AVIVE SOLUTIONS, INC.	82-1022669	0.34	4724635
AWAKE SECURITY, INC. 401(K) PLAN	47-1514539	0.00	21498
AXIAL NETWORKS, INC.	83-1890769	0.19	2644163
AXIOM, INC.	36-4847021	0.03	487380
AYR, INC.	81-1078022	0.08	1084832
AZUGA, INC.	45-5498486	0.06	840162
BACKFLIP AI INC	92-1775784	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BACKFLIP HOUSE LLC	85-3706386	0.00	59597
BAEK CLINICAL, INC.	83-1099614	0.02	251824
BANDCAMP	26-1552034	0.11	1489807
BANDIT RUNNING, INC.	87-3036751	0.06	880802
BANDWIDTH IG LLC	82-1446139	0.18	2451638
BANJO HEALTH	83-4539478	0.05	727024
BANYAN SECURITY, INC.	47-4357489	0.00	0
BASTILLE NETWORKS, INC.	46-5383748	0.45	6339178
BASTION PLATFORMS INC.	92-1241136	0.02	227227

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEAUTIFUL SLIDES, INC.	81-3760969	0.09	1322699
BEDROCK ROBOTICS INC	99-1983088	0.03	430478
BELLICUM PHARMACEUTICALS, INC.	20-1450200	0.18	2471145
BETABLE	01-0901449	0.02	216452
BETAWORKS VENTURES, LLC	81-2777297	0.02	329549
BETAWORKS ZERO, INC.	83-2696105	0.05	707556
BETTER PLACE FORESTS CO	81-2201855	0.15	2162412
BEYOND 12 EDUCATION, INC.	27-1275246	0.12	1629958
BIGHAT BIOSCIENCES INC	84-3087205	0.02	211019

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILT PAYMENTS LLC	93-2872417	0.00	39800
BILT TECHNOLOGIES, INC.	84-4372402	0.33	4673500
BINDERY BOOKS	92-1400018	0.00	30690
BIONIC STORK	84-5154175	0.00	0
BLACE LLC	83-1818866	0.00	0
BLACKTHORN.IO, INC.	47-4813950	0.18	2551195
BLEND FINANCIAL, INC. DBA ORIG	82-4047933	0.15	2109151
BLOCKGRAPH LLC	84-4982934	0.26	3624054
BLOCKWORKS INC.	92-2513395	0.08	1067978

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**Part II Participating Employer Information (Continued).**

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BLUE CEDAR NETWORKS, INC.	81-1520397	0.15	2131202
BLUEFYN US INC.	87-2843659	0.02	276082
BLUEJAY THERAPEUTICS INC	84-4654221	0.04	537445
BOLB INC	47-1600100	0.00	2084
BOND CAPITAL MANAGEMENT LP	83-2575339	0.33	4546781
BONFIRE STUDIOS, INC.	81-1714094	0.42	5829675
BRAIN JAR GAMES INC	93-4322404	0.00	0
BRANDED SERVICECO, LLC	86-1692212	0.08	1137168
BRAVELY, INC.	82-1362511	0.07	998665

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BREADWALLET LLC (DBA BRD)	47-3530092	0.04	589278
BREEZEML INC.	88-1405867	0.01	88815
BRIDGE IT INC.	82-3136030	0.31	4283109
BRIGHT MACHINES INC.	82-4765973	0.60	8424533
BRIGHTFLOW AI	84-3863392	0.00	14840
BRINC DRONES, INC.	83-2465449	0.10	1378898
BRITIVE INC	83-1523694	0.09	1305852
BROADBAND PROLIFERATION PARTNE	90-0927033	0.00	0
BROKER GENIUS, INC.	81-2100564	0.30	4252078

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUILDOPS INC.	83-1822006	0.15	2115083
BUZZER TECHNOLOGIES, INC	84-4545780	0.06	878699
BVF PARTNERS LP	36-3924730	0.27	3744243
CAELUX CORPORATION	46-5734147	0.06	900342
CALYXO MEDICAL	81-1510524	0.23	3187002
CANDEX SOLUTIONS INC.	45-2805653	0.05	651895
CANTINA, INC.	27-3331827	0.62	8679195
CANVAS CONSTRUCTION, INC.	46-4677643	0.24	3347677
CAPITAL MARKETS GATEWAY LLC	47-3609849	0.51	7099202

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CAPTERIS LLC	92-3552734	0.05	698063
CAPTURED DIMENSIONS	27-3257846	0.00	41862
CAREMESSAGE, INC.	27-3252911	0.23	3181126
CATALATE COMMERCE, INC.	85-4288810	0.05	661448
CATALYST SPIRITS LLC	88-3686253	0.00	0
CATHY LABS D.B.A COMPA.AS	81-1067343	0.01	169181
CAUSALY US INC	36-5032366	0.06	804786
CERTAIN INC	45-3174346	0.63	8807129
CERTIFIED KERNEL TECH, LLC	82-4634818	0.46	6423702

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CHALICE CUSTOM ALGORITHMS	87-4426039	0.01	140505
CHARGELAB INC.	86-1857967	0.02	344972
CHIARO USA, INC. DBA ELVIE	38-4126086	0.03	448919
CLICKHOUSE, INC	87-2142127	0.35	4890613
CLIMATEPARTNER LLC	86-3582662	0.05	698636
CLIMAVERSE PBC	88-1092441	0.00	11322
CLIMAVISION OPERATING LLC	86-2897875	0.13	1789996
CLOUD APPS MANAGEMENT LLC	46-3718728	0.01	129347
CLOUDERA FOUNDATION	82-1355201	0.00	0

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CLOUDINARY, INC.	35-2526409	1.08	15066094
CLOVERS, AI INC	85-4112965	0.02	332735
COBALT INVESTMENT MANAGEMENT LLC	83-2156621	0.10	1347497
COCKROACH LABS, INC.	47-3157689	0.00	0
CODEFRESH	47-2114231	0.15	2077976
COGITO GOVERNMENT SOLUTIONS LLC	92-1382264	0.01	192330
COGNITIVE SCIENTIFIC AI INC	99-1441316	0.00	3884
COGNITO THERAPEUTICS, INC.	81-3245278	0.13	1758780
COMET ML INC	82-1647611	0.03	364923

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COMPETITIVE ADVANTAGE LLC	92-0267457	0.00	13533
COMPOUND EYE, INC.	36-4820627	0.07	1034341
CONCORD WORLDWIDE, INC. DBA CONCORD CONTRACT MANAGEMENT SOFTWARE, INC.	61-1748732	0.06	799056
CONDUCTORONE, INC.	85-3356411	0.16	2171496
CONFIANT, INC.	46-1749127	0.25	3446545
CONNERY CONSULTING, LLC	20-8182762	0.34	4758747
CONSET BAY ADVISORS INC	83-3566497	0.00	11624
CONSUMER EDGE INSIGHT, LLC	27-3963005	0.00	0
CONTI COMMUNICATIONS CORP.	84-1987527	0.00	26152

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COPADO NCS, LLC	86-2207573	0.04	527364
COPADO, INC.	83-2108374	0.71	9916921
COUNT TECHNOLOGIES INC	92-1743479	0.01	152027
COURSEDOG, INC.	82-5074121	0.22	3047199
COYA THERAPEUTICS	85-4017781	0.02	297044
CREATEME TECHNOLOGIES, INC	87-3686067	0.01	123126
CREATIVE CONCEPTS MEDIA, INC	42-1541458	0.11	1522906
CRED LLC	85-2308268	0.01	88224
CRICKET HEALTH MP, PC	83-3654603	0.04	569778

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CRITICAL IDEAS INC (DBA CHIPPE)	47-1031588	0.19	2723372
CROSSPOINT CAPITAL PARTNERS, L	84-3923131	0.36	5091460
C-STACKS, INC. (DBA CREDITSTAC)	47-5203075	0.01	209218
CUNY GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY FOUNDATION	81-2072207	0.00	48859
CUPIX AMERICA, INC.	82-2290829	0.05	709842
CURAI INC.	82-0598239	0.35	4906325
CURBSIDE TECHNOLOGIES INC.	82-2888681	0.01	152737
CYAN ROBOTICS, INC. DBA COCO	84-2558286	0.07	922391
CYCLING 74	94-3301834	0.30	4176763

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYERA US INC.	87-3329644	0.29	4055860
DAILYMOTION, INC.	20-8433991	0.33	4576345
DANDELION HEALTH	85-4341766	0.03	368610
DAPSTER AI INC.	85-0599857	0.01	124962
DASH SYSTEMS, INC.	82-2730948	0.01	118034
DATA REPUBLIC, INC	98-1301608	0.01	131967
DEEP 6 AI, INC.	46-3745750	0.18	2480890
DEEP SENTINEL, INC.	81-2784494	0.09	1261071
DEEPGRAM, INC.	47-4873919	0.32	4504393

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DELTASTREAM, INC.	85-4104721	0.06	829375
DEMAND LOCAL, INC	26-3783533	0.05	635652
DEMEX TECHNOLOGIES LLC	84-3692778	0.05	757435
DEVELOPSCAPE INC	86-1960428	0.02	327499
DFINITY USA RESEARCH, LLC	82-2560096	0.29	4011432
DFS TECH, INC.	87-2389385	0.04	576828
DIAGRID INC	87-3853371	0.01	89088
DIGITS FINANCIAL, INC.	82-4995169	0.25	3540165
DISTRIBUTED CREATION, INC.	46-2736038	1.31	18282800

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DIVISADERO HEALTH SERVICES PA	92-2416306	0.00	10413
DIVVY HOMES INC.	82-1948327	0.64	9007512
DIXA, INC.	83-3388187	0.00	8001
DODODATA INC DBA AUDANTIC	46-3208459	0.06	775241
DOME9 SECURITY, INC.	80-0753687	0.01	153529
DOVETAIL RESEARCH INC.	36-4976072	0.02	263160
DREMIO CORP	47-4311632	1.23	17180703
DRISHTI TECHNOLOGIES, INC.	82-0839419	0.11	1560474
DUALITAS THERAPEUTICS, INC.	92-2141988	0.02	327139

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EARTH FORCE TECHNOLOGIES	88-0667778	0.02	325281
EAT WORKS	87-3855585	0.01	196526
EBB CARBON INC.	86-2214287	0.07	1021065
ECARX AMERICAS INC	61-2095224	0.04	623009
ECHO TECHNOLOGY SOLUTIONS, INC	84-4140199	0.00	0
EDX CLEARING, LLC	92-1831714	0.03	444287
EDX MARKETS LLC	88-1746781	0.06	781524
EFFODIO INC	88-0643941	0.02	316012
ELEMENT ANALYTICS, INC.	47-2255580	0.06	825976

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ELEMENT ENERGY, INC.	83-3405343	0.25	3480132
ELEMENTAL COGNITION INC.	61-1772300	0.56	7861535
ELIANT TRADE FINANCE LP	86-3526798	0.15	2124145
ELVEX, INC.	92-3658043	0.00	63192
ELYSIAN STRATEGIC MARKETING, INC. DBA ROBIN	85-3108132	0.01	176658
EMA UNLIMITED INC	92-2820401	0.01	195116
EMBER LIFESCIENCES, INC.	88-2571864	0.04	591581
EMBER TECHNOLOGIES, INC.	47-3287206	0.22	3074987
EMBRACE AI, INC.	92-3679211	0.00	55349

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBRACER FREEMODE INC.	87-3323684	0.02	348305
EMPACTIONAL ADVISORS LLC	87-4167533	0.04	504175
EMPACTIONAL CAPITAL LLC	81-2758305	0.01	183200
ENABLE INTERNATIONAL INC.	36-4946467	0.21	2914455
ENCELADUS BIO, INC.	87-2576682	0.10	1414469
ENCLAVE MARKETS INC.	85-1172606	0.03	442570
ENCOMPASS CORPORATION US INC	32-0632033	0.12	1637637
ENDOR LABS INC.	87-2317944	0.13	1861948
ENIGMA TECHNOLOGIES, INC.	45-2236667	0.61	8492486

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**Part II Participating Employer Information (Continued).**

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ENVZERO INC	98-1505908	0.03	423702
ESCAPE VELOCITY ENTERTAINMENT,	88-1942222	0.24	3360361
ESPRESA, INC.	47-4143138	0.09	1226648
EVERGREEN STATISTICAL TRADING LLC	88-2948438	0.00	0
EVIDENT ID, INC.	47-4148248	0.14	2024966
EVOLUTIONARYSCALE PBC	93-2454412	0.02	321537
EXPO EATS, INC.	86-1388096	0.00	13594
EXPRESSABLE, INC.	84-2382054	0.22	3089971
EXTEND ENTERPRISES, INC.	82-1142309	0.37	5154061

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EXTOLE, INC.	27-0940587	0.28	3904828
FAIR FINANCE SERVICES LLC (DBA	83-2486643	0.45	6319389
FARIENT ADVISORS, LLC	26-1076981	0.41	5687716
FASTINFORM, INC.	81-2198089	0.00	30346
FEATURESPACE 401K PLAN	82-2815595	0.33	4604916
FEELD, INC	92-4024484	0.02	340396
FELFEL USA CORP	93-1671153	0.01	98654
FIAT SERVICES, LLC	92-2754697	0.10	1378216
FICC AI CORP	85-3126686	0.02	289470

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FILECOIN FOUNDATION	85-2381931	0.03	411297
FILTERED INC	82-3904365	0.00	47933
FIN2 INCORPORATED	87-2024633	0.01	160047
FINDIGS INC	82-4504215	0.23	3210464
FINLYNC LLC	84-2561903	0.01	170231
FIRST OPINION HEALTH SERVICES IL PC	86-1829228	0.04	505530
FIRST OPINION HEALTH SERVICES,	86-1829228	0.01	127539
FIRST TECH, INC.	88-2769531	0.01	122637
FISHER WALLACE LABORATORIES	84-2859247	0.00	45

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FIZZ SOCIAL	87-2721256	0.03	414498
FLEXIBLE FINANCE, INC.	83-3265156	0.54	7598693
FLOURISH LABS	88-3270053	0.03	422271
FLOXDEV. INC.	85-0538657	0.02	322935
FLUENT RETAIL NORTH AMERICA, L	82-1339827	0.14	1982508
FLYMACHINE, INC.	85-1566298	0.04	519988
FOCUSAI	88-2756404	0.03	472172
FORA DAY INC	93-1743402	0.00	52954
FORENSIC LOGIC, LLC	82-2816982	0.06	826207

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FORTER, INC.	36-4792760	0.90	12561212
FRACTA	47-4462857	0.02	278014
FREEMODE GO LLC	45-5343514	0.01	129769
FRIEPARKING, INC.	99-3729828	0.00	11991
FRUITFUL, INC.	87-1231937	0.10	1384966
FUNNY OR DIE, INC.	71-1031046	0.24	3351362
FURNISHED FINDER, LLC	81-4591120	0.02	260085
FUTURCO HEALTH TECHNOLOGIES INC	83-3631229	0.00	33828
GALAXIA TECHNOLOGIES INC	88-3932182	0.02	333747

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GAME1, LLC	84-4033696	0.00	52059
GAMING COLLECTIVE INC.	85-2337328	0.00	42202
GAN INTEGRITY INC	47-3369653	0.12	1707000
GARDENS INTERACTIVE, INC.	86-3946175	0.01	175312
GEMINI TITAN, LLC	85-2528155	0.00	0
GENIES, INC.	27-5117846	0.25	3456909
GENOMICS INC	85-1114551	0.03	465616
GEOSITE INC.	82-4725852	0.03	424027
GIVINGLI INC.	84-4788413	0.02	345266

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GLYDWAYS	81-4123069	0.28	3903999
GO PINATA INC	84-4933908	0.00	0
GOARC US, INC.	84-2662520	0.00	0
GRAFITI LLC	93-3502613	0.12	1619517
GRAPHCORE, INC.	36-4879458	0.09	1222445
GREENOAKS CAPITAL PARTNERS, LL	45-5269686	0.54	7575231
GREENPARK SPORTS	83-2142906	0.04	540358
GREMLIN INC.	81-1277279	0.36	5021486
GRO INTELLIGENCE, INC	46-4876260	0.00	0

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GROVO LEARNING, INC.	27-3056493	0.01	202578
GROW CREDIT INC.	83-2585113	0.02	236448
GROWTH BY DESIGN TALENT, LLC	84-4031548	0.05	630723
GRYPS INC.	84-3804289	0.00	0
GX MOLECULAR INC	84-3991847	0.02	289265
HAIR VENTURES, LLC	47-4168839	0.00	36502
HARBR USA INC.	38-4137779	0.01	171709
HEALTHRHYTHMS	46-5572108	0.06	826144
HEATMAP NEWS INC	92-1470525	0.00	1178

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HECHTMAN ENTERPRISES, INC.	68-0346982	0.03	412133
HEDERA HASHGRAPH, LLC	38-4048700	0.04	601225
HELLOTECH, INC.	47-2425792	0.03	485489
HERE NOT THERE INC	84-4148567	0.01	81071
HERESAY LLC	87-2128246	0.15	2150720
HIGHLANDX MANAGEMENT LLC	85-4201423	0.14	1945163
HIGHNOTE PLATFORM, INC.	85-2922649	0.00	0
HIRO SYSTEMS PBC	46-3116269	0.26	3643838
HIVERY NORTH AMERICA, INC.	84-4123768	0.00	0

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HOLO, INC.	82-2932523	0.10	1424077
HORIZEN LABS INC.	83-3310546	0.05	662952
HORIZON 3 VENTURE STUDIO LLC	85-4147099	0.04	519444
HOXHUNT INC.	61-2044575	0.05	691683
HR CLOUD, INC.	81-3051951	0.03	418572
HUMAN LONGEVITY, INC.	46-3131906	0.29	4059273
HUMU, INC.	82-1048887	0.00	0
HUNGER NOT IMPOSSIBLE	85-2369863	0.02	217860
HUNGRYROOT INC.	47-3850451	0.00	0

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HUNTER POINT CAPITAL LP.	85-2073903	0.28	3871757
HYDROGEN HEALTH LLC	86-2212926	0.02	276592
HYP3R, INC.	47-3540442	0.01	145872
HYPEMARKS, INC. DBA TINT	45-3762138	0.02	261650
HYPER LABS, INC. (DBA HYPERSCI)	46-5752283	1.38	19264636
HYPEREXPONENTIAL INC.	38-4287692	0.00	10044
HYPERTRACK, INC.	47-4754347	0.02	212836
IF LABS INC.	84-4429399	0.00	0
IGNITE MEDIA GROUP LLC	88-3500475	0.08	1057816

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IMAGEN TECHNOLOGIES, INC.	81-0890225	0.31	4321424
IMATCHATIVE	46-0959120	0.02	214406
INATO, INC.	83-4099496	0.06	829593
INCEPTIO TECHNOLOGY, INC.	32-0574962	0.22	3037429
INDUCTIVE AUTOMATION LLC	47-2165515	0.80	11187817
INEVITABLE TECHNOLOGY INC	93-4294185	0.04	618183
INFLECTION AI	88-0698735	0.00	0
INSCRIBEI, INC.	32-0545542	0.07	998831
INSPIRE ENERGY HOLDINGS, LLC	46-2729472	0.43	5962291

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INSTABUG INC.	90-0985691	0.02	326438
INSTNT INC	83-4621795	0.00	1225
INTELLECTUS PARTNERS, LLC	47-4402155	0.08	1180528
INTERACTIVE WORKSHOPS LLC	88-3215276	0.04	501391
INTERANA, INC.	46-1685542	0.34	4699517
INVECTYS, INC.	85-3603782	0.03	432139
INVISIONAPP INC	38-3857535	1.16	16283217
INX DIGITAL, INC.	83-4689718	0.00	0
IONPATH INC	47-1861335	0.12	1647149

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IRIS LABS, INC.	83-4311343	0.03	416847
IRREVERENT LABS, INC.	87-3044456	0.01	183996
IVXS TECHNOLOGY USA, INC. DBA	81-4264677	0.16	2224619
JAM & TEA STUDIOS INC	92-3824368	0.01	117389
JANUARY TECHNOLOGIES, INC.	82-1767351	0.16	2269052
JFDI CONSULTANTS LLC	46-4490781	0.04	581108
JIKO TECHNOLOGIES, INC.	82-3251495	0.13	1771083
JIT INC.	85-1604910	0.00	49409
JMB GLAMSQUAD, LLC	86-2708125	0.05	706387

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JOHN HARDY USA	26-0515339	0.41	5716914
JOMBOY CORP	82-4216315	0.08	1062394
JOYN INSURANCE SERVICES	87-2323409	0.06	831044
JUMP PLATFORMS, INC.	87-2171947	0.14	2012259
KAIROS MANAGERS, LLC	81-2946694	0.03	354826
KAIROSHQ, LLC.	87-3342622	0.01	88532
KALOOM CORP.	81-4754802	0.03	418966
KASADA INC.	35-2599307	0.08	1108349
KEEN LABS, INC.	45-4102482	0.02	259656

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEYWAY REAL ESTATE, INC	85-1541497	0.01	112806
KIDDOM, INC.	46-3803977	0.27	3808905
KITE SOLUTIONS, INC.	80-0889277	0.03	476727
KNIT.AI INC.	93-4240932	0.00	58848
KODEX INC	86-3811383	0.04	570389
KOUNTABLE, INC.	47-3345941	0.01	172374
KRISP TECHNOLOGIES, INC.	37-1869108	0.02	316635
KROISOS LABS	87-3976611	0.00	62394
KSV ESPORTS DELAWARE, INC. DBA	82-2039783	0.15	2091424

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KUESKI, INC	33-1229980	0.04	569349
KYRON LEARNING PBC	88-2638228	0.03	483750
LA COSTA CAPITAL PARTNERS, LLC	99-1886393	0.04	516580
LA GOLF CLUB INC.	93-1627734	0.00	41833
LAFHBUILDS, INC.	93-1751173	0.00	0
LARAVEL	99-1047650	0.00	0
LAWFTY ABS HOLDINGS LLC	92-1948051	0.00	3404
LAWFTY LAW, LLP	47-5240112	0.03	385385
LAWFTY LLC	46-2537876	0.05	730129

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LAYERX TECHNOLOGIES, INC.	88-3106648	0.03	360089
LEAPSOME INC.	61-2022067	0.05	685046
LEGENDARY FIELD EXHIBITIONS, L	82-4648964	0.02	344230
LEGGUP, INC.	82-2229798	0.01	124402
LFG NFTS CORP	86-2703073	0.08	1096180
LIBERATE INNOVATIONS, INC.	88-1044499	0.02	272836
LIFEIGNITER	46-2080102	0.01	70112
LIGHT LABS, INC.	46-3596259	0.22	3134790
LIGHTBEND, INC.	27-4752281	0.34	4730387

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LIMINAL EXPERIENCES INC	87-4551175	0.02	234343
LINGOACE ACADEMY, INC.	84-3247807	0.04	612776
LINGOTTO US LLC	93-1775849	0.03	366011
LINNOVATE PARTNERS AFS US LLC	87-4066973	0.00	39270
LISTIA, INC.	27-0339247	0.02	268208
LITTLE OTTER	38-4124814	0.00	0
LITTLE SLOTH	86-3128367	0.00	0
LONE VIEW CAPITAL MANAGEMENT,	87-4125356	0.06	903457
LOOKOUT LOCAL, INC.	32-0606025	0.02	320448

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LOOP AMERICA INC	36-5005232	0.01	153331
LOUPE TECH INC.	86-1320840	0.02	320121
LUCIDUM, INC.	84-3399252	0.05	768411
LUMA HEALTH, INC.	47-3270012	0.43	5998485
LUMOS APP, INC.	85-0938666	0.18	2544000
LUNAR ENERGY, INC	85-2228737	0.43	5980695
LUZMO, INC	30-1208166	0.01	137097
MAGIC SOUP, INC.	88-2861888	0.01	203447
MAGNETIC INSIGHT, INC.	45-4850476	0.13	1884638

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MAINSTREET WORK, INC.	84-3255808	0.14	1977179
MANIFOLD VALLEY LLC	86-2218826	0.01	119697
MARBLE PAY INC.	84-4137072	0.00	55446
MAROWN USA INC.	87-2805015	0.06	826980
MARPIPE, INC.	83-3930735	0.02	297746
MARR LABS TECHNOLOGIES	93-4420593	0.00	65059
MARVELOUS TECHNOLOGY INC.	30-1279429	0.02	230709
MATERIAL SECURITY, INC.	82-1974733	0.34	4760578
MAVEN RESEARCH, INC.	26-2116238	0.08	1143111

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ME&U US INC	36-4986523	0.00	3454
MEDIACAUSE, INC.	46-4287951	0.14	1974334
MELODYARC, INC.	87-2101501	0.04	524325
MEMX LLC	83-2162372	0.82	11475687
MENTION ME USA, INC.	98-1649700	0.00	10764
MERIT INTERNATIONAL	47-4905730	0.40	5637833
MERLON INTELLIGENCE, INC.	81-3011087	0.00	67293
METHODICAL GAMES, INC.	88-0740069	0.03	433255
METRONOME TECHNOLOGIES	84-3815124	0.25	3552811

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MIDDLE-EARTH ENTERPRISES LLC	88-3737784	0.03	487731
MOBILITY CAPITAL FINANCE, INC.	81-1072268	0.04	596894
MOBILIZE CAPITAL PARTNERS LP	93-1595063	0.00	775
MODAL LEARNING, INC.	86-1569671	0.06	889701
MODERNE INC.	85-1972053	0.03	462113
MOJO INTERACTIVE, INC.	85-3973995	0.31	4384974
MONAD, INC.	85-0752403	0.01	84283
MONOGOTO, INC.	87-3251866	0.01	130684
MONOGRAPH INC	83-4416045	0.00	0

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MOOCO ROBOTICS, INC. DBA AGTON	86-2343655	0.09	1266943
MOONFARE USA, LLC	87-3272242	0.04	584433
MOORE THREADS, INC.	87-2458729	0.08	1094749
MORNING BREW	82-3920438	0.84	11706253
MOTIF SYSTEMS INC.	92-1582146	0.00	0
MOTION2AI INC	82-4864602	0.00	4137
MR YUM TRADING INC.	85-2322073	0.00	69018
MUDITA PARTNERS LP	82-3634805	0.00	51133
MURA NORTH AMERICA DEVELOPMENT	87-1465068	0.04	522054

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NALU BIO, INC.	84-3273726	0.01	100280
NARVII, INC.	45-3828694	0.08	1068654
NATCAST INC.	93-4007133	0.00	0
NATURAL CAPITAL EXCHANGE, INC.	85-4010515	0.07	1000795
NAVGAR INC	88-0996893	0.01	105435
NAYYA HEALTH, INC.	35-2675756	0.48	6715739
NEBULON, INC.	82-4985511	0.06	804636
NEEVE RESEARCH, LLC	26-2471100	0.00	30191
NEFELI NETWORKS	81-3776783	0.01	165099

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NEON COMMERCE, INC.	88-1987109	0.03	476731
NETDATA, INC.	32-0570802	0.01	178141
NETLIFY, INC.	46-4748334	0.67	9297933
NEUBIRD INC	93-4299334	0.00	38120
NEUREAL LLC	92-2238379	0.00	15783
NEUROOLUTIONS, INC.	26-2913648	0.00	0
NEUROTRACK TECHNOLOGIES, INC.	90-0863282	0.00	0
NEWBOOK INTERNATIONAL INC.	38-4063858	0.00	54276
NEWSPICKS USA, LLC	82-1087838	0.00	1123

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NEXLA INC	35-2555867	0.08	1150045
NEXTSENSE, INC	85-2953348	0.02	252399
NIC.KL, INC.	81-5355014	0.00	61963
NICKL, INC.	81-5355014	0.00	0
NOETIK INC.	88-2662424	0.08	1136497
NOHO WELLNESS, INC	85-1774310	0.02	272268
NORMALYZE, INC	85-4317153	0.09	1296232
NOT IMPOSSIBLE LLC	46-3621195	0.01	116893
NOTEABLE, INC.	85-0869757	0.03	413354

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NOVA CREDIT, INC.	81-2654196	0.37	5239875
NOVAPRIME INNOVATIONS LLC	88-1532665	0.04	619208
NOVI CONNECT INC.	84-4151972	0.08	1121249
N-POWER MEDICINE, INC.	87-1592802	0.16	2256641
NUCLEUS MEDICAL GROUP, INC.	47-4897105	0.09	1236587
NUDGE SECURITY INC	87-4424346	0.03	358165
NVOQ INCORPORATED	84-1557944	0.64	8885571
NYDIG IHC, LLC	82-5402334	1.66	23271124
NYOTRON USA, INC.	30-0873132	0.01	156186

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OBSERVE.AI	35-2601413	0.27	3813559
OHANA BUILDERS LLC	92-2982864	0.00	60129
OHANA DESIGN SERVICES LLC	92-3049134	0.00	13247
OHANA REAL ESTATE SERVICES, LL	27-1213566	0.04	628131
OHANA REALTY CORP.	80-0873130	0.14	1991252
OLLY PUBLIC BENEFIT CORPORATIO	46-4535888	1.90	26494538
ONCORE CONSULTING, LLC	45-2425328	0.00	0
ORBITAL INSIGHT, INC	46-4459168	0.01	113319
OREI ADVISORS LP	35-2565836	0.42	5906084

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ORIGIN INVESTMENT ADVISORY LLC	93-4238028	0.00	25270
OSMURICA INC.	87-3631628	0.01	180370
OTTER.AI, INC.	81-2445246	0.39	5455942
OUTERLANDS CAPITAL MANAGEMENT, LLC	93-1375831	0.00	31159
OUTLIER AI, INC.	47-3152424	0.03	384917
OUTSCHOOL, INC.	46-5489336	0.38	5302746
PADDLE.COM INC.	30-1210399	0.21	2916690
PAPIER INC.	86-3696775	0.01	185317
PARABOL	47-4935345	0.04	530843

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PARADIGM HEALTH, INC. DBA PARADIGM	86-1252110	0.38	5280540
PARADIGM OPERATIONS LP	83-1531977	0.41	5707540
PARAGON INTEL	81-4926839	0.05	719080
PARED, INC.	47-4386839	0.05	664929
PARSABLE, INC.	46-3258168	0.28	3902472
PARTNERTAP INC	30-0951284	0.03	438471
PASSAGE LABS INC	87-3559739	0.00	17180
PATTERN RESEARCH LLC	84-2634987	0.03	480621
PAYZEN, INC.	84-2362343	0.08	1150677

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PBF SUBSIDIARY 1	92-1209312	0.00	0
PEARL HEALTH INC.	85-4245581	0.47	6616200
PEPPY HEALTH CORPORATION	87-4004835	0.02	258840
PEPPY MEDICAL, P.A.	88-3508544	0.01	81876
PERFECT365, INC.	81-2835738	0.11	1598514
PERSONIO CORP	93-1592231	0.27	3837713
PERSUIT INC	32-0572174	0.18	2556486
PG13 LAUNCHPAD GAMMA, INC (OPT	84-4937562	0.00	52909
PHOENIX LABS USA OPERATIONS, I	83-4114829	0.48	6680572

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PHOTOSHELTER, INC.	20-8294732	0.40	5548150
PINGCAP US INC.	35-2605275	0.21	2888735
PIXLEE TURNT0, INC.	46-0677157	0.27	3736029
PK AIRFINANCE US, L.P.	85-3364433	0.04	600253
PLACE EXCHANGE, INC.	37-1901234	0.47	6545240
POLAR SIGNALS INC	37-1983232	0.01	82243
POSTALYTICS, INC	46-3454555	0.04	554970
PREDICTHQ, INC.	81-3541861	0.08	1122837
PRESCRIBERPOINT CORP	87-2052855	0.02	346723

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PRIMAL CAUSE, INC. DBA APPBUDD	57-1146708	0.02	342537
PRIME FINANCIAL TECHNOLOGIES,	87-3983979	0.08	1141900
PRIOS LLC	81-3641647	0.11	1559579
PRIVATEER SPACE INC	86-3656294	0.03	415812
PROBABLY GENETICS INC.	83-2771057	0.01	102737
PRODUCTBOARD, INC.	46-5356613	0.37	5241151
PROMISE NETWORK INC.	38-4055041	0.16	2166835
PROTEUSGAMES.COM, INC.	83-4722085	0.00	52702
PROTILLION BIOSCIENCES INC	84-1877512	0.02	251469

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PROVENANCE BLOCKCHAIN FOUNDATI	87-1068727	0.00	7154
QALO HOLDINGS, LLC	84-3328085	0.03	385593
QAPITAL INVEST LLC	36-4870183	0.00	4396
QAPITAL LLC	47-1161945	0.05	688033
QUANTEXA INC.	32-0545797	0.69	9625041
QUIP NYC, INC.	46-5118084	0.36	5033289
RADIAN AEROSPACE, INC.	81-1405898	0.07	974269
RAISIN SOLUTIONS US LLC	61-1900056	0.01	100766
RALLY NETWORKS, INC.	82-4808014	0.07	932409

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RALLYTEAM	46-3950786	0.00	59030
RANDOM GAMES COMPANY INC	35-2730217	0.00	39918
RANGE FINANCE, INC	85-4349421	0.09	1296353
RAPID ROBOTICS, INC.	84-3276717	0.10	1368468
RATIONAL PR LLC	27-5245422	0.26	3670462
REAL COLLABORATIVE INC	84-2615916	0.07	959880
RECOUNT MEDIA, INC.	83-2638560	0.04	556473
RECUR FOREVER INC.	86-2306646	0.11	1485116
REDUX GAMES INC	93-2504913	0.01	80555

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REEBELO USA INC.	88-3215530	0.05	646882
REGRELLO CORP	86-1240963	0.08	1162348
REMIX AI INC	87-3655857	0.03	398247
REPLICATED, INC.	47-2486425	0.17	2329207
RESOLVE BIOSCIENCES, INC.	85-3589545	0.04	514557
RESOURCELY, INC.	88-0981063	0.02	316891
RETAILERX, INC.	85-0739301	0.07	950497
RETAILNEXT INC.	26-1465968	0.56	7856641
RETURNLY TECHNOLOGIES, INC.	80-0673029	0.02	316959

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RHINO LABS, INC.	81-5285931	0.26	3606542
RIDIAN HOLDINGS USA, INC.	88-1155574	0.01	69887
RIGHTREV INC	85-1295683	0.02	300120
RISILIENCE, INC.	87-3536618	0.03	385762
RISKIFIED, INC.	47-3189089	1.39	19485079
RISKOPTICS, INC.	80-0597136	0.41	5742842
ROADZ, INC.	35-2629780	0.00	0
ROCKBOT, INC.	27-3491599	0.34	4700816
ROGUE GAMES INC	82-1339741	0.02	298695

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ROKO LABS, LLC	46-1093783	0.00	0
ROLLBAR INC.	80-0842320	0.13	1805807
RONDO THERAPEUTICS, INC.	84-4001042	0.09	1246687
RR TACTICAL MERGER SUB II LLC	92-0297852	0.00	0
RUBICON CARBON MANAGEMENT, LLC	88-2751935	0.15	2151234
RUDDERSTACK, INC	84-2063210	0.20	2833553
RUN DEXTER, INC.	47-4619731	0.01	188133
RUNE LABS, INC.	83-2090943	0.13	1767193
RUNHOUSE INC	92-1254560	0.01	99567

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RUNX LABS, INC.	85-2442908	0.00	33125
SAFIGEN PBC.	82-0851774	0.07	1014668
SALESPEAK INC	92-3971977	0.00	31077
SALT SECURITY INC.	36-4816863	0.12	1736689
SANDSHARKGAMES.COM, INC.	84-2926020	0.00	25079
SANO INTELLIGENCE, INC.	45-4771888	0.03	358165
SCALE AT SPEED AGENCY LLC	92-3713375	0.05	638822
SCENER, INC.	82-4434782	0.00	23898
SCHIFF ADAMS, INC. DBA PATIO	83-3694143	0.00	35236

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SCREENCLOUD INC.	47-5120584	0.01	80054
SECLORE INC	46-5166880	0.05	729170
SECURLY, INC.	46-0789922	0.49	6840005
SEEKER ENTERTAINMENT, INC	92-3899986	0.04	563619
SEMPERVIRENS VENTURES LLC	83-0891906	0.03	470680
SENDLE USA, INC.	35-2653119	0.09	1250829
SENSIBLE WEATHER CO.	84-3294206	0.10	1424902
SENSU, INC.	81-5048655	0.01	71517
SEVENROOMS	45-2463011	0.90	12584488

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SHARE LABS INC	83-3692082	0.00	35858
SHEF INC	83-3060915	0.06	891867
SHOPWELL LABS, INC.	80-0933876	0.00	31013
SHPE LIVING INC DBA NABR	86-2392853	0.00	64395
SIBLY, INC.	61-1745068	0.05	668359
SIGHTGLASS VISION, INC.	81-2702145	0.04	502240
SILICON VALLEY FINANCE GROUP I	27-3541753	0.09	1284462
SILK SECURITY INC	87-4376062	0.01	130244
SIMBE ROBOTICS, INC.	47-1275059	0.19	2603243

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SIMCHA THERAPEUTICS, INC	83-0822449	0.09	1221263
SIMPPLR, INC.	47-1850837	1.02	14253652
SINGLE GRAIN, LLC	27-0187391	0.00	0
SJ MEDCONNECT, INC.	46-4667002	0.12	1734645
SJW INVESTMENTS LLC	85-2774432	0.02	248992
SKILLCYCLE, INC.	83-1793390	0.04	498644
SKUPOS, INC.	81-2171086	0.00	0
SKUTEAM INC. DBA SILQ	84-4761119	0.03	420974
SKYLINE MOBILITY, INC,	92-3167159	0.04	573981

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SKYLOOM GLOBAL CORPORATION	82-1171513	0.05	683848
SLW MANAGEMENT COMPANY LLC	93-4276497	0.01	99362
SMLXL, INC.	86-3854565	0.01	98641
SNAP FOUNDATION	61-1817014	0.01	150776
SNAPT, INC.	32-0465598	0.03	430108
SNICKERDOODLE LABS, INC.	86-3882264	0.01	191694
SOCIAL CONCEPTS, INC.	45-4820720	0.16	2223994
SOLARA HEALTH INC.	93-3564826	0.00	59547
SOLEY THERAPEUTICS, INC.	85-2249009	0.07	990116

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SOMA EQUITY PARTNERS LP	81-1380724	0.08	1163931
SORARE, INC.	87-2353415	0.08	1100734
SPAN.IO INC.	83-0951469	0.67	9359497
SPARK HEALTH INC.	85-2726934	0.04	602329
SPATIALX INC.	84-3442879	0.08	1049491
SPECTRUM AI, INC.	86-3862812	0.01	174964
SPIIDEO INC	38-4186650	0.01	198456
SPIRITWALK GAMES, INC.	47-2982538	0.00	6579
SPLITERO INC	87-2047683	0.10	1422350

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SPOON RADIO INC.	84-4482187	0.01	88228
SQUARE 8 GROUP INC.	84-4851391	0.02	236642
STANDARDBOTS	45-2689952	0.00	0
STELLAR HEALTH GROUP, INC	82-4157637	0.00	0
STELLAR LOYALTY, INC.	46-5347853	0.02	284671
STITCH CONSULTING, LLC	82-5464188	0.13	1822444
STONE KITE INC	85-3223020	0.01	109357
STONE RIDGE ASSET MANAGEMENT L	45-5371940	0.93	12961112
STONE RIDGE HOLDINGS ADMINISTRATION LLC	92-0860468	0.60	8328726

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STOR AND DELIVER, INC. (AUDIIE)	36-4901274	0.00	16597
STORY PROTOCOL INC.	88-3229444	0.05	712728
STREAMNATIVE INC	90-2379060	0.11	1532298
STRIMMERZ MEDIA, INC.	82-2112328	0.00	51955
STUDIOS AT BETAWORKS, INC.	82-2220166	0.02	309972
STYRA, INC.	47-4171785	0.37	5199604
SUBSCRIPT INC.	85-4118793	0.04	533888
SUBSTACK, INC.	82-3647158	0.26	3655426
SUITENESS, INC.	45-5278525	0.00	36284

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUKI AL, INC.	81-4462134	0.34	4734495
SUPER LEAGUE GAMING, INC.	47-1990734	0.11	1511114
SUPER STUDIOS, INC.	85-3922953	0.02	209852
SUPERLAYER LABS MANAGEMENT LLC	87-4000398	0.07	993029
SUSTAIN.LIFE, INC.	86-2242670	0.03	441206
SWARE, INC.	45-3853706	0.03	440117
SWIFT VENTURES MANAGEMENT LLC	85-2349390	0.00	13958
SWISH BEVERAGE LLC	82-4139360	0.01	179397
SYMBOLIC CAPITAL ASSOCIATES LLC	86-3743771	0.06	786635

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SYNFINI, INC.	92-3623983	0.00	5620
SYNTEGRA, INC.	84-3358711	0.00	43108
T45 LABS LLC	85-2857695	0.00	0
TABLET COMMAND INC.	81-2137481	0.01	133225
TACHYUS, INC.	46-2560051	0.06	893885
TALKSHOPLIVE, INC.	86-1675002	0.03	480278
TANDYM, INC.	87-2713393	0.05	666498
TAPAS ENTERTAINMENT, INC.	81-1062010	0.17	2356175
TEAL LABS INC	84-3359166	0.07	982500

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TEAMBLIND, INC.	30-0828486	0.11	1469359
TEAMWORKERS, INC.	35-2625697	0.10	1332346
TECTON, INC.	83-2465556	0.40	5652442
TELLIUS, INC.	47-3436950	0.03	382742
TENDERLY TECHNOLOGIES, INC.	86-2865334	0.05	675178
TENYX, INC. 401(K) PLAN	87-0974647	0.09	1197488
TEQUILAS PREMIUM INC	90-0135754	0.20	2860860
TERADAR, INC.	86-2435361	0.09	1314023
TERNS, INC.	82-0873147	0.43	6009559

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TESSIAN, INC.	30-1129049	0.12	1668076
THAT'S NO MOON ENTERTAINMENT	85-3080455	0.65	9072267
THE COMPUTE EXCHANGE INC.	99-2451166	0.00	29889
THE COTERIE.ME, INC	86-2647604	0.02	294988
THE MARKOV CORPORATION	81-3542145	0.01	207696
THE NOUN PROJECT, INC.	46-2259842	0.11	1514303
THE OUTSET GROUP LLC	86-3231861	0.03	403995
THE PLAYERS TRIBUNE, INC.	46-5721333	0.02	259691
THE PUBLIC HEALTH COMPANY GRP	85-2931931	0.10	1423952

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THE WILL PBC INC.	87-1486823	0.02	243915
THORN	27-0943677	0.66	9209335
THOUGHTFUL AI, INC	99-4189684	0.01	76113
THREAD TOGETHER INC	84-2048692	0.00	26618
THREADLOOM, INC	47-5142998	0.06	781197
TILDA RESEARCH, INC.	84-2221322	0.00	0
TIVENI MERGECO INC	84-2110104	0.01	94660
TOGETHER COMPUTER, INC.	88-3607609	0.11	1594027
TOWER COLD CHAIN SOLUTIONS INC	37-1805535	0.01	132210

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TRACE DATA, INC.	84-1729208	0.00	20879
TRACER LABS INC.	86-3905742	0.29	4011781
TRADEWING, INC.	84-2175880	0.00	0
TRAVEL OPERATIONS CORPORATION	86-1848846	0.00	12747
TRAYT INC.	46-4016752	0.02	252623
TRIALSPARK, INC.	47-1134239	0.00	125
TRIPPING INTERNATIONAL, INC.	27-3389261	0.03	410893
TRIVALENCE, LLC	87-2797851	0.11	1491496
TROON TRANSFORMATION LLC	93-4801887	0.00	0

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TROVO HEALTH INC	99-2474998	0.00	22504
TRUATA, LLC	86-3971256	0.00	0
TRUMID FINANCIAL, LLC	47-1050580	0.33	4552345
TRUMID HOLDINGS, LLC	47-1038782	0.14	2020249
TRUMID TECHNOLOGIES, LLC	47-3764865	0.53	7452052
TRUSTPILOT, INC.	32-0400058	0.81	11274181
TTSF, INC. DBA PATHLIGHT	47-4018967	0.10	1406918
TUTORED BY TEACHERS	85-3064173	0.00	0
TWELVE LABS INC.	86-3188041	0.01	94070

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TWENTY HOLDINGS, INC.	84-2366424	0.15	2089613
TWINGATE INC.	84-3387110	0.17	2413537
TYMPA HEALTH TECHNOLOGIES INC	92-1655021	0.01	132483
TYPEFACE INC.	88-2469676	0.11	1517114
UBCO BIKES US LLC	81-4840686	0.01	78143
UNIBET INTERACTIVE, INC	61-1884911	0.17	2325109
UNKNOWN WORLDS ENTERTAINMENT,	86-1109270	0.44	6217073
URBAN ELECTRIC CO.	86-1400325	0.01	106636
US DIGITAL RESPONSE	86-3759883	0.15	2068498

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USERVOICE, INC.	26-2057362	0.19	2615033
USSA INTERNATIONAL LLC	84-3264728	0.11	1511313
UTALK LLC (DBA AVADO)	98-0670215	0.00	30407
VANTAGE MANAGEMENT SOLUTIONS INC	92-2023800	0.00	52359
VARETO INC	85-1147049	0.10	1357783
VECTOR AIS STAFFING SERVICES,	87-3201755	0.08	1097992
VECTOR FLOW, INC.	83-4209292	0.03	368248
VECTOR LABS, INC.	47-1762953	0.09	1264899
VEGAMOUR, INC.	81-1752067	0.19	2725530

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VENDIA	85-0699744	0.14	1963489
VENTIVA INC	37-1465473	0.17	2340403
VERCEL, INC.	47-5513830	0.00	0
VERTICALSCOPE USA INC.	98-0228759	0.01	168194
VERTO EDUCATION, INC.	82-3961817	0.13	1815886
VICI PROPERTIES L.P.	35-2576503	0.40	5610698
VIDSY MEDIA, INC.	30-1140474	0.10	1457518
VIEWPOINT VENTURES MANAGEMENT	87-2944176	0.06	781663
VITALACY INC.	26-3076048	0.02	258831

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VIVUN INC	83-0743745	0.00	0
VIZION INC.	85-1504480	0.00	0
VOLANS-I, INC.	47-5021562	0.07	998958
VOLCANO PLATFORMS INC	92-1695581	0.00	0
VOLLEY LABS	47-2906932	0.00	14074
VOTINGWORKS	83-2910494	0.13	1882218
VYMO INC.	83-4539768	0.00	0
WAGMO INC	82-2189827	0.06	831490
WAIT WHAT INC.	35-2582668	0.10	1377420

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WALNUT TECH INC.	85-3311180	0.09	1285947
WATERLINE DATA SCIENCE, INC.	46-4184347	0.07	993143
WATT, INC. DBA NORTHSTAR	81-3756192	0.17	2354959
WAVEFRONT, INC.	46-1677391	0.01	204817
WAVERLEY STREET FOUNDATION	81-3242506	0.14	1929413
WAYB, INC.	82-0816311	0.06	891282
WAYMARK CARE, LLC	88-4221458	0.00	28680
WAYMARK CARE, NV, BASU, PLLC	88-2103652	0.00	41430
WAYMARK, INC.	87-1928993	0.13	1798862

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WAYVE TECHNOLOGIES, INC.	87-4088158	0.16	2167552
WEAVE GRID, INC	83-2785785	0.43	6062970
WEAVIATE LLC	98-1754430	0.00	0
WEI LABORATORIES INC.	75-2985611	0.15	2050794
WEKAIO INC.	32-0466363	0.74	10289644
WELENDUS, INC.	86-3841308	0.00	31288
WEST LAKE LABS, LLC	85-3022916	0.02	262520
WEVR, INC.	27-2021862	0.02	330091
WILDBIT, LLC	23-3061076	0.01	135122

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WIN BRANDS GROUP	81-5226174	0.16	2207465
WINDFALL DATA, INC.	81-3232300	0.25	3481034
WINKLEVOSS CAPITAL MANAGEMENT	45-5016941	0.10	1422879
WITHME HEALTH, LLC	83-0674605	0.13	1753250
WITHSECURE INC	32-0476474	0.17	2312527
WITNESS.AI INC.	93-1560535	0.03	383122
WIZARD COMMERCE INC	87-2202937	0.09	1260090
WOEBOT LABS, INC.	38-4034738	0.27	3822851
WONDERLAND SWEETS	93-4577188	0.00	0

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WONDERMIND GLOBAL, INC	88-2935932	0.04	513225
WORKING CAPITAL MANAGEMENT, LL	84-3778054	0.07	976463
WOTMI INC	92-0568112	0.02	244279
X1 DISCOVERY, INC.	45-3354149	0.08	1175953
X10 CAPITAL MANAGEMENT LLC	82-0864952	0.17	2412682
XCIMER ENERGY INC	35-2735113	0.11	1483014
XENETA LLC	82-1102631	0.04	494931
XN CAPITAL PARTNERS LLC	92-1954573	0.00	36711
XP HEALTH, INC.	83-2580247	0.09	1275074

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Y42 US LLC	32-0682017	0.00	8399
YALOCHAT, INC.	35-2584177	0.01	193118
YARDZEN, INC.	82-5056825	0.00	0
YOTTA TECHNOLOGIES INC.	35-2675262	0.03	435465
YR ID LLC	61-1952104	0.23	3258169
YUGA LABS, INC.	86-2109575	0.28	3944377
ZENCITY TECHNOLOGIES US, INC.	82-4547182	0.06	807768
ZEROMARK, INC	88-3862405	0.00	0
ZEROPW, INC.	83-4283254	0.50	6972817

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZESTY.AI, INC.	47-3854753	0.18	2546360
ZETA SERVICES, INC.	85-2514504	0.09	1243555
ZETTA INC.	33-1204491	0.08	1079301
ZILLIZ INC.	30-1328796	0.06	877292
ZIPLINES INC	82-1010877	0.05	646463
ZOOMIN SOFTWARE	82-4543082	0.09	1309778
ZUM SERVICES, INC.	47-3064863	0.45	6345227

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

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

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

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**SEQUOIA ONE 401(k) PLAN**

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**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

December 31, 2024

# SEQUOIA ONE 401(k) PLAN

## T A B L E O F C O N T E N T S

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Phone 925-296-1040 | Fax 925-296-1099 | [bpm@bpm.com](mailto:bpm@bpm.com)

## INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the financial statements of Sequoia One 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audits"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier ("qualified institution") in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditors' Responsibilities for the Audits of the Financial Statements**

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

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental 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).

*BPM LLP*

Walnut Creek, California  
October 15, 2025

**SEQUOIA ONE 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
As of December 31, 2024 and 2023

	2024	2023
<b>ASSETS</b>		
Investments, at fair value	\$ 1,373,462,392	\$ 1,000,571,292
Investments, at contract value	17,120,539	16,938,522
Total investments	1,390,582,931	1,017,509,814
Receivables:		
Notes receivable from participants	7,875,995	4,768,937
Participant salary deferral contributions	8,051,907	7,665,449
Employer contributions	5,937,322	3,877,574
Total receivables	21,865,224	16,311,960
Net assets available for benefits	\$ 1,412,448,155	\$ 1,033,821,774

**SEQUOIA ONE 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the year ended December 31, 2024

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Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 138,576,336
Interest and dividend income	32,580,719
	171,157,055
Interest on notes receivable from participants	463,241
	463,241
Contributions and rollovers:	
Participant salary deferrals	259,242,272
Employer contributions	61,556,430
Participant rollovers	82,616,484
	403,415,186
Total contributions and rollovers	403,415,186
	403,415,186
Total additions to net assets	575,035,482
	575,035,482
Deductions from net assets attributed to:	
Benefits paid to participants	188,405,204
Administrative expenses	2,046,928
	190,452,132
Total deductions from net assets	190,452,132
	190,452,132
Net increase in net assets before transfers	384,583,350
	384,583,350
Net transfer to (from) the Plan	(5,956,969)
	(5,956,969)
Net increase in net assets	378,626,381
	378,626,381
Net assets available for benefits:	
Beginning of year	1,033,821,774
	1,033,821,774
End of year	\$ 1,412,448,155
	\$ 1,412,448,155

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

---

**1. Description of Plan**

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

***General***

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

***Plan Administration***

Sequoia One 401(k) Plan Committee (“Plan Committee”) is the administrator of the Plan. As administrator, the Plan Committee has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. Empower Trust Company, LLC is the appointed trustee for the Plan for the years ended December 31, 2024 and 2023, and acted at the direction of the Plan’s administrator.

***Eligibility***

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

***Contributions***

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

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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**1. Description of Plan**, continued

***Participant Accounts***

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

***Vesting***

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

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

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

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

***Notes Receivable from Participants***

Participants are allowed one note receivable at any time and may borrow from their fund accounts a minimum of \$1,000 up to 50% of the value of their account balance, or \$50,000, whichever is less. Note receivable terms range from one to five years, except for notes receivable used to purchase a primary residence, which may have a maximum term of ten years. The notes receivable are secured by no more than 50% of the balance in the Participant's account and bear interest at a rate commensurate with local prevailing rates at the time the note receivable originates, prime rate plus 1%. As of December 31, 2024, interest rates on notes receivable from participants ranged from 4.25% to 10.50% per annum. Principal and interest are paid in equal installments through payroll deductions, personal checks from employees on leave, or cashier's checks for the full payoff of the notes receivable.

***Payments of Benefits***

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

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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**1. Description of Plan**, continued

***Payments of Benefits***, continued

Distributions under the Plan shall generally be made as soon as possible after the date of a participant's retirement, date of death, or termination of employment, unless the participant or beneficiary chooses to delay distribution. Mandatory distributions of account balances of \$7,000, per SECURE Act 2.0, or less will be made as soon as reasonably practicable. In the event of a mandatory distribution of \$7,000 or less, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, then the Plan's administrator will pay the distribution in a direct rollover to an individual retirement account designated by the Plan's administrator.

***Investment Options***

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

***Forfeitures***

Forfeitures that occur during a Plan year may be used to reduce future discretionary employer and matching contributions and to reduce expenses related to the administration of the Plan. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$2,233,045 and \$1,393,618, respectively. For the year ended December 31, 2024, \$103,443 of forfeited funds were used to decrease discretionary employer and matching contributions.

***SECURE Act 2.0***

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which included SECURE Act 2.0 that contains over 90 new retirement provisions, with varying effective dates through 2027. Since the provisions of SECURE Act 2.0 include both required and optional elements, applicable provisions will be evaluated and implemented in accordance with accompanying regulations and guidance, and the Plan will be amended as required. Certain provisions became effective for 2024, these changes had no material impact to the Plan's financial statements as of December 31, 2024 and 2023, and for the year ended December 31, 2024.

**2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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**2. Summary of Significant Accounting Policies**, continued

***Investment Valuation and Income Recognition***

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

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

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees paid by participants are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

***Plan Transfers***

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employer's adoption of the Plan, or certain Employers may terminate their adoption of the Plan and create a single-employer plan where corresponding assets for related Employer get transferred out. Plan transfers are recorded when paid or received. For the year ended December 31, 2024, net transfers out totaled approximately \$6.0 million, consisting of approximately \$146.0 million transfers out offset by approximately \$140.0 million transfers in.

***Payment of Benefits***

Benefits are recorded when paid.

***Expenses***

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

***Information Certified by the Trustee***

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

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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**3. Fair Value Measurements**

Accounting standards for fair value measurements establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under these accounting standards are described below:

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

*Level 2* – Inputs to the valuation methodology include:

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

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

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,373,462,392	\$ -	\$ -	\$ 1,373,462,392
Total assets in the fair value hierarchy	\$ 1,373,462,392	\$ -	\$ -	\$ 1,373,462,392

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

**3. Fair Value Measurements**, continued

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,000,571,292	\$ -	\$ -	\$ 1,000,571,292
Total assets in the fair value hierarchy	\$ 1,000,571,292	\$ -	\$ -	\$ 1,000,571,292

**4. Investment Contract**

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

The investment contract value as of December 31, 2024 and 2023 was \$17,120,539 and \$16,938,522 respectively. The average yield and crediting interest rates were approximately 4.80% and 4.75% for 2024 and 2023, respectively.

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

**5. Certified Information**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Empower Trust Company, LLC as of December 31, 2024 and 2023, and for the year ended December 31, 2024:

	2024	2023
Investments, at fair value	\$ 1,373,462,392	\$ 1,000,571,292
Investments, at contract value	\$ 17,120,539	\$ 16,938,522
Notes receivable from participants	\$ 7,875,995	\$ 4,768,937
Interest and dividend income	\$ 32,580,719	N/A
Interest on notes receivable from participants	\$ 463,241	N/A
Net appreciation in fair value of investments	\$ 138,576,336	N/A

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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

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

**7. Tax Status**

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

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

**8. Plan Termination**

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

**9. Risks and Uncertainties**

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

As of December 31, 2024 and 2023, approximately 40% and 39%, respectively, of net assets were held in three funds.

**SEQUOIA ONE 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024

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**10. Reconciliation of the Financial Statements to the Form 5500**

The following is a reconciliation of net assets available for benefits as of December 31, 2024 and 2023 to Form 5500:

	2024	2023
Net assets available for benefits per financial statements	\$ 1,412,448,155	\$ 1,033,821,774
Participant salary deferral contributions receivable	(8,051,907)	(7,665,449)
Employer contributions receivable	(5,937,322)	(3,877,574)
Net assets available for benefits per Form 5500	\$ 1,398,458,926	\$ 1,022,278,751

The following is a reconciliation of net increase in net assets per financial statements to net income per Form 5500 for the year ended December 31, 2024:

Net increase in net assets before transfers per financial statements	\$ 384,583,350
2023 Participant salary deferral contributions accrued on financial statements, recorded on Form 5500 in 2024	7,665,449
2024 Participant salary deferral contributions accrued on financial statements, to be recorded on Form 5500 in 2025	(8,051,907)
2023 Employer contributions accrued on financial statements, recorded on Form 5500 in 2024	3,877,574
2024 Employer contributions accrued on financial statements, to be recorded on Form 5500 in 2025	(5,937,322)
Total net income per Form 5500	\$ 382,137,144

**11. Subsequent Events**

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through October 15, 2025, the date which these financial statements were available to be issued. Management concluded that no material subsequent events have occurred since December 31, 2024 that require recognition or disclosure in these financial statements.

## **SUPPLEMENTAL SCHEDULES**

# SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4a

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the year ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 25,809	\$ 25,809 <sup>(1)</sup>	\$ -	\$ -	\$ -

<sup>(1)</sup> Represents delinquent participant contributions from various off-cycle payroll dates in 2024. The Company remitted the delinquent participant contributions to the Plan on various dates in 2024 and 2025. The lost earnings are in the process of being remitted to the Plan.

# SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4i

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2024

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value
*	SAGIC Diversified Bond II	Guaranteed contract	\$ 17,120,539 **
	Vanguard Target Retirement 2055 Fund	Mutual fund	\$ 214,254,732
	Vanguard Target Retirement 2050 Fund	Mutual fund	\$ 192,080,013
	Fidelity 500 Index Fund	Mutual fund	\$ 164,546,476
	Vanguard Target Retirement 2045 Fund	Mutual fund	\$ 134,694,642
	Vanguard Target Retirement 2060 Fund	Mutual fund	\$ 123,725,159
	Vanguard Target Retirement 2040 Fund	Mutual fund	\$ 93,632,479
	Vanguard Target Retirement 2035 Fund	Mutual fund	\$ 72,963,475
	Fidelity Total Market Index Fund	Mutual fund	\$ 65,398,417
	JP Morgan Large Cap Growth Fund	Mutual fund	\$ 56,578,899
	Vanguard Target Retirement 2030 Fund	Mutual fund	\$ 36,052,378
	Vanguard Target Retirement 2065 Fund	Mutual fund	\$ 25,632,241
	Fidelity Total Institutional Index Fund	Mutual fund	\$ 19,960,814
	Fidelity Mid Cap Index Fund	Mutual fund	\$ 19,130,860
	Fidelity Small Cap Index Fund	Mutual fund	\$ 18,050,626
	Vanguard FTSE Social Index Fund	Mutual fund	\$ 17,993,438
	Dodge & Cox Stock Fund	Mutual fund	\$ 14,480,116
	Fidelity US Bond Index Fund	Mutual fund	\$ 13,326,495
	Vanguard Target Retirement 2025 Fund	Mutual fund	\$ 12,617,176
	American Funds New Perspective Fund	Mutual fund	\$ 10,882,482
	Vanguard Target Retirement 2070 Fund	Mutual fund	\$ 7,588,875
	DFA US Targeted Value Fund	Mutual fund	\$ 7,336,150
	MassMutual Mid Cap Growth Fund	Mutual fund	\$ 5,606,986
	BlackRock High Yield Bond Fund	Mutual fund	\$ 5,509,661
	Cohen & Steers Real Estate Fund	Mutual fund	\$ 5,337,998
	PGIM Total Return	Mutual fund	\$ 5,014,210
	Invesco Gold & Special Minerals Fund	Mutual fund	\$ 4,613,828
	Allspring Special Mid Cap Value Fund	Mutual fund	\$ 4,514,529
	American Funds New World R6	Mutual fund	\$ 4,509,581
	PIMCO Real Return Fund	Mutual fund	\$ 4,000,940
	American Funds EuroPacific Gr Fund	Mutual fund	\$ 3,739,220
	Janus Henderson Triton Fund	Mutual fund	\$ 3,111,637
	Vanguard Target Retirement 2020 Fund	Mutual fund	\$ 2,318,259
	Vanguard Target Retirement Income Fund	Mutual fund	\$ 1,924,944
	MassMutual US Govt Money Mkt Fund	Mutual fund	\$ 1,184,453
	Dreyfus Government Cash Mgmt Institutional	Mutual fund	\$ 1,147,638
	JP Morgan Small Cap Growth R6	Mutual fund	\$ 2,565
*	Participant loans	4.25% to 10.50%, with various maturities	\$ 7,875,995

\* Party-in-interest

\*\* At contract value

**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)
Vanguard	23-1945930	001
401Go	46-5737825	001
Paychex Inc	16-1124166	001
Vestwell	81-3062212	001
Justworks Retirement Savings Plan	46-2283648	001
Ascensus	11-3665754	001

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Betterment at Work, LLC	90-0735456	001
Guideline, Inc	13-2670985	001
Charles Schwab	94-3106735	001
Transamerica Retirement Solutions, LLC	13-3689044	001
Insperity Retirement Services	76-0178498	001
Slavic 401(k)	11-2433592	001

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

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

# SEQUOIA ONE 401(k) PLAN

EIN: 46-4716239

Plan Number 001

Schedule H, Line 4i

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
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\*\* At contract value