

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                  |
| 1a      | Name of plan<br>SOUNDEXCHANGE, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                         |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                      |
| 1c      | Effective date of plan<br>03/01/2007                                                                                                                                                                                                                                                                                                    |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SOUNDEXCHANGE, INC.<br><br>733 10TH STREET NW<br>10TH FL<br>WASHINGTON, DC 20001 |
| 2b      | Employer Identification Number (EIN)<br>76-0742496                                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>202-696-1831                                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>512200                                                                                                                                                                                                                                                                                              |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/08/2026 | ANJULA SINGH                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 302                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 214<br><b>6a(2)</b> 215<br><b>6b</b> 0<br><b>6c</b> 82<br><b>6d</b> 297<br><b>6e</b> 1<br><b>6f</b> 298<br><b>6g(1)</b> 299<br><b>6g(2)</b> 298<br><b>6h</b> 11 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                  |

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

2S 2E 3D 2G 2J 2K 2F 2T

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

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>SOUNDEXCHANGE, INC. 401(K) PLAN                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SOUNDEXCHANGE, INC.                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br>76-0742496                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>THE VANGUARD GROUP, INC.<br><br>23-1945930 |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                               |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                               |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                               |

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

THE VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99 37 64<br>15 52 68<br>50 | NONE                                                                                              | 28924                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                                   |                                                                                                      |
| A Name of plan<br>SOUNDEXCHANGE, INC. 401(K) PLAN                                                                                                                                 |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                                                                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SOUNDEXCHANGE, INC.                                                                                              |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>76-0742496                                                 |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                      |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH III I1                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 38-7304119-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 594000  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH II I1                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 38-7304118-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 593702  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND I1                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 38-4116854-515                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2050-C                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 26-1165477-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3092159 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2055-C                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 45-5590883-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7433990 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND INC-CF                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 26-1164871-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339040  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2045-C                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 26-1165449-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3864342 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                      |
| Schedule D (Form 5500) 2025<br>v. 250312                                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                      |

|                                                                                    |                        |                                                                                                             |
|------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2040-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 26-1165392-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5039927 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2035-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 26-1165348-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1881485 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2030-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 26-1165198-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 612088  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2025-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 26-1165154-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373041  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2020-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 26-1165037-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRET PASSIVE BLEND 2060-C |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA          |                        |                                                                                                             |
| <b>c</b> EIN-PN 81-3239155-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49689   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE I1                    |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST                 |                        |                                                                                                             |
| <b>c</b> EIN-PN 38-4139852-630                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND II I1          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST                 |                        |                                                                                                             |
| <b>c</b> EIN-PN 38-4126250-554                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67191   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND CL I1             |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST                 |                        |                                                                                                             |
| <b>c</b> EIN-PN 85-4031707-653                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 366194  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY I1             |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST                 |                        |                                                                                                             |
| <b>c</b> EIN-PN 38-4139853-631                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142081  |

|                                                                                |                        |                                                                                                             |
|--------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND III CL I1 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST             |                        |                                                                                                             |
| <b>c</b> EIN-PN 38-7275327-001                                                 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1618374 |

  

|                                                                           |                        |                                                                                                            |
|---------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL STOCK CIT I1 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST        |                        |                                                                                                            |
| <b>c</b> EIN-PN 82-2436292-342                                            | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120209 |

  

|                                                                       |                        |                                                                                                            |
|-----------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE III I1 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST    |                        |                                                                                                            |
| <b>c</b> EIN-PN 38-7289865-001                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 766277 |

  

|                                                                     |                        |                                                                                                            |
|---------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE CIT 2W |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST  |                        |                                                                                                            |
| <b>c</b> EIN-PN 38-4139822-616                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892230 |

  

|                                                                          |                        |                                                                                                          |
|--------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND LP |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST       |                        |                                                                                                          |
| <b>c</b> EIN-PN 38-4097323-471                                           | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4040 |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>SOUNDEXCHANGE, INC. 401(K) PLAN                             | B Three-digit plan number (PN) ▶<br>001              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SOUNDEXCHANGE, INC. | D Employer Identification Number (EIN)<br>76-0742496 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 352045                | 343358          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 22264130              | 27850059        |
| <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>                 | 9935885               | 13727194        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 32552060              | 41920611        |

**Liabilities**

|                                                                            |           |  |  |
|----------------------------------------------------------------------------|-----------|--|--|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                            |           |          |          |
|------------------------------------------------------------|-----------|----------|----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 32552060 | 41920611 |
|------------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                               |                 | (a) Amount | (b) Total |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 1514579    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> | 2352738    |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> | 522818     |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 4390135   |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> | 29417      |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 29417     |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 223669     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 223669    |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 4092107   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1702483   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 10437811  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 1040336 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 1040336 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 28924   |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 28924   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 1069260 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 9368551 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**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"/> |         |
| <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 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 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 checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 2000000 |
| <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 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 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 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"/> |                                     |         |
| <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 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 checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <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 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.                                                                                                                        |                                     |                                     |         |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SOUNDEXCHANGE, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SOUNDEXCHANGE, INC.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>76-0742496                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 45-0404698                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: \_\_\_\_\_

## **Part VII IRS Compliance Questions**

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A.

# **SoundExchange, Inc. 401(k) Plan**

**Financial Statements  
and ERISA-Required Supplemental Schedule  
As of December 31, 2025 and 2024  
and for the Year Ended December 31, 2025**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee



## **SoundExchange, Inc. 401(k) Plan**

---

Financial Statements and ERISA-Required Supplemental Schedule  
As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

# SoundExchange, Inc. 401(k) Plan

## Contents

---

|                              |     |
|------------------------------|-----|
| Independent Auditor's Report | 3-6 |
|------------------------------|-----|

### Financial Statements

|                                                                                     |   |
|-------------------------------------------------------------------------------------|---|
| Statements of Net Assets Available for Benefits<br>as of December 31, 2025 and 2024 | 8 |
|-------------------------------------------------------------------------------------|---|

|                                                                                                   |   |
|---------------------------------------------------------------------------------------------------|---|
| Statement of Changes in Net Assets Available for Benefits<br>for the Year Ended December 31, 2025 | 9 |
|---------------------------------------------------------------------------------------------------|---|

|                               |       |
|-------------------------------|-------|
| Notes to Financial Statements | 10-17 |
|-------------------------------|-------|

### ERISA-Required Supplemental Schedule

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)<br>as of December 31, 2025 | 19 |
|-------------------------------------------------------------------------------------------|----|

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



## Independent Auditor's Report

To the Plan Administrator  
SoundExchange, Inc. 401(k) Plan  
Washington, D.C

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

We have performed audits of the financial statements of SoundExchange, Inc. 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the 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 a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

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

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



### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

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



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 GAAP.

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

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

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

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to



the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

August 14, 2026

## Financial Statements

---

## SoundExchange, Inc. 401(k) Plan

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2025</b>          | <b>2024</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments, at fair value:              |                      |                      |
| Mutual funds                             | \$ 13,727,194        | \$ 9,935,885         |
| Common/collective trust                  | 27,850,059           | 22,264,130           |
| <b>Total Investments, at fair value</b>  | <b>41,577,253</b>    | <b>32,200,015</b>    |
| Notes receivable from participants       | 343,358              | 352,045              |
| <b>Net Assets Available for Benefits</b> | <b>\$ 41,920,611</b> | <b>\$ 32,552,060</b> |

*See accompanying notes to financial statements.*

## SoundExchange, Inc. 401(k) Plan

### Statement of Changes in Net Assets Available for Benefits

*Year ended December 31, 2025*

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| <b>Additions</b>                                            |                      |
| Net appreciation in fair value of investments               | \$ 5,794,590         |
| Interest and dividends                                      | 223,669              |
| <b>Total Investment Income, Net</b>                         | <b>6,018,259</b>     |
| Interest income on notes receivable from participants       | 29,417               |
| Contributions:                                              |                      |
| Participants                                                | 2,352,738            |
| Employer                                                    | 1,514,579            |
| Rollovers                                                   | 522,818              |
| <b>Total Contributions</b>                                  | <b>4,390,135</b>     |
| <b>Total Additions</b>                                      | <b>10,437,811</b>    |
| <b>Deductions</b>                                           |                      |
| Benefits paid to participants                               | 1,040,336            |
| Administrative expenses                                     | 28,924               |
| <b>Total Deductions</b>                                     | <b>1,069,260</b>     |
| <b>Net Increase</b>                                         | <b>9,368,551</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b> | <b>32,552,060</b>    |
| <b>Net Assets Available for Benefits, end of year</b>       | <b>\$ 41,920,611</b> |

*See accompanying notes to financial statements.*

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

### 1. Description of the Plan

The following description of the SoundExchange, Inc. 401(k) Plan (the Plan) is provided for general information only. Participants should refer to the Plan document and any amendment thereto for a more complete description of the Plan's provisions.

#### *General*

The Plan is a 401(k) defined contribution plan established effective March 1, 2007. The Plan was amended, effective January 1, 2014, by SoundExchange, Inc. (the Organization, Employer, Plan Sponsor and Plan Administrator) under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes qualified cash or deferred arrangements as described in Section 401(k) of the IRC for the benefit of eligible employees of the Organization. The Plan was amended, effective January 1, 2017, to redefine compensation. The Plan was amended in 2019, to redefine compensation, update eligibility to participate, and certain other Plan features. Effective August 1, 2019, the Plan was amended to redefine eligibility. The Plan was amended, effective May 1, 2025, to add in-plan Roth Rollover. The IRS mandates that Defined Contribution Plans adhere to a Cycle 3 Restatement every six years. The restatement process involves moving to an updated document which encapsulates statutory and regulatory changes over the previous six years. Effective January 1, 2021, the Plan was restated into the Cycle 3 Document. Concurrent with the restatement, the Plan adopted an early retirement age of 55 with five years of vested service and was amended to only allow rollover contributions once an employee becomes a participant in the Plan in addition to other minor changes. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Trustee (Custodian) and Administration of the Plan*

Under the terms of a trust agreement between Ascensus Trust Company, as trustee for the Plan, and the Employer, the trustee manages a trust on behalf of the Plan. The trustee maintains custody of the Plan assets and executes investment transactions pursuant to guidelines established by the Plan's management. Ascensus, Inc., the parent company of the trustee, serves as the record-keeper for the Plan. The Plan and 401k Committee are responsible for oversight of the Plan. The Plan and 401k Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

#### *Eligibility*

Employees of the Organization are eligible to participate on the first day of the month after 90 days of service with the Organization, if the employee is scheduled to work 1,000 hours in the 12-month period beginning with the hire date and is 21 years of age. Employees of the Organization are considered eligible for participation, except for: (1) a member of a union collective bargaining unit whose exclusion from coverage under this Plan was part of the union's negotiated agreement; (2) a leased employee; (3) an independent contractor or non-employee; and (4) intern.

#### *Investment Elections*

Each participant may direct their account balance into one or more of the various investment options offered by the Plan. Allocations must be in increments of 1% of each contribution or a specific dollar amount. A participant may change such allocation and may transfer all or a portion of the value of their account among the fund options at any time.

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

### ***Contributions***

Contributions are recognized in the period related to the participant's service or compensation.

Participants may make voluntary contributions to the Plan. A participant's maximum annual pretax contribution is limited to the Internal Revenue Service (IRS) cap of \$23,500 in 2025. Participants who have reached the age of 50 before the end of the Plan year are eligible to make catch up contributions of \$7,500 in 2025. Participants may also contribute amounts representing rollovers from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The terms of the Plan include Roth contributions funded with after-tax amounts up to the Plan's contribution limit.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions invested in the plan's target date fund that most closely matches a participant's anticipated retirement date. The Plan Administrator will not automatically increase the percentage of automatic enrollment deferral contributions.

Employer matching contributions are equal to 50% of total participant contributions, up to 4% of the participant's eligible earnings contributed as an elective deferral. These contributions are subject to the matching contribution vesting schedule. The Organization's contributions are invested as directed by the participant.

In addition, the Organization makes a 3% safe harbor 401(k) nonelective contribution to the Plan, on behalf of each employee. These contributions are fully vested at all times and cannot be forfeited.

The Organization may make a qualified nonelective contribution (QNEC) to the Plan to satisfy special nondiscrimination rules that apply to the Plan. There were no QNEC contributions in 2025.

The Organization may make a profit-sharing contribution to the Plan, at its discretion, in amounts determined each year. The Organization did not make a profit-sharing contribution in 2025.

### ***Vesting***

Participants are 100% vested in their salary deferrals, rollover contributions, QNEC contributions and the Organization's safe harbor contributions and the allocated earnings thereon. Participants vest in Employer matching contributions and profit-sharing contributions in accordance with the following schedule:

| Vesting Service (Years) | Vesting Percentage (%) |
|-------------------------|------------------------|
| Less than 2             | -                      |
| 2                       | 33                     |
| 3                       | 67                     |
| 4                       | 100                    |

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

Participants must work 1,000 hours during each Plan year to earn one year of vesting service. In the case of reaching normal retirement age, Plan termination, death or disability a participant's Plan balance will become 100% vested.

### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, including amounts rolled over from other qualified plans, the Organization's contributions, net investment earnings thereon, and reduced by administrative expenses. The Employer may, at its discretion, pay any or all of the administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Payment of Benefits***

A participant's entire interest in the Plan is payable upon death, attainment of normal retirement age, becoming disabled, as defined, or termination of service. A participant may elect to receive a lump-sum distribution or partial payments of the vested portion the participant's account. Participants may elect to rollover their vested balance to another qualified retirement plan or IRA. Distributions are subject to the applicable provisions of the Plan agreement.

### ***Early Withdrawals***

Under certain conditions, participants, while still employed by the Organization, are permitted to withdraw the employee contribution portion of their account balance if they have reached the age of 59½ or incurred a financial hardship. A financial hardship is defined by the IRS as having incurred an unreimbursed medical expense, the purchase of a principal residence, the payment of postsecondary education tuition, funeral expenses for a parent, spouse, or dependents, payments to repair principal residence qualifying as a casualty loss or the prevention of eviction from or foreclosure on a principal residence, disaster-related expenses of participants who live in a federally declared disaster area. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of the hardship withdrawal; however, for distributions that are made on or after January 1, 2020, a participant's right to make a deferral to the Plan will not be suspended for any period of time due to the receipt of a hardship distribution.

### ***Forfeitures***

Forfeitures of the non-vested portion of the Plan balance resulting from termination of employment may be used to pay the Plan's administrative expenses or reduce the Organization's future contributions to the Plan.

During 2025, \$12,427 of forfeitures were used to pay the Plan's administrative expenses and \$21,519 of forfeitures were used to reduce employer contributions. The forfeited non-vested account totaled \$0 and \$11,312 as of December 31, 2025 and 2024, respectively.

### ***Notes Receivable from Participants***

Participants are permitted to borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of the vested balance or \$50,000 reduced by the participant's highest outstanding note balance during the 12-month period ending on the date of the note. A note is secured by the balance in the participant's account and bears interest at a rate commensurate with

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

market rates for similar notes, defined as the prime rate plus 1%. The notes bear interest rates that ranged from 4.25% to 9.50%. The notes are repaid ratably through payroll deductions over a period of five years or less, unless used to purchase a principal residence up to 30 (reasonable) years. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the IRC.

A participant may not have more than two loans outstanding at any time.

## 2. Summary of Accounting Policies

### *Basis of Accounting*

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

### *Use of Estimates*

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

### *Investment Valuations and Income Recognition*

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further information related to fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the change in value from one period to the next for 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. Defaulted notes are deemed distributed and recorded as benefits paid to participants in the statements of changes in net assets available for benefits. There were no deemed distributions under the Plan for the year ended December 31, 2025.

### *Payments of Benefits*

Benefit payments to participants are recorded when paid.

### *Plan Administrative Expenses*

The Plan participants pay substantially all administrative expenses associated with the administration of the Plan, which include the investment management fees, loan origination fees, annual loan

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

maintenance fees and any termination or distribution fees. The Organization pays for advisor fees which are excluded from these financial statements.

### 3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Ascensus Trust Company, a qualified institution.

### 4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board ASC 820 are described as follows:

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

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

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

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

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

A financial instrument's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2025 and 2024. The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds* - Mutual funds represent investments with various investment managers. The fair value of these investments is determined by reference to the funds' underlying assets, which are

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

principally marketable securities and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at net asset value (NAV).

*Common/Collective Trust (CCT)* - The Plan holds shares of a CCT that are composed primarily of indirect investments in fully benefit-responsive investment contracts valued at the NAV of units of the collective trust held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The Fund invests primarily in investment contracts. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. These investment contracts are direct filing entities.

There are several risks specific to investment contracts. One of the primary risks involved is credit risk to the contract issuer. Secondly, liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates may be fixed with these products.

The following tables set forth the Plan's investments at fair value:

### ***December 31, 2025***

|                                         | Level 1       | Level 2 | Level 3 | Total                |
|-----------------------------------------|---------------|---------|---------|----------------------|
| Mutual funds                            | \$ 13,727,194 | \$ -    | \$ -    | \$ 13,727,194        |
| Investments, measured at NAV            |               |         |         | 27,850,059           |
| <b>Total Investments, at fair value</b> |               |         |         | <b>\$ 41,577,253</b> |

### ***December 31, 2024***

|                                         | Level 1      | Level 2 | Level 3 | Total                |
|-----------------------------------------|--------------|---------|---------|----------------------|
| Mutual funds                            | \$ 9,935,885 | \$ -    | \$ -    | \$ 9,935,885         |
| Investments, measured at NAV            |              |         |         | 22,264,130           |
| <b>Total Investments, at fair value</b> |              |         |         | <b>\$ 32,200,015</b> |

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

### *Investments Measured Using the NAV per Share Practice Expedient*

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for the investment; the redemption notice period is applicable only to the Plan:

December 31,

| Description                    | 2025                 | 2024                 | Unfunded Commitments | Redemption Frequency | Redemption Notice Period   |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|
| <b>Common/Collective Trust</b> |                      |                      |                      |                      |                            |
| SmartRet Passive Blend 2055-CF | \$ 7,433,990         | \$ 5,436,260         | None                 | Daily                | None required              |
| SmartRet Passive Blend 2040-CF | 5,039,927            | 4,097,924            | None                 | Daily                | None required              |
| SmartRet Passive Blend 2045-CF | 3,864,342            | 3,070,906            | None                 | Daily                | None required              |
| SmartRet Passive Blend 2050-CF | 3,092,159            | 2,600,770            | None                 | Daily                | None required              |
| SmartRet Passive Blend 2035-CF | 1,881,485            | 1,413,913            | None                 | Daily                | None required              |
| Large Cap Growth III I1        | 1,618,374            | 1,788,429            | None                 | Daily                | None required              |
| Mid Cap Value CIT 2W           | 892,230              | -                    | None                 | Daily                | None required              |
| Large Cap Value III I1         | 766,277              | 710,538              | None                 | Daily                | None required              |
| SmartRet Passive Blend 2030-CF | 612,088              | 507,333              | None                 | Daily                | None required              |
| Small Cap Growth III I1        | 594,000              | 409,457              | None                 | Daily                | None required              |
| Mid Cap Growth II I1           | 593,702              | 426,202              | None                 | Daily                | None required              |
| SmartRet Passive Blend 2025-CF | 373,041              | 82,655               | None                 | Daily                | None required              |
| Stable Value Fund CL I1        | 366,194              | 343,116              | None                 | Daily                | Up to 12 months            |
| SmartRet Passive Blend Inc-CF  | 339,040              | 103,236              | None                 | Daily                | None required              |
| International Equity I1        | 142,081              | 168,334              | None                 | Daily                | None required              |
| International Stock CIT I1     | 120,209              | 104                  | None                 | Daily                | None required              |
| Small Cap Value Fund II I1     | 67,191               | 142,988              | None                 | Daily                | None required              |
| SmartRet Passive Blend 2060-CF | 49,689               | 17,951               | None                 | Daily                | None required              |
| PGIM Total Return Bond LP      | 4,040                | -                    | None                 | Daily                | None required              |
| Mid Cap Value I1               | -                    | 789,388              | None                 | Daily                | None required              |
| SmartRet Passive Blend 2020-CF | -                    | 151,188              | None                 | Daily                | None required              |
| Core Plus Bond I1              | -                    | 3,438                | None                 | Daily                | Up to 5 days excess of 10% |
| <b>Total</b>                   | <b>\$ 27,850,059</b> | <b>\$ 22,264,130</b> |                      |                      |                            |

Participant transactions (purchases and sales) are processed daily, or as applicable, by the Fund at fair value and are considered as made immediately after the daily valuation.

Participant withdrawals from the Fund for benefit payments and participation transfers to noncompeting options to be paid to Plan participants shall be made within 30 days after written notification has been received and are considered as made immediately after the next valuation date subsequent to the trustee's approval. Withdrawals, other than for benefit payments and participation transfers to noncompeting options, require a 12 month advance written notice.

### 5. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Vanguard. Ascensus, Inc. acts as the record-keeper of the Plan and Ascensus Trust Company acts as the trustee of the Plan. Transactions with Vanguard, the record-keeper and trustee qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. The plan paid \$28,924 in fees to related parties for the year

# SoundExchange, Inc. 401(k) Plan

## Notes to Financial Statements

---

ended December 31, 2025. Notes receivable from participants also qualify as exempt party-in-interest transactions.

### 6. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would remain 100% vested in their salary deferrals, rollovers, QNEC, and the Organization's safe harbor contributions and become 100% vested in the Employer matching and profit-sharing contributions.

### 7. Tax Status

As of December 31, 2025 and 2024, the assets were held in trust by Ascensus Trust Company. The IRS ruled on March 31, 2014, that the Non-Standard Prototype Plan (the prototype plan of Ascensus Trust Company for Employee Benefit Plans upon which the Plan is based) qualifies under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. For the Plan year 2020, the March 31, 2014 prototype plan opinion letter has been relied upon by this Plan. Effective January 1, 2021, the Plan adopted the Ascensus Pre-Approved Defined Contribution Plan (Pre-Approved Plan). The IRS ruled on June 30, 2020, that the Pre-Approved Plan, including related amendments, as designed, was in compliance with the applicable requirements of the IRC. The Plan Administrator believes the Plan is being operated in compliance with the applicable provisions of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

### 8. Risks and Uncertainties

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

### 9. Subsequent Events

The Plan Administrator evaluated all subsequent events and transactions through August 14, 2026, the date the financial statements were available to be issued.

## **ERISA-Required Supplemental Schedule**

---

# SoundExchange, Inc. 401(k) Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 76-0742496 Plan Number: 001

December 31, 2025

| (a) | (b)                                                       | (c)                                                                                                              | (d)    | (e)           |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------|---------------|
|     | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost** | Current Value |
|     | <b>Mutual Funds</b>                                       |                                                                                                                  |        |               |
| *   | Vanguard                                                  | 500 Index Adm                                                                                                    |        | \$ 7,918,224  |
|     | American Funds                                            | New Perspective R6                                                                                               |        | 1,282,134     |
| *   | Vanguard                                                  | Mid Cap Index Adm                                                                                                |        | 1,006,297     |
| *   | Vanguard                                                  | Total Intl Stock Index Adm                                                                                       |        | 809,882       |
| *   | Vanguard                                                  | Small-Cap Index Adm                                                                                              |        | 577,917       |
| *   | Vanguard                                                  | Total Bond Market Index Adm                                                                                      |        | 442,522       |
|     | BlackRock                                                 | High Yield Portfolio K                                                                                           |        | 382,997       |
|     | Calvert                                                   | Bond Fund R6                                                                                                     |        | 296,434       |
|     | Calvert                                                   | U.S. Large Cap Core Resp Ind R6                                                                                  |        | 280,405       |
|     | American Funds                                            | New World R6                                                                                                     |        | 261,754       |
|     | Columbia                                                  | Strategic Income I3                                                                                              |        | 204,443       |
| *   | Vanguard                                                  | Interim-Term Treasury Adm                                                                                        |        | 147,711       |
|     | Alliance Bernstein                                        | Global Bond Z                                                                                                    |        | 83,090        |
|     | Nuveen                                                    | Nuveen International Resp Equity R6                                                                              |        | 33,384        |
|     | <b>Common Collective Trust</b>                            |                                                                                                                  |        |               |
|     | JPMCB                                                     | SmartRet Passive Blend 2055-CF                                                                                   |        | 7,433,990     |
|     | JPMCB                                                     | SmartRet Passive Blend 2040-CF                                                                                   |        | 5,039,927     |
|     | JPMCB                                                     | SmartRet Passive Blend 2045-CF                                                                                   |        | 3,864,342     |
|     | JPMCB                                                     | SmartRet Passive Blend 2050-CF                                                                                   |        | 3,092,159     |
|     | JPMCB                                                     | SmartRet Passive Blend 2035-CF                                                                                   |        | 1,881,485     |
|     | Great Gray Collective Investment Trust                    | Large Cap Growth Fund III CL I1                                                                                  |        | 1,618,374     |
|     | MFS                                                       | MFS Mid Cap Value CIT 2W                                                                                         |        | 892,230       |
|     | Great Gray Collective Investment Trust                    | Large Cap Value III I1                                                                                           |        | 766,277       |
|     | JPMCB                                                     | SmartRet Passive Blend 2030-CF                                                                                   |        | 612,088       |
|     | Great Gray Collective Investment Trust                    | Small Cap Growth III I1                                                                                          |        | 594,000       |
|     | Great Gray Collective Investment Trust                    | Mid Cap Growth II I1                                                                                             |        | 593,702       |
|     | JPMCB                                                     | SmartRet Passive Blend 2025-CF                                                                                   |        | 373,041       |
|     | Great Gray Collective Investment Trust                    | Stable Value Fund CL I1                                                                                          |        | 366,194       |
|     | JPMCB                                                     | SmartRet Passive Blend Inc-CF                                                                                    |        | 339,040       |
|     | Great Gray Collective Investment Trust                    | International Equity I1                                                                                          |        | 142,081       |
|     | Great Gray Collective Investment Trust                    | International Stock CIT I1                                                                                       |        | 120,209       |
|     | Great Gray Collective Investment Trust                    | Small Cap Value II I1                                                                                            |        | 67,191        |
|     | JPMCB                                                     | SmartRet Passive Blend 2060-CF                                                                                   |        | 49,689        |
|     | PGIM                                                      | PGIM Total Return Bond LP                                                                                        |        | 4,040         |
|     | <b>Total Investments, per financial statements</b>        |                                                                                                                  |        | 41,577,253    |
| *   | <b>Participant Loans</b>                                  | Interest rates ranging from 4.25% to 9.50%                                                                       | -      | 343,358       |
|     | <b>Total Investments, per Form 5500</b>                   |                                                                                                                  |        | \$41,920,611  |

\* Denotes a party-in-interest as defined by ERISA.

\*\*The cost of participant-directed investments is not required to be disclosed.

**Attachment to 2025 Form 5500**

**Assets Held at Year End**

|                          |                                 |
|--------------------------|---------------------------------|
| <b>Plan Name</b>         | SOUNDEXCHANGE, INC. 401(K) PLAN |
| <b>Plan Sponsor Name</b> | SOUNDEXCHANGE, INC.             |
| <b>EIN</b>               | 76-0742496                      |
| <b>PN</b>                | 001                             |

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Columbia                                                  | Columbia Strategic Income I3                                                                                | 0        | 204,443           |
|     | American Funds                                            | American Funds New Perspective R6                                                                           | 0        | 1,282,134         |
|     | American Funds                                            | American Funds New World R6                                                                                 | 0        | 261,754           |
| *   | VANGUARD                                                  | Vanguard Total Bond Market Index Adm                                                                        | 0        | 442,522           |
| *   | VANGUARD                                                  | Vanguard 500 Index Adm                                                                                      | 0        | 7,918,224         |
| *   | VANGUARD                                                  | Vanguard Mid Cap Index Adm                                                                                  | 0        | 1,006,297         |
| *   | VANGUARD                                                  | Vanguard Small-Cap Index Adm                                                                                | 0        | 577,917           |
| *   | VANGUARD                                                  | Vanguard Total Intl Stock Index Adm                                                                         | 0        | 809,882           |
|     | Alliance Bernstein                                        | AB Global Bond Z                                                                                            | 0        | 83,090            |
|     | BlackRock                                                 | BlackRock High Yield Portfolio K                                                                            | 0        | 382,997           |
|     | Vanguard                                                  | Vanguard Interm-Term Treasury Adm                                                                           | 0        | 147,711           |
|     | Small Cap                                                 | Small Cap Growth III I1                                                                                     | 0        | 594,000           |
|     | Mid Cap                                                   | Mid Cap Growth II I1                                                                                        | 0        | 593,702           |
|     | PGIM                                                      | PGIM Total Return Bond LP                                                                                   | 0        | 4,039             |
|     | MFS                                                       | MFS Mid Cap Value 2W                                                                                        | 0        | 892,230           |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2050-CF                                                                        | 0        | 3,092,159         |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2055-CF                                                                        | 0        | 7,433,990         |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend Inc-CF                                                                         | 0        | 339,040           |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2045-CF                                                                        | 0        | 3,864,342         |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2040-CF                                                                        | 0        | 5,039,927         |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2035-CF                                                                        | 0        | 1,881,485         |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2030-CF                                                                        | 0        | 612,088           |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2025-CF                                                                        | 0        | 373,041           |
|     | JPMCB                                                     | JPMCB SmartRet Passive Blend 2060-CF                                                                        | 0        | 49,689            |
|     | Calvert                                                   | Calvert Bond Fund R6                                                                                        | 0        | 296,434           |
|     | Calvert                                                   | Calvert US Large Cap Core Resp Ind R6                                                                       | 0        | 280,405           |
|     | Small Cap                                                 | Small Cap Value II I1                                                                                       | 0        | 67,191            |
|     | Stable Value                                              | Stable Value Fund I1                                                                                        | 0        | 366,194           |
|     | International                                             | International Equity I1                                                                                     | 0        | 142,081           |
|     | Large Cap                                                 | Large Cap Growth III I1                                                                                     | 0        | 1,618,374         |
|     | International                                             | International Stock CIT I1                                                                                  | 0        | 120,209           |
|     | Large Cap                                                 | Large Cap Value III I1                                                                                      | 0        | 766,277           |
|     | Nuveen                                                    | Nuveen International Resp Equity R6                                                                         | 0        | 33,384            |
|     | Participant's Loan Account                                | Various Rates and Maturities                                                                                | 0        | 343,358           |