Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SEQUOIA ONE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SEQUOIA ONE PEO, LLC

1033 W. ROOSEVELT WAY
3RD FLOOR
TEMPE, AZ 85288

2b Employer Identification Number (EIN)
46-4716239

2c Plan Sponsor's telephone number
650-369-0200

2d Business code (see instructions)
524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	PLAN SPONSOR
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

SEQUOIA ONE 401(K) PLAN COMMITTEE

1033 W. ROOSEVELT WAY
3RD FLOOR
TEMPE, AZ 85288

3b Administrator's EIN
46-4716239

3c Administrator's telephone number
650-369-0200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	47034
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	32912
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	33243
b	Retired or separated participants receiving benefits	**6b**	232
c	Other retired or separated participants entitled to future benefits	**6c**	12057
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	45532
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	45545
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	20083
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	37080
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	280
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [X] **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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
SEQUOIA ONE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUOIA ONE PEO, LLC

D Employer Identification Number (EIN)
46-4716239

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	899251	5988	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	18974009
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	16486292
c	Additions: (1) Contributions deposited during the year	7c(1)	1856095		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	887638		
	(4) Transferred from separate account	7c(4)	10656123		
	(5) Other (specify below)	7c(5)	392520		
	▶ LOAN REPAYMENT(S), FORFEITURES				
	(6)Total additions			7c(6)	13792376
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	30278668
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4160202		
	(2) Administration charge made by carrier	7e(2)	9224		
	(3) Transferred to separate account	7e(3)	7135233		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	11304659
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18974009

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
SEQUOIA ONE 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SEQUOIA ONE PEO, LLC	46-4716239	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2421534	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BPM LLP

ONE CALIFORNIA ST
STE 2500
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	50400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: BPM LLP
b EIN: 81-4234542
c Position: ACCOUNTANT
d Address: ONE CALIFORNIA ST STE 2500
SAN FRANCISCO, CA 94111
e Telephone: 925-296-1040

Explanation: ELECTED A NEW INDEPENDENT AUDIT FIRM. MADE FOR BUSINESS REASONS. THERE WERE NO DISAGREEMENTS WITH THE PRIOR ACCOUNTANT ON ANY MATTER RELATING TO ACCOUNTING PRINCIPLES OR PRACTICES, FINANCIAL STATEMENT DISCLOSURE, OR AUDITING SCOPE OR PROCEDURE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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
SEQUOIA ONE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUOIA ONE PEO, LLC

D Employer Identification Number (EIN)
46-4716239

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
SEQUOIA ONE PEO, LLC	PLAN SPONSOR	USE OF $8,838 PLAN ASSETS TO PAY SETTLOR EXPENSE. TRANSACTION CORRECTED BY PAYMENT IN 2026.	0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	8838	0	0	0

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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
SEQUOIA ONE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUOIA ONE PEO, LLC

D Employer Identification Number (EIN)
46-4716239

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	7875995	9620846
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1373462392	1949651554
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17120539	18974009
(15) Other	1c(15)	0	271173

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	1398458926	1978517582
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1398458926	1978517582

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	74676343	
(B) Participants	2a(1)(B)	314499385	
(C) Others (including rollovers)	2a(1)(C)	106404508	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		495580236
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	639966	
(F) Other	2b(1)(F)	799482	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1439448
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	50472671	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		50472671
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		252241908
c Other income	2c		21392
d Total income. Add all **income** amounts in column (b) and enter total	2d		799755655
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	252800405	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		252800405
f Corrective distributions (see instructions)	2f		1105096
g Certain deemed distributions of participant loans (see instructions)	2g		443364
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	2421534	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	50400	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2471934
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		256820799
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		542934856
l Transfers of assets:			
(1) To this plan	2l(1)		171313613
(2) From this plan	2l(2)		134189813

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) [X] 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) [X] 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: FRANK, RIMERMAN + CO. LLP **(2)** EIN: 94-1341042

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**	X		47416
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**	X		8838
e	Was this plan covered by a fidelity bond? **4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ADP RETIREMENT SERVICES	22-3237057	001
ASCENSUS TRUST COMPANY	11-3665754	001
BANK OF AMERICA, N.A.	94-1687665	001
CHARLES SCHWAB & CO., INC.	94-1737782	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
EMPOWER TRUST COMPANY, LLC	84-1455663	001
FIDELITY MANAGEMENT TRUST COMPANY	04-6568107	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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
SEQUOIA ONE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SEQUOIA ONE PEO, LLC

D Employer Identification Number (EIN)
46-4716239

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1 0

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

EIN(s): 20-3691708

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 04 / 07 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q703120A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**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 SEQUOIA ONE 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SEQUOIA ONE 401(K) PLAN COMMITTEE	**D** Administrator's EIN 46-4716239

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
010118 MANAGEMENT, LP (DBA 01 ADVISORS)	84-2672047	0.17	1702141
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
11 11 BEAUTY LLC	99-1641318	0.01	157856

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
11 11 MEDIA, LLC	85-3830851	0.03	370097
1TOUCH.IO, INC.	83-1539234	0.01	43486
23RD STREET BERK, LLC DBA BERK	47-4958762	0.04	1935800
776 FOUNDATION	87-4537467	0.00	101769
776 MANAGEMENT, LLC	85-2968310	0.04	1187530
AA VISIONBRIDGE HOLDINGS, L.P.	88-4303194	0.00	23955
ABSTRACT SECURITY INC	92-2351731	0.01	55682
ABUNDANCE NETWORK	87-1713412	0.03	460108
ACCORDION TECHNOLOGIES CORP.	85-3257039	0.05	740050

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACHIRA, INC.	99-3866076	0.07	608253
ACROLINX NORTH AMERICA, INC.	20-4292117	0.21	4618181
ACROSS AI, INC.	99-2089804	0.01	59321
ACTIONIQ, INC.	47-1110995	0.01	92
ACTUAL SYSTEMS, INC.	83-3340283	0.02	856060
ADA HEALTH INC	56-2399046	0.07	888480
ADENTRO, INC.	45-4101834	0.02	1804920
ADFORM INC.	46-4447149	0.09	1089045
ADVANCED NANOTHERAPIES INC.	83-2181071	0.02	141871

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANTAGE RETIREMENT SOLUTIONS, LLC	85-3430462	0.05	1191964
AETION, INC.	46-1291862	0.70	24781627
AFO MANAGEMENT COMPANY LLC	61-2182599	0.00	33391
AGORA ATLAS CORP	93-3979874	0.04	407482
AGORA LAB, INC.	46-4707999	0.08	5677112
AGORIC SYSTEMS OPERATING COMPANY	82-5206977	0.13	2714361
AGRIPPA INDUSTRIES INC	99-3788404	0.02	131405
AIDENAI INC	92-3782099	0.16	1605857
AIR LABS, INC.	81-4937009	0.12	2102829

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIR SPACE INTELLIGENCE, INC.	30-0997865	0.23	1997771
AIRBORNE SNOW OBSERVATORIES, I	84-2295226	0.18	3131768
AIRWALLEX US, LLC	37-1913769	0.56	7841556
AKAYSHA ENERGY US	93-2155898	0.06	1184355
AKEANA USA INC.	86-1978073	0.24	4679670
AKUITY, INC.	86-4003446	0.08	1352276
ALCEDIS INC	32-0808000	0.00	8112
ALDEN HEALTH, INC.	85-2134721	0.00	321927
ALERTCALM, INC.	88-2674861	0.04	158500

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEX MACK INC (DBA COMPOUND)	83-2736001	0.00	60815
ALIF SEMICONDUCTOR USA INC. (D	83-3173368	0.32	7273865
ALIGNED IMAGING, LLC	83-3371280	0.13	2385150
ALKYMI INC.	81-5212729	0.10	2760342
ALL INSPIRE HEALTH INC. DBA INSPIREN	81-2464194	0.17	1185177
ALLSTAR GAMING INC	84-4488561	0.06	442518
ALLSTRIPES RESEARCH INC.	35-2611177	0.00	1643173
ALOGISTICO, LLC	92-2683077	0.00	66584
ALSO, INC.	33-1485545	0.48	3843673

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTITUDE NETWORKS, INC.	82-5256892	0.00	9517
AMAGI CORPORATION	47-3625288	0.27	0
AMAGI MEDIA LLC	92-0945987	0.00	4
AMPLE, INC.	47-2514015	0.36	7937485
ANETAC, INC	92-1550028	0.06	556890
ANROK INC.	85-3719725	0.31	2900427
ANTIKYTHERA	88-2621595	0.00	94965
ANUTTACON LLC	93-4133204	0.14	0
ANYROAD INC	45-4723461	0.08	3376657

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANZA SERVICES LLC	93-4635049	0.13	912315
AP CADMA HOLDINGS, L.P.	92-1294428	0.08	1272322
AP CLIMATE YIELDCO, L.P.	92-1726209	0.16	1589194
APIARY	48-1308980	0.00	10565
APIS POINT ENERGY INC	99-4750281	0.00	2170
APOLLO ENTERPRISE STRATEGIES, LP	33-2507918	0.05	469240
APPIFY SYSTEMS, INC	82-0833835	0.00	16945
APPLATIX	47-4082294	0.00	190907
APTIVIO INC	82-5500309	0.00	39131

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARABLE LABS, INC.	47-2172698	0.06	2382195
ARASTRADERO RESEARCH INSTITUTE	87-1920284	0.75	8109941
ARENA INTELLIGENCE INC	33-2221290	0.05	327260
ARIZE AI, INC.	84-4221839	0.39	7271066
ARK BIOTECH INC.	87-2023914	0.05	869881
ARMADIN INC	39-3819814	0.00	617422
ARQUILA USA LLC	92-1010707	0.02	387492
ART PROCESSORS INC	47-2384993	0.03	578649
ARTA FINANCE, INC.	87-1608433	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTHUR AI, INC.	32-0573447	0.08	2381419
ARTYMIS HOLDINGS, LLC	92-1589937	0.02	162908
ASTRIX SECURITY, INC.	88-3078642	0.16	1195448
ASTRONOMY DATA PROCESSING	88-1369294	0.03	234659
ATLAN INC.	35-2688566	0.35	4660445
ATLANTIC FOOD WASTE PARTNERS, LLC DBA CHOCO	32-0612925	0.06	1302040
ATLAS AI PBC	82-5055948	0.01	708093
ATLASVISION	33-2809778	0.01	63282
ATOM TECH	86-1806695	0.02	381568

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATOMIC AI, INC	87-0920882	0.17	2173239
ATTAINMENT HOLDCO, LLC	83-3246188	0.81	14768610
ATTICUS LABS	81-5388935	0.29	4616334
ATTICUS LAW, P.C	82-5110416	0.06	1047170
ATTIO INC	36-5060331	0.02	607378
AURASELLAI INC	99-3126782	0.05	218422
AURORA SOLAR, INC.	46-3517853	0.00	17338
AUTERION GOVERNMENT SOLUTIONS,	83-3920523	0.03	0
AUTERION, INC.	83-3920523	0.05	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTHID INC.	46-2069547	0.16	1444189
AVA LABS, INC.	83-1794398	0.44	8073275
AVAG1 401(K) PLAN	88-2746881	0.02	408561
AVEGANT CORPORATION 401(K) PLA	46-1059906	0.17	5644469
AVIVE SOLUTIONS, INC.	82-1022669	0.43	6902368
AWAKE SECURITY, INC. 401(K) PLAN	47-1514539	0.00	22318
AXIAL NETWORKS, INC.	83-1890769	0.12	3512650
AXIOM, INC.	36-4847021	0.04	511530
AXOMIC, INC.	27-2593112	0.10	2332400

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AYR, INC.	81-1078022	0.09	1880529
AZRA GAMES INC	87-4562329	0.14	1083840
AZUGA, INC.	45-5498486	0.00	839107
BACKFLIP AI INC	92-1775784	0.04	277385
BACKFLIP HOUSE LLC	85-3706386	0.01	102573
BAEK CLINICAL, INC.	83-1099614	0.00	238160
BANDCAMP	26-1552034	0.00	1501198
BANDIT RUNNING, INC.	87-3036751	0.06	1302470
BANDWIDTH IG LLC	82-1446139	0.07	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BANJO HEALTH	83-4539478	0.06	958719
BANYAN SECURITY, INC.	47-4357489	0.00	1
BASECAMP RESEARCH US	33-2217476	0.06	307013
BASTILLE NETWORKS, INC.	46-5383748	0.25	7265338
BASTION PLATFORMS INC.	92-1241136	0.06	403172
BEAUTIFUL SLIDES, INC.	81-3760969	0.07	1813395
BEDROCK ROBOTICS INC	99-1983088	0.17	1641902
BEDSHE INTERNATIONAL CO LTD	81-3358378	0.03	649512
BEHAVURE AI	33-4619924	0.00	19558

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELLICUM PHARMACEUTICALS, INC.	20-1450200	0.00	1662652
BETABLE	01-0901449	0.00	255133
BETAWORKS VENTURES, LLC	81-2777297	0.01	134575
BETAWORKS ZERO, INC.	83-2696105	0.01	894342
BETTER PLACE FORESTS CO	81-2201855	0.01	1794804
BEYOND 12 EDUCATION, INC.	27-1275246	0.05	1860918
BIGHAT BIOSCIENCES INC	84-3087205	0.47	5552525
BILT PAYMENTS LLC	93-2872417	0.00	81623
BILT TECHNOLOGIES, INC.	84-4372402	0.89	10510172

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILTON TECHNOLOGIES INC.	87-4689499	0.03	271457
BINDERY BOOKS	92-1400018	0.01	124197
BLACK PONY IMMERSIVE	93-4925973	0.01	335671
BLACKTHORN.IO, INC.	47-4813950	0.12	3660035
BLEND FINANCIAL, INC. DBA ORIG	82-4047933	0.06	2521900
BLISK DYNAMICS, INC.	33-3505434	0.00	32251
BLOCKGRAPH LLC	84-4982934	0.23	4995164
BLOCKWORKS INC.	92-2513395	0.15	1744967
BLUE CEDAR NETWORKS, INC.	81-1520397	0.01	2500191

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUEFYN US INC.	87-2843659	0.02	406376
BLUEJAY THERAPEUTICS, INC. 401(K) PLAN	84-4654221	0.14	1204299
BLUES INC	83-2828200	0.04	170480
BOLB INC	47-1600100	0.00	33444
BOND CAPITAL MANAGEMENT LP	83-2575339	0.22	6385731
BONFIRE STUDIOS, INC.	81-1714094	0.26	7496461
BOREALIS BIOSCIENCES INC.	93-3855158	0.03	162047
BRAIN JAR GAMES INC	93-4322404	0.02	736298
BRANDED SERVICECO, LLC	86-1692212	0.00	552532

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAVELY, INC.	82-1362511	0.03	1048246
BREADWALLET LLC (DBA BRD)	47-3530092	0.00	705710
BREEZEML INC.	88-1405867	0.02	146355
BRIDGE IT INC.	82-3136030	0.39	7710020
BRIGHT MACHINES INC.	82-4765973	0.41	9210115
BRIGHTFLOW AI	84-3863392	0.00	0
BRINC DRONES, INC.	83-2465449	0.19	2773705
BRITIVE INC	83-1523694	0.08	1800184
BROKER GENIUS, INC.	81-2100564	0.19	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUILDOPS INC.	83-1822006	0.43	4557526
BUZZER TECHNOLOGIES, INC	84-4545780	0.00	822802
BVF PARTNERS LP	36-3924730	0.10	4955083
C8 HEALTH INC	88-2496784	0.00	117731
CAELUX CORPORATION	46-5734147	0.23	1883664
CALYXO MEDICAL	81-1510524	0.72	9864128
CANDEX SOLUTIONS INC.	45-2805653	0.13	1593096
CANTINA, INC.	27-3331827	0.45	11697040
CANVAS CONSTRUCTION, INC.	46-4677643	0.10	4269462

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAL MARKETS GATEWAY LLC	47-3609849	0.36	9169354
CAPTERIS LLC	92-3552734	0.13	1501129
CAPTURED DIMENSIONS	27-3257846	0.01	117865
CAREMESSAGE, INC.	27-3252911	0.10	3079279
CASEBOOK PBC	35-2612931	0.10	5468922
CATALATE COMMERCE, INC.	85-4288810	0.01	854238
CATHY LABS D.B.A COMPA.AS	81-1067343	0.00	169130
CAUSALY US INC	36-5032366	0.08	772761
CEREBRAL MEDICAL GROUP, P.A.	85-3753458	0.00	98

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEREBROTECH MEDICAL SYSTEMS, I	27-4242665	0.00	0
CERTAIN INC	45-3174346	0.16	10349000
CERTIFIED KERNEL TECH, LLC	82-4634818	0.30	8260944
CHALICE CUSTOM ALGORITHMS	87-4426039	0.09	971511
CHANNABLE INC.	85-1355865	0.03	313406
CHARGELAB INC.	86-1857967	0.02	237996
CHARTER	85-3671214	0.01	662941
CHARTHOP, INC.	37-1880111	0.14	4521965
CHIARO USA, INC. DBA ELVIE	38-4126086	0.00	192579

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CINARRA SYSTEMS, INC.	46-1201035	0.00	30176
CIROOS INC	33-3311062	0.02	108309
CLEANLAB INC.	87-3175378	0.05	0
CLICKHOUSE, INC	87-2142127	0.35	7789880
CLIMATEPARTNER LLC	86-3582662	0.05	842197
CLIMAVERSE PBC	88-1092441	0.00	15813
CLIMAVISION OPERATING LLC	86-2897875	0.18	2963951
CLOCKWORK SYSTEMS, INC.	83-1123653	0.10	1674181
CLOUD APPS MANAGEMENT LLC	46-3718728	0.00	155611

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOUDBEES, INC.	46-0524790	0.00	83445
CLOUDINARY, INC.	35-2526409	0.64	19101561
CLOVERS, AI INC	85-4112965	0.00	387539
COBALT INVESTMENT MANAGEMENT LLC	83-2156621	0.02	1676291
CODEFRESH	47-2114231	0.08	2668216
COGITO GOVERNMENT SOLUTIONS LLC	92-1382264	0.00	213406
COGNITIVE SCIENTIFIC AI INC	99-1441316	0.02	89844
COGNITO THERAPEUTICS, INC.	81-3245278	0.15	2467163
COMET ML INC	82-1647611	0.09	795008

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPETITIVE ADVANTAGE LLC	92-0267457	0.00	6789
COMPOUND EYE, INC.	36-4820627	0.05	1468070
CONCORD WORLDWIDE, INC. DBA CONCORD CONTRACT MANAGEMENT SOFTWARE, INC.	61-1748732	0.02	896854
CONDUCTORONE, INC.	85-3356411	0.27	3647980
CONFIANT, INC.	46-1749127	0.17	4748365
CONNERY CONSULTING, LLC	20-8182762	0.07	4240187
CONSET BAY ADVISORS INC	83-3566497	0.02	106111
CONSUMER EDGE INSIGHT, LLC	27-3963005	0.00	4
CONTI COMMUNICATIONS CORP.	84-1987527	0.01	90634

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPADO NCS, LLC	86-2207573	0.00	580139
COPADO, INC.	83-2108374	0.51	12648196
COUNT TECHNOLOGIES INC	92-1743479	0.02	236649
COURIER HEALTH, INC	85-2094181	0.08	3042952
COURSEDOG, INC.	82-5074121	0.11	0
COVER GENIUS US EMPLOYEE SERVICES LLC	85-1515702	0.32	7469117
COYA THERAPEUTICS	85-4017781	0.05	527554
CREATEME TECHNOLOGIES, INC	87-3686067	0.04	319227
CREATIVE CONCEPTS MEDIA, INC	42-1541458	0.02	1843421

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRED LLC	85-2308268	0.00	105009
CREDENTIAL NETWORK	33-2275164	0.00	6097
CREW CARBON INC	92-1342924	0.00	150537
CRICKET HEALTH MP, PC	83-3654603	0.00	108943
CRITICAL IDEAS INC (DBA CHIPPE	47-1031588	0.03	3075856
CROSSPOINT CAPITAL PARTNERS, L	84-3923131	0.26	6670947
C-STACKS, INC. (DBA CREDITSTAC	47-5203075	0.00	150780
CUNY GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY FOUNDATION	81-2072207	0.00	92805
CUPIX AMERICA, INC.	82-2290829	0.04	853006

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CURAI INC.	82-0598239	0.38	7362788
CURBSIDE TECHNOLOGIES INC.	82-2888681	0.05	429274
CUROLOGY, INC.	47-2748073	0.21	10963552
CYAN ROBOTICS, INC. DBA COCO	84-2558286	0.07	1191477
CYCLING 74	94-3301834	0.08	5259560
CYERA US INC.	87-3329644	1.22	11927785
DAILYMOTION, INC.	20-8433991	0.11	5113131
DANDELION HEALTH	85-4341766	0.09	863603
DAPSTER AI INC.	85-0599857	0.02	338169

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DARDO STUDIOS INC	93-3656977	0.00	19788
DASH SYSTEMS, INC.	82-2730948	0.00	134467
DATA REPUBLIC, INC	98-1301608	0.00	146475
DATADOME SOLUTIONS, INC.	83-4638664	0.20	2699559
DATAPLOR	81-1650952	0.11	1104481
DAVID LORTSCHER MD P.C.	46-3679363	0.11	6713221
DAYBREAK AI	81-1409006	0.01	2585880
DECIBEL BIO	99-3795983	0.01	271213
DEEP 6 AI, INC.	46-3745750	0.03	1815589

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEEP SENTINEL, INC.	81-2784494	0.09	1452838
DEEPGRAM, INC.	47-4873919	0.46	7104273
DELTASTREAM, INC.	85-4104721	0.03	1235131
DEMAND LOCAL, INC	26-3783533	0.07	1074016
DEMEX TECHNOLOGIES LLC	84-3692778	0.06	1007901
DEVELOPSCAPE INC	86-1960428	0.02	378308
DFINITY USA RESEARCH, LLC	82-2560096	0.13	4732062
DFS TECH, INC.	87-2389385	0.03	811084
DIAGRID INC	87-3853371	0.04	310984

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIGIBEE INC DBA DIGIBEE	84-4302537	0.05	868293
DIGITS FINANCIAL, INC.	82-4995169	0.23	4835491
DISTRIBUTED CREATION, INC.	46-2736038	0.93	25661525
DISTRIBUTIONAL	93-2617067	0.05	179215
DIVISADERO HEALTH SERVICES PA	92-2416306	0.00	0
DIVVY HOMES INC.	82-1948327	0.06	6468062
DIXA, INC.	83-3388187	0.00	9645
DODODATA INC DBA AUDANTIC	46-3208459	0.00	834008
DOME9 SECURITY, INC.	80-0753687	0.00	173707

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOVETAIL RESEARCH INC.	36-4976072	0.13	682481
DRAGONSIGHT LABS, INC.	99-1466877	0.01	555584
DREMIO CORP	47-4311632	0.93	22566560
DRISHTI TECHNOLOGIES, INC.	82-0839419	0.00	1706740
DUALITAS THERAPEUTICS, INC.	92-2141988	0.09	775208
DYNA ROBOTICS	99-4275405	0.03	123095
EARTH FORCE TECHNOLOGIES	88-0667778	0.02	378422
EAT WORKS	87-3855585	0.00	0
EBB CARBON INC.	86-2214287	0.09	1451183

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECARX AMERICAS INC	61-2095224	0.06	681497
EDX CLEARING, LLC	92-1831714	0.21	2098306
EDX MARKETS LLC	88-1746781	0.00	57690
EFFODIO INC	88-0643941	0.07	717224
ELEMENT ANALYTICS, INC.	47-2255580	0.00	883296
ELEMENT ENERGY, INC.	83-3405343	0.15	4124959
ELEMENTAL COGNITION INC.	61-1772300	0.00	8592521
ELEVATED MATERIALS MANAGEMENT LLC	99-0772820	0.23	1190375
ELIANT TRADE FINANCE LP	86-3526798	0.26	3678835

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELVEX, INC.	92-3658043	0.03	1225568
ELYSIAN STRATEGIC MARKETING, INC. DBA ROBIN	85-3108132	0.00	0
EMA UNLIMITED INC	92-2820401	0.10	491335
EMBER LIFESCIENCES, INC.	88-2571864	0.04	747174
EMBER TECHNOLOGIES, INC.	47-3287206	0.05	2717032
EMBRACE AI, INC.	92-3679211	0.02	309092
EMPACTFUL ADVISORS LLC	87-4167533	0.04	795873
EMPACTFUL CAPITAL LLC	81-2758305	0.03	314600
ENABLE INTERNATIONAL INC.	36-4946467	0.28	6121097

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENCELADUS BIO, INC.	87-2576682	0.03	1130847
ENCLAVE MARKETS INC.	85-1172606	0.03	662993
ENCOMPASS CORPORATION US INC	32-0632033	0.00	0
ENDOR LABS INC.	87-2317944	0.29	3804349
ENHANCED US LLC	33-2861435	0.01	81160
ENIGMA TECHNOLOGIES, INC.	45-2236667	0.22	9844744
ENTELIGENT INC	86-2178928	0.00	62216
ENVZERO INC	98-1505908	0.04	850208
EON SYSTEMS PBC	93-3373833	0.00	32778

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPANA BIO INC	33-1347317	0.03	138733
ESCALANTE BIOSCIENCES, INC.	99-1478322	0.01	196272
ESCAPE VELOCITY ENTERTAINMENT,	88-1942222	0.47	6287263
ESPRESA, INC.	47-4143138	0.13	2235198
EVIDENT ID, INC.	47-4148248	0.05	2486935
EVOLUTIONARYSCALE PBC	93-2454412	0.16	895181
EXPO EATS, INC.	86-1388096	0.00	15951
EXPRESSABLE, INC.	84-2382054	0.40	5134806
EXTEND ENTERPRISES, INC.	82-1142309	0.27	6341598

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXTOLE, INC.	27-0940587	0.11	4806544
FAIR FINANCE SERVICES LLC (DBA	83-2486643	0.19	8229601
FARIENT ADVISORS, LLC	26-1076981	0.15	7159701
FASTINFORM, INC.	81-2198089	0.00	36052
FEATURESPACE 401K PLAN	82-2815595	0.00	0
FEELD, INC	92-4024484	0.08	963610
FELFEL USA CORP	93-1671153	0.02	202934
FELLOWSHIP ENTERTAINMENT INC.	87-3323684	0.07	1718395
FIAT SERVICES, LLC	92-2754697	0.10	1692786

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FICC AI CORP	85-3126686	0.01	277356
FILECOIN FOUNDATION	85-2381931	0.28	5004701
FIN2 INCORPORATED	87-2024633	0.01	0
FINDIGS INC	82-4504215	0.32	5078698
FINLYNC LLC	84-2561903	0.00	144462
FIRST OPINION HEALTH SERVICES IL PC	86-1829228	0.10	991806
FIRST OPINION HEALTH SERVICES,	86-1829228	0.00	146139
FIRST TECH, INC.	88-2769531	0.00	0
FISHER WALLACE LABORATORIES	84-2859247	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIZZ SOCIAL	87-2721256	0.04	542599
FLEXIBLE FINANCE, INC.	83-3265156	1.01	12820935
FLOODBASE, PBC	83-0747924	0.02	843295
FLOURISH LABS	88-3270053	0.02	236817
FLOXDEV. INC.	85-0538657	0.03	429696
FLUENT RETAIL NORTH AMERICA, L	82-1339827	0.13	2596310
FLUTTERFLOW, INC.	86-1204407	0.09	1339222
FLYMACHINE, INC.	85-1566298	0.00	422864
FOCUSAI	88-2756404	0.02	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOCUSED ENERGY	87-1213064	0.08	359668
FORA DAY INC	93-1743402	0.02	159681
FORENSIC LOGIC, LLC	82-2816982	0.00	977535
FORERUNNER VENTURES MANAGEMENT, LLC	46-0588263	0.04	1934231
FORTER, INC.	36-4792760	0.90	17376980
FOUR CORNERS OPERATING PARTNERSHIP, LP	47-4776395	0.03	7021061
FRACTA	47-4462857	0.01	306174
FREEMODE GO LLC	45-5343514	0.02	43584
FRUITFUL, INC.	87-1231937	0.20	2746917

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUNNY OR DIE, INC.	71-1031046	0.02	3600259
FURNISHED FINDER, LLC	81-4591120	0.12	964361
FUTURCO HEALTH TECHNOLOGIES INC	83-3631229	0.14	890626
GALAXIA TECHNOLOGIES INC	88-3932182	0.09	780304
GAME1, LLC	84-4033696	0.00	24736
GAMING COLLECTIVE INC.	85-2337328	0.00	50879
GAN INTEGRITY INC	47-3369653	0.09	2121362
GARDENS INTERACTIVE, INC.	86-3946175	0.15	1417896
GENIES, INC.	27-5117846	0.22	3897628

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENOMICS INC	85-1114551	0.07	612787
GEOSITE INC.	82-4725852	0.00	346289
GETREAL SECURITY, INC.	92-0498929	0.05	244011
GIVINGLI INC.	84-4788413	0.01	460968
GLYDWAYS	81-4123069	0.59	8382574
GO PINATA INC	84-4933908	0.04	602290
GOODY TECHNOLOGIES, INC.	85-1345418	0.00	1175438
GOSAAS, INC.	82-2446608	0.00	35090
GRAFITI LLC	93-3502613	0.04	1354350

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAPHCORE, INC.	36-4879458	0.00	1293683
GRAY SWAN SECURITY INC	93-3683481	0.04	166650
GRDNT LLC	33-4498909	0.00	21427
GREENOAKS CAPITAL PARTNERS, LL	45-5269686	0.42	10736034
GREENPARK SPORTS	83-2142906	0.00	538509
GREMLIN INC.	81-1277279	0.00	0
GRIDCARE INC	99-1500122	0.02	88956
GRIDUNITY, INC.	27-0768407	0.20	2779305
GROVO LEARNING, INC.	27-3056493	0.00	234876

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROW CREDIT INC.	83-2585113	0.01	233974
GROWTH BY DESIGN TALENT, LLC	84-4031548	0.04	940389
GRYPS INC.	84-3804289	0.02	333982
GUINNESS WORLD RECORDS NORTH AMERICA	13-2841151	0.04	1084773
GX MOLECULAR INC	84-3991847	0.03	446994
HAIR VENTURES, LLC	47-4168839	0.10	2145472
HARBR USA INC.	38-4137779	0.00	194769
HAVEN HEALTH, INC.	93-4464426	0.02	105143
HAYDEN AI TECHNOLOGIES, INC.	83-3876821	0.35	8948457

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAZELCAST, INC.	45-5588368	0.10	5382435
HEALTHRHYTHMS	46-5572108	0.01	768162
HEARTBEAM INC.	47-4881450	0.08	743622
HEATMAP NEWS INC	92-1470525	0.03	628094
HECHTMAN ENTERPRISES, INC.	68-0346982	0.02	591850
HEDERA HASHGRAPH, LLC	38-4048700	0.05	921036
HEDRA INC.	93-1492645	0.03	388850
HEIDI HEALTH CORP	30-1414237	0.02	146149
HELIOS INTELLIGENCE PLATFORMS INC	33-2137700	0.01	66787

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HELLOTECH, INC.	47-2425792	0.00	0
HERE NOT THERE INC	84-4148567	0.05	327811
HERESAY LLC	87-2128246	0.26	3289487
HERO TECHNOLOGIES INC	82-3076139	0.00	887
HIGHLANDX MANAGEMENT LLC	85-4201423	0.06	2349030
HIRO SYSTEMS PBC	46-3116269	0.12	4098798
HIVERY NORTH AMERICA, INC.	84-4123768	0.00	2
HOLO, INC.	82-2932523	0.00	1606653
HORIZEN LABS INC.	83-3310546	0.05	1105901

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HORIZON 3 VENTURE STUDIO LLC	85-4147099	0.03	625011
HOXHUNT INC.	61-2044575	0.16	2084801
HR CLOUD, INC.	81-3051951	0.00	363964
HUMAN LONGEVITY, INC.	46-3131906	0.02	0
HUNGER NOT IMPOSSIBLE	85-2369863	0.07	925801
HUNGRYROOT INC.	47-3850451	0.00	5
HUNTER POINT CAPITAL LP.	85-2073903	0.46	6936784
HYDROGEN HEALTH LLC	86-2212926	0.00	294768
HYDY, INC.	85-2367424	0.13	4359610

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYP3R, INC.	47-3540442	0.00	166223
HYPEMARKS, INC. DBA TINT	45-3762138	0.00	304602
HYPER LABS, INC. (DBA HYPERSCI	46-5752283	0.95	24801851
HYPEREXPONENTIAL INC.	38-4287692	0.01	69105
HYPERTRACK, INC.	47-4754347	0.03	421815
IGNITE MEDIA GROUP LLC	88-3500475	0.12	1924579
IMAGEN TECHNOLOGIES, INC.	81-0890225	0.26	5704232
IMATCHATIVE	46-0959120	0.00	245644
INATO, INC.	83-4099496	0.03	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INCEPTIO TECHNOLOGY, INC.	32-0574962	0.07	3353749
INDUCTIVE AUTOMATION LLC	47-2165515	1.28	19228334
INEVITABLE TECHNOLOGY INC	93-4294185	0.02	821878
INSCRIBEAI, INC.	32-0545542	0.04	1294890
INSPIRE ENERGY HOLDINGS, LLC	46-2729472	0.14	6072350
INSTABUG INC.	90-0985691	0.07	620706
INSTNT INC	83-4621795	0.00	12269
INTELLECTUS PARTNERS, LLC	47-4402155	0.05	1595050
INTERACTIVE WORKSHOPS LLC	88-3215276	0.01	674348

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERANA, INC.	46-1685542	0.05	4456486
INTERWELL HEALTH MEDICAL PRACTICE, PLLC	99-4339843	0.02	634334
INVECTYS, INC.	85-3603782	0.02	342609
INVISIONAPP INC	38-3857535	0.01	16256158
IONPATH INC	47-1861335	0.00	1592776
IRIS LABS, INC.	83-4311343	0.01	515834
IRREVERENT LABS, INC.	87-3044456	0.01	255128
IVXS TECHNOLOGY USA, INC. DBA	81-4264677	0.16	3053987
JAM & TEA STUDIOS INC	92-3824368	0.01	161487

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JANUARY TECHNOLOGIES, INC.	82-1767351	0.14	0
JFDI CONSULTANTS LLC	46-4490781	0.05	930745
JIKO TECHNOLOGIES, INC.	82-3251495	0.16	3098508
JIT INC.	85-1604910	0.01	0
JMB GLAMSQUAD, LLC	86-2708125	0.03	979158
JOHN HARDY USA	26-0515339	0.27	7264971
JOMBOY CORP	82-4216315	0.07	1617775
JOYN INSURANCE SERVICES	87-2323409	0.00	525915
JUMP PLATFORMS, INC.	87-2171947	0.19	3282629

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUUNOO INC	36-5025756	0.01	81311
KAIROS MANAGERS, LLC	81-2946694	0.00	456700
KAIROSHQ, LLC.	87-3342622	0.00	107287
KAIZEN LABS INC DBA QUINN	39-3743710	0.00	4045
KALOOM CORP.	81-4754802	0.00	520357
KASADA INC.	35-2599307	0.09	1848772
KEEN LABS, INC.	45-4102482	0.00	305169
KEYWAY REAL ESTATE, INC	85-1541497	0.00	126834
KEYWEE INC.	35-2461794	0.03	892783

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIDDOM, INC.	46-3803977	0.31	5224299
KITE SOLUTIONS, INC.	80-0889277	0.00	457539
KNIT.AI INC.	93-4240932	0.02	186581
KODEX INC	86-3811383	0.10	1321978
KOUNTABLE, INC.	47-3345941	0.00	191221
KRISP TECHNOLOGIES, INC.	37-1869108	0.02	374680
KROISOS LABS	87-3976611	0.01	115205
KSV ESPORTS DELAWARE, INC. DBA	82-2039783	0.03	2039092
KUESKI, INC	33-1229980	0.06	965927

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KYRON LEARNING PBC	88-2638228	0.04	763965
LA COSTA CAPITAL PARTNERS, LLC	99-1886393	0.03	773313
LA GOLF CLUB INC.	93-1627734	0.01	124151
LAFHBUILDS, INC.	93-1751173	0.03	313071
LARAVEL	99-1047650	0.09	899063
LARRIDIN	99-4510097	0.03	261510
LAWFTY ABS HOLDINGS LLC	92-1948051	0.00	1
LAWFTY LAW, LLP	47-5240112	0.07	825504
LAWFTY LLC	46-2537876	0.13	1420083

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAYERX TECHNOLOGIES, INC.	88-3106648	0.15	1035075
LEAPSOME INC.	61-2022067	0.04	757673
LEDGERWAY, INC	93-3549380	0.04	682764
LEGALDESK, INC. DBA STREAMLINE AI	85-1087634	0.02	88864
LEGENDARY FIELD EXHIBITIONS, L	82-4648964	0.00	396880
LEGGUP, INC.	82-2229798	0.00	117661
LFG NFTS CORP	86-2703073	0.02	985531
LIBERATE INNOVATIONS, INC.	88-1044499	0.08	1042503
LIFEIGNITER	46-2080102	0.00	83355

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHT LABS, INC.	46-3596259	0.00	3336920
LIGHTBEND, INC.	27-4752281	0.11	4290629
LIMINAL EXPERIENCES INC	87-4551175	0.02	381231
LINGOACE ACADEMY, INC.	84-3247807	0.05	718143
LINGOTTO III LLC	39-2407129	0.01	347661
LINGOTTO US LLC	93-1775849	0.10	508365
LINGOTTO V LLC	99-0588006	0.06	362780
LINKSYS USA, INC.	83-2047913	0.06	0
LINNOVATE PARTNERS AFS US LLC	87-4066973	0.00	174072

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LISTIA, INC.	27-0339247	0.00	273546
LITTLE OTTER	38-4124814	0.00	0
LOGIQAI SOLUTIONS INC	33-3119484	0.03	185142
LOLAY INC.	77-0551549	0.01	56408
LONE VIEW CAPITAL MANAGEMENT,	87-4125356	0.13	1610042
LOOKOUT LOCAL, INC.	32-0606025	0.03	517660
LOOP AMERICA INC	36-5005232	0.06	334392
LOUPE TECH INC.	86-1320840	0.02	441400
LUCIDUM, INC.	84-3399252	0.03	980897

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUFFU INC	99-3729828	0.04	206454
LUMA HEALTH, INC.	47-3270012	0.26	7669401
LUMOS APP, INC.	85-0938666	0.49	5180531
LUNAR ENERGY, INC	85-2228737	0.33	7866217
LUZMO, INC	30-1208166	0.00	103806
LYRA CLIENT SOLUTIONS US LLC	33-1820783	0.15	943989
MAGIC SOUP, INC.	88-2861888	0.10	2422190
MAGNETIC INSIGHT, INC.	45-4850476	0.06	1200119
MAINSTREET WORK, INC.	84-3255808	0.01	1751317

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANIFOLD VALLEY LLC	86-2218826	0.00	68704
MARBLE PAY INC.	84-4137072	0.00	0
MAROWN USA INC.	87-2805015	0.00	545910
MARPIPE, INC.	83-3930735	0.01	319479
MARR LABS TECHNOLOGIES	93-4420593	0.03	264771
MARVELOUS TECHNOLOGY INC.	30-1279429	0.01	294105
MATERIAL SECURITY, INC.	82-1974733	0.33	6461003
MAVEN RESEARCH, INC.	26-2116238	0.03	1388901
ME&U US INC	36-4986523	0.00	37531

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ME&U US TRADING INC.	85-2322073	0.01	129445
MEDIA MOGUL & CO LLC	33-2097267	0.03	531136
MEDIACAUSE, INC.	46-4287951	0.09	2579597
MELODYARC, INC.	87-2101501	0.03	774789
MEMX LLC	83-2162372	0.72	15959519
MENTION ME USA, INC.	98-1649700	0.00	12443
MERIT INTERNATIONAL	47-4905730	0.00	0
MERLON INTELLIGENCE, INC.	81-3011087	0.00	59166
METHODICAL GAMES, INC.	88-0740069	0.05	695101

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRONOME TECHNOLOGIES	84-3815124	0.70	7140040
MI TECHNOLOGY, LLC	39-2116606	0.02	672702
MIDDLE-EARTH ENTERPRISES LLC	88-3737784	0.03	98119
MINDSHOW INC.	47-1821808	0.01	0
MITHRA HOLDINGS INC.	33-4031397	0.00	18066
MITHRL, INC.	87-2475385	0.01	307237
MOBILITY CAPITAL FINANCE, INC.	81-1072268	0.08	953738
MOBILIZE CAPITAL PARTNERS LP	93-1595063	0.00	0
MODAL LEARNING, INC.	86-1569671	0.00	876255

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MODERNE INC.	85-1972053	0.08	937474
MOJO INTERACTIVE, INC.	85-3973995	0.09	4834246
MONAD, INC.	85-0752403	0.00	91957
MONOGOTO, INC.	87-3251866	0.02	174580
MONOGRAPH INC	83-4416045	0.00	4
MOOCO ROBOTICS, INC. DBA AGTON	86-2343655	0.13	2201264
MOONFARE USA, LLC	87-3272242	0.02	787303
MOORE THREADS, INC.	87-2458729	0.00	1187902
MORALESHR	92-1277145	0.00	38967

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORNING BREW	82-3920438	0.79	16926861
MOTIF SYSTEMS INC.	92-1582146	0.14	1343210
MOTION2AI INC	82-4864602	0.00	4952
MUDITA PARTNERS LP	82-3634805	0.00	61343
MURA NORTH AMERICA DEVELOPMENT	87-1465068	0.04	381849
MZLA TECHNOLOGIES CORPORATION	84-3352661	0.08	704591
NALU BIO, INC.	84-3273726	0.00	120685
NARVII, INC.	45-3828694	0.01	1608483
NATCAST INC.	93-4007133	0.33	1991364

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATURAL CAPITAL EXCHANGE, INC.	85-4010515	0.02	1028160
NAVGAR INC	88-0996893	0.00	166731
NAYYA HEALTH, INC.	35-2675756	0.59	11210687
NEBULON, INC.	82-4985511	0.00	930379
NEEVE RESEARCH, LLC	26-2471100	0.00	33932
NEFELI NETWORKS	81-3776783	0.00	28
NEON COMMERCE, INC.	88-1987109	0.05	656999
NETDATA, INC.	32-0570802	0.00	231527
NETLIFY, INC.	46-4748334	0.24	9854035

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEUBIRD INC	93-4299334	0.07	566381
NEUREAL LLC	92-2238379	0.00	38520
NEWBOOK INTERNATIONAL INC.	38-4063858	0.00	0
NEWSPICKS USA, LLC	82-1087838	0.00	1292
NEXLA INC	35-2555867	0.11	1609257
NEXT LADDER VENTURES LLC	39-3989413	0.02	100177
NEXTSENSE, INC	85-2953348	0.02	457417
NIC.KL, INC.	81-5355014	0.00	54297
NOCAP, INC	86-1605010	0.03	125929

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOCTRIX HEALTH, INC.	83-2225937	0.12	2038225
NOETIK INC.	88-2662424	0.18	2092998
NOHO WELLNESS, INC	85-1774310	0.00	216058
NORMAL COMPUTING CORPORATION	88-3048728	0.03	115537
NORMALYZE PROOFPOINT INC. 401K PLAN	85-4317153	0.00	0
NORTH COUNTRY COLOCATION SVCS CORP	82-5197368	0.04	752182
NORTH VALLEY TECHNOLOGY, INC. (DBA NORTH VALLEY RESEARCH)	92-1068950	0.00	118178
NORTHSTAR	81-3756192	0.09	0
NOT IMPOSSIBLE LLC	46-3621195	0.03	195892

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOTEABLE, INC.	85-0869757	0.00	480301
NOVA CREDIT, INC.	81-2654196	0.30	7200023
NOVAPRIME INNOVATIONS LLC	88-1532665	0.08	1005604
NOVI CONNECT INC.	84-4151972	0.08	1945745
N-POWER MEDICINE, INC.	87-1592802	0.31	4221636
NUCLEUS MEDICAL GROUP, INC.	47-4897105	0.04	0
NUDGE SECURITY INC	87-4424346	0.05	683457
NVOQ INCORPORATED	84-1557944	0.21	9916648
NYDIG IHC, LLC	82-5402334	1.03	31743000

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NYDIG MINING ADMINISTRATION LLC	33-2421752	0.19	1915219
NYFIK INC	33-3334775	0.00	17614
NYOTRON USA, INC.	30-0873132	0.00	187239
OATH INC	88-1266718	0.07	390717
OBSERVE.AI	35-2601413	0.37	5305865
OCTAVE	86-1377829	0.01	53043
OHANA BUILDERS LLC	92-2982864	0.02	166048
OHANA DESIGN SERVICES LLC	92-3049134	0.00	59189
OHANA REAL ESTATE SERVICES, LL	27-1213566	0.04	859192

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OHANA REALTY CORP.	80-0873130	0.05	2321686
OK DINOSAUR	88-2605105	0.02	96297
OLLY PUBLIC BENEFIT CORPORATIO	46-4535888	0.03	0
OPENPRISE INC.	46-3368358	0.16	4979263
OPUSCLIP INC.	92-0263412	0.03	396232
ORBITAL INSIGHT, INC	46-4459168	0.13	8378068
OREI ADVISORS LP	35-2565836	0.22	7896582
ORIGIN INVESTMENT ADVISORY LLC	93-4238028	0.00	5335
OSMURICA INC.	87-3631628	0.03	322715

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OTTER.AI, INC.	81-2445246	0.78	10892054
OUTERLANDS CAPITAL MANAGEMENT, LLC	93-1375831	0.00	0
OUTLIER AI, INC.	47-3152424	0.00	395274
OUTSCHOOL, INC.	46-5489336	0.23	6771103
OVERWOLF	92-1772381	0.02	93385
OWL AI, INC.	33-4464331	0.01	56728
OXFORD IONICS NORTH AMERICA INC	36-5124647	0.05	207371
PADDLE.COM INC.	30-1210399	0.10	3379472
PAPIER INC.	86-3696775	0.02	288969

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARABOL	47-4935345	0.00	663416
PARADIGM HEALTH, INC. DBA PARADIGM	86-1252110	0.62	8262401
PARADIGM OPERATIONS LP	83-1531977	0.44	7762638
PARAGON INTEL	81-4926839	0.03	0
PARED, INC.	47-4386839	0.00	830121
PARSABLE, INC.	46-3258168	0.10	4603197
PARTNERTAP INC	30-0951284	0.03	470165
PASSAGE LABS INC	87-3559739	0.00	13251
PATHPOINT, INC.	82-3573311	0.06	3227058

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PATHWAY TECHNOLOGY INC	33-1256544	0.01	0
PATTERN RESEARCH LLC	84-2634987	0.02	402769
PAY-I-INC.	93-3192347	0.02	88088
PAYZEN, INC.	84-2362343	0.21	0
PEAK XV PARTNERS US LLC	99-0686837	0.03	169550
PEARL HEALTH INC.	85-4245581	0.70	9930261
PEERSPACE, INC.	46-3296600	0.24	5931339
PEPPY HEALTH CORPORATION	87-4004835	0.02	408937
PEPPY MEDICAL, P.A.	88-3508544	0.00	136949

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERFECT365, INC.	81-2835738	0.02	2049490
PERMA SECURITY INCORPORATED DBA OPAL SECURITY	84-5121351	0.11	1861525
PERSONALIZED SKIN SOLUTIONS INC.	85-1565820	0.05	1098413
PERSONIO CORP	93-1592231	0.56	6630019
PERSUIT INC	32-0572174	0.23	3805361
PG13 LAUNCHPAD GAMMA, INC (OPT	84-4937562	0.00	55813
PHAVE INC	99-1566583	0.02	155095
PHOENIX LABS USA OPERATIONS, I	83-4114829	0.01	5565689
PHOTOSHELTER, INC.	20-8294732	0.17	6609737

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINGCAP US INC.	35-2605275	0.24	4309906
PIXLEE TURNTO, INC.	46-0677157	0.07	3671572
PK AIRFINANCE US, L.P.	85-3364433	0.10	1316152
PLACE EXCHANGE, INC.	37-1901234	0.27	8501343
PLANERA INC	86-2100864	0.01	98614
PLANEWAVE INSTRUMENTS, INC	20-4851073	0.03	138586
PLAY VERSUS ACQUISITION CORP	33-4582544	0.00	38028
PLAY VERSUS INC.	82-4294726	0.11	3311349
PLY FINANCIAL, INC.	87-4203066	0.01	88975

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POLAR SIGNALS INC	37-1983232	0.01	159734
POLYAI TECHNOLOGIES INC.	37-1979706	0.20	2571898
POSEIDON AI	39-2838936	0.00	65104
POSTALYTICS, INC	46-3454555	0.02	730334
PREDICTHQ, INC.	81-3541861	0.03	1369720
PREDICTIVE ANALYTICS GROUP	81-5077363	0.03	171731
PRESCRIBERPOINT CORP	87-2052855	0.15	1133321
PRIMAL CAUSE, INC. DBA APPBUDD	57-1146708	0.00	406724
PRIME FINANCIAL TECHNOLOGIES,	87-3983979	0.06	1151231

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIOS LLC	81-3641647	0.05	1906474
PRIVATEER SPACE INC	86-3656294	0.06	809420
PROBABLY GENETIC INC.	83-2771057	0.03	235471
PROCESSMAKER INC	91-2074119	0.09	1276671
PRODUCTBOARD, INC.	46-5356613	0.35	7086608
PROMISE NETWORK INC.	38-4055041	0.28	3668382
PROPHET SECURITY	93-3476110	0.06	796517
PROTEUSGAMES.COM, INC.	83-4722085	0.00	60626
PROTILLION BIOSCIENCES INC	84-1877512	0.06	590947

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROVENANCE BLOCKCHAIN FOUNDATI	87-1068727	0.00	0
PUBLIC INTEREST MANAGEMENT LLC	99-4063575	0.00	149634
QALO HOLDINGS, LLC	84-3328085	0.00	406461
QAPITAL INVEST LLC	36-4870183	0.00	0
QAPITAL LLC	47-1161945	0.01	0
QUANTEXA INC.	32-0545797	0.78	15971434
QUIP NYC, INC.	46-5118084	0.18	5940392
RADIAN AEROSPACE, INC.	81-1405898	0.05	1211768
RAISIN SOLUTIONS US LLC	61-1900056	0.18	2473072

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RALLY NETWORKS, INC.	82-4808014	0.00	996957
RALLYTEAM	46-3950786	0.00	66521
RANDOM GAMES COMPANY INC	35-2730217	0.00	19936
RANGE ENERGY, INC.	87-2836543	0.04	1410114
RANGE FINANCE, INC	85-4349421	0.18	2701159
RAPID ROBOTICS, INC.	84-3276717	0.01	1302587
RATIONAL PR LLC	27-5245422	0.27	5295654
REAL COLLABORATIVE INC	84-2615916	0.01	1014190
REALSCOUT INC.	45-5540384	0.01	58880

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RECOUNT MEDIA, INC.	83-2638560	0.00	657835
RECUR FOREVER INC.	86-2306646	0.00	1519468
REDUX GAMES INC	93-2504913	0.04	305842
REEBELO USA INC.	88-3215530	0.11	1078443
REEVO INC	99-2462136	0.10	885025
REFRAME SYSTEMS INC.	92-0281278	0.12	1353947
REGRELLO CORP	86-1240963	0.19	1914236
REMIX AI INC	87-3655857	0.00	217100
REPLICATED, INC.	47-2486425	0.14	3340872

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOLVE BIOSCIENCES, INC.	85-3589545	0.00	276452
RESOURCELY, INC.	88-0981063	0.02	313816
RETAILERX, INC.	85-0739301	0.00	913579
RETAILNEXT INC.	26-1465968	0.20	9883236
RETURNLY TECHNOLOGIES, INC.	80-0673029	0.00	247922
REVERSEC US INC	33-4417018	0.01	157430
RHINO LABS, INC.	81-5285931	0.16	4362779
RIDIAN HOLDINGS USA, INC.	88-1155574	0.00	68964
RIGHTREV INC	85-1295683	0.02	474352

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RISILIENCE, INC.	87-3536618	0.04	628617
RISKIFIED, INC.	47-3189089	0.86	22655647
RISKOPTICS, INC.	80-0597136	0.00	0
ROCKBOT, INC.	27-3491599	0.37	6749162
ROGUE GAMES INC	82-1339741	0.01	149306
ROKO LABS, LLC	46-1093783	0.00	0
ROLLBAR INC.	80-0842320	0.05	2028053
RONDO THERAPEUTICS, INC.	84-4001042	0.11	2041314
ROTOMAIRE INC	84-2741806	0.02	1631323

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUBICON CARBON MANAGEMENT, LLC	88-2751935	0.20	3512736
RUDDERSTACK, INC	84-2063210	0.14	3197739
RUN DEXTER, INC.	47-4619731	0.00	222288
RUNE LABS, INC.	83-2090943	0.10	2478199
RUNHOUSE INC	92-1254560	0.01	204990
RUNSYBIL CORP	92-2386150	0.00	74839
RUNX LABS, INC.	85-2442908	0.00	38380
SAFIGEN PBC.	82-0851774	0.26	2024738
SALESPEAK INC	92-3971977	0.00	77439

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALT SECURITY INC.	36-4816863	0.16	2910718
SANDSHARKGAMES.COM, INC.	84-2926020	0.00	28871
SANO INTELLIGENCE, INC.	45-4771888	0.00	417051
SANTA ANA BIO, INC.	85-3746876	0.21	1951769
SAVOR FOODS LIMITED	88-1460680	0.03	855752
SCALE & COMPANY LLC	99-2014539	0.00	554910
SCALE AT SPEED AGENCY LLC	92-3713375	0.00	317576
SCENER, INC.	82-4434782	0.00	27864
SCHIFF ADAMS, INC. DBA PATIO	83-3694143	0.00	13847

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCREENCLOUD INC.	47-5120584	0.02	154673
SECLORE INC	46-5166880	0.06	827223
SECOMEA INC	32-0558880	0.00	670280
SECURLY, INC.	46-0789922	0.46	10257309
SEEKER ENTERTAINMENT, INC	92-3899986	0.04	859867
SELECT MANAGEMENT GROUP, LLC	38-3932410	0.06	1294888
SEMPERVIRENS VENTURES LLC	83-0891906	0.05	748460
SENDLE USA, INC.	35-2653119	0.06	1484549
SENSIBLE WEATHER CO.	84-3294206	0.07	2062339

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENSU, INC.	81-5048655	0.00	85087
SEQUOIA ONE PEO, LLC	46-4716239	0.00	342
SERIES X CAPITAL	99-3261420	0.01	57518
SEVENROOMS	45-2463011	0.40	1
SHAPR3D USA INC	81-1391148	0.00	38374
SHARE LABS INC	83-3692082	0.00	50458
SHAREBITE INC	47-1569936	0.04	1989423
SHEF INC	83-3060915	0.06	1219475
SHOPWELL LABS, INC.	80-0933876	0.00	37583

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHPE LIVING INC DBA NABR	86-2392853	0.00	67949
SIBLY, INC.	61-1745068	0.00	617750
SIGHTGLASS VISION, INC.	81-2702145	0.03	706440
SIGNOS, INC.	85-1148373	0.06	2072997
SILICON DERIVATIVES INC	99-2413546	0.01	60256
SILICON VALLEY FINANCE GROUP I	27-3541753	0.03	1453346
SILK SECURITY INC	87-4376062	0.00	74913
SIMBE ROBOTICS, INC.	47-1275059	0.24	4278679
SIMCHA IL-18, INC	83-0987312	0.00	898376

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIMCHA THERAPEUTICS, INC	83-0822449	0.08	603771
SIMPPLR, INC.	47-1850837	0.76	15510538
SINGLE GRAIN, LLC	27-0187391	0.00	1
SJ MEDCONNECT, INC.	46-4667002	0.21	2629319
SJW INVESTMENTS LLC	85-2774432	0.01	378312
SKILLCYCLE, INC.	83-1793390	0.04	1178370
SKUTEAM INC. DBA SILQ	84-4761119	0.03	464100
SKYLINE MOBILITY, INC,	92-3167159	0.00	189054
SKYLOOM GLOBAL CORPORATION	82-1171513	0.12	1323084

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYSAFE, INC.	47-5560453	0.04	2239016
SLW MANAGEMENT COMPANY LLC	93-4276497	0.08	421279
SMLXL, INC.	86-3854565	0.00	76588
SNAP FOUNDATION	61-1817014	0.03	305645
SNAPT, INC.	32-0465598	0.00	514732
SNICKERDOODLE LABS, INC.	86-3882264	0.00	162623
SOCIAL CONCEPTS, INC.	45-4820720	0.06	2858049
SOFT SHOCK LLC	99-4455314	0.00	27988
SOLARA HEALTH INC.	93-3564826	0.02	147971

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLEY THERAPEUTICS, INC.	85-2249009	0.12	1763298
SOLVVY, INC.	46-3414401	0.00	219
SOMA EQUITY PARTNERS LP	81-1380724	0.08	1771768
SORARE, INC.	87-2353415	0.01	1090296
SPAN.IO INC.	83-0951469	0.73	12535693
SPARK HEALTH INC.	85-2726934	0.18	1824394
SPATIALX INC.	84-3442879	0.01	977554
SPEAKUP US INC	39-3092753	0.00	4594
SPECTRUM AI, INC.	86-3862812	0.02	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPIIDEO INC	38-4186650	0.04	419316
SPIRITWALK GAMES, INC.	47-2982538	0.00	7825
SPLASH FINANCIAL INC.	46-5483037	0.29	7341069
SPLITERO INC	87-2047683	0.19	2420740
SPOON RADIO INC.	84-4482187	0.00	113059
SQUARE 8 GROUP INC.	84-4851391	0.00	248295
STELLAR LOYALTY, INC.	46-5347853	0.00	334858
STITCH CONSULTING, LLC	82-5464188	0.09	2366691
STOCKAPP, INC.	99-4203955	0.01	37245

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONE KITE INC	85-3223020	0.03	517924
STONE RIDGE ASSET MANAGEMENT L	45-5371940	0.78	18419412
STONE RIDGE HOLDINGS ADMINISTRATION LLC	92-0860468	0.60	13456287
STOR AND DELIVER, INC. (AUDIIE	36-4901274	0.00	0
STORY FOUNDATION USA INC	37-2158866	0.01	59404
STORY PROTOCOL INC.	88-3229444	0.18	1495331
STREAMNATIVE INC	90-2379060	0.07	1979347
STRIMMERZ MEDIA, INC.	82-2112328	0.00	0
STUDIOCANAL US	95-4330972	0.02	156680

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIOS AT BETAWORKS, INC.	82-2220166	0.00	318005
STYRA, INC.	47-4171785	0.06	4858338
SUBSCRIPT INC.	85-4118793	0.03	648451
SUBSTACK, INC.	82-3647158	0.30	5801317
SUITE STUDIOS INC	86-3279831	0.04	743452
SUITENESS, INC.	45-5278525	0.00	35038
SUKI AL, INC.	81-4462134	0.46	6916597
SUPER LEAGUE GAMING, INC.	47-1990734	0.04	1804049
SUPER STUDIOS, INC.	85-3922953	0.02	378388

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPERLAYER LABS MANAGEMENT LLC	87-4000398	0.02	1164590
SUSTAIN.LIFE, INC.	86-2242670	0.00	0
SWARE, INC.	45-3853706	0.05	771969
SWIFT VENTURES MANAGEMENT LLC	85-2349390	0.01	80471
SWISH BEVERAGE LLC	82-4139360	0.00	199155
SYMBIOSIS COALITION	33-1823095	0.01	109354
SYMBOLIC CAPITAL ASSOCIATES LLC	86-3743771	0.03	1096532
SYNFINI, INC.	92-3623983	0.00	0
SYNTEGRA, INC.	84-3358711	0.00	51305

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T45 LABS LLC	85-2857695	0.05	494073
TAARA CONNECT INC.	33-2386625	0.18	964793
TABLET COMMAND INC.	81-2137481	0.04	533750
TACHYUS, INC.	46-2560051	0.06	1225986
TALKMORE INC	85-3773919	0.00	2721
TALKSHOPLIVE, INC.	86-1675002	0.03	716610
TAMSQUARED INC	83-4706900	0.09	1926074
TANDY LLC	93-4577188	0.02	167863
TANDYM, INC.	87-2713393	0.00	532032

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAPAS ENTERTAINMENT, INC.	81-1062010	0.11	2659859
TEAL LABS INC	84-3359166	0.07	1235239
TEAMBLIND, INC.	30-0828486	0.00	1
TEAMWORKERS, INC.	35-2625697	0.04	1706999
TECHWOLF INC	93-4754368	0.03	575921
TECTON, INC.	83-2465556	0.01	0
TELLIUS, INC.	47-3436950	0.07	920435
TENDERLY TECHNOLOGIES, INC.	86-2865334	0.02	927633
TENON MEDICAL, INC.	45-5574718	0.06	1058131

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENYX, INC. 401(K) PLAN	87-0974647	0.00	711212
TEQUILAS PREMIUM INC	90-0135754	0.23	4387441
TERADAR, INC.	86-2435361	0.19	2496377
TEREINA INC.	39-3001829	0.00	209701
TERNS, INC.	82-0873147	0.45	8892013
TESSIAN, INC.	30-1129049	0.00	1632154
THAT'S NO MOON ENTERTAINMENT	85-3080455	0.78	13671740
THE COMPUTE EXCHANGE INC.	99-2451166	0.04	193233
THE COTERIE.ME, INC	86-2647604	0.00	220012

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MARKOV CORPORATION	81-3542145	0.00	231832
THE NOUN PROJECT, INC.	46-2259842	0.06	2099639
THE OUTSET GROUP LLC	86-3231861	0.01	527717
THE PLAYERS TRIBUNE, INC.	46-5721333	0.00	280752
THE PUBLIC HEALTH COMPANY GRP	85-2931931	0.06	1318597
THE WILL PBC INC.	87-1486823	0.00	195627
THORN	27-0943677	0.40	11960192
THOUGHTFUL AI, INC	99-4189684	0.00	39805
THREAD TOGETHER INC	84-2048692	0.00	32252

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREADLOOM, INC	47-5142998	0.00	757419
TIVENI MERGECO INC	84-2110104	0.00	113847
TOGETHER COMPUTER, INC.	88-3607609	1.13	6854776
TOWER COLD CHAIN SOLUTIONS INC	37-1805535	0.01	146528
TRACE DATA, INC.	84-1729208	0.00	23818
TRACER LABS INC.	86-3905742	0.09	4757793
TRACKONOMY SYSTEMS, INC.	82-1270107	0.26	5563072
TRADEWING, INC.	84-2175880	0.00	0
TRAILD	36-5103781	0.01	207783

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRAVEL OPERATIONS CORPORATION	86-1848846	0.01	56457
TRAYT INC.	46-4016752	0.00	248334
TRIAL LIBRARY INC	87-2193726	0.01	81469
TRIALSPARK, INC.	47-1134239	0.00	7
TRIPLE WHALE, INC	87-1193116	0.29	3887058
TRIPPING INTERNATIONAL, INC.	27-3389261	0.00	328636
TRIVALENCE, LLC	87-2797851	0.06	1717759
TROON TRANSFORMATION LLC	93-4801887	0.04	369707
TROVO HEALTH INC	99-2474998	0.05	453745

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUMID FINANCIAL, LLC	47-1050580	0.15	5776692
TRUMID HOLDINGS, LLC	47-1038782	0.09	2553741
TRUMID TECHNOLOGIES, LLC	47-3764865	0.38	10135292
TRUSTPILOT, INC.	32-0400058	0.66	16065691
TRYCOURIER.COM, INC.	83-3225035	0.01	1247570
TTSF, INC. DBA PATHLIGHT	47-4018967	0.00	3
TUBULIS INC.	99-3758206	0.04	354535
TUITION.IO	90-0967556	0.02	2965987
TWELVE LABS INC.	86-3188041	0.18	1187335

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWENTY COMMITTEE	99-4416371	0.04	175645
TWENTY HOLDINGS, INC.	84-2366424	0.10	2711490
TWINGATE INC.	84-3387110	0.15	3887601
TYMPA HEALTH TECHNOLOGIES INC	92-1655021	0.01	169778
TYPEFACE INC.	88-2469676	0.33	3317248
UBCO BIKES US LLC	81-4840686	0.00	42256
UNCHARTED LABS INC.	93-3799065	0.09	710437
UNIBET INTERACTIVE, INC	61-1884911	0.00	2558364
UNKNOWN WORLDS ENTERTAINMENT,	86-1109270	0.21	6731661

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UPTIMEAI INC	84-2816007	0.03	264104
URBAN ELECTRIC CO.	86-1400325	0.00	105979
US DIGITAL RESPONSE	86-3759883	0.17	2907843
USERVOICE, INC.	26-2057362	0.05	3023956
USSA INTERNATIONAL LLC	84-3264728	0.26	3390427
UTALK LLC (DBA AVADO)	98-0670215	0.00	36275
VACANT.COM INC	92-1575449	0.00	3921
VANTAGE MANAGEMENT SOLUTIONS INC	92-2023800	0.02	153493
VARETO INC	85-1147049	0.00	1233770

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VECTOR AIS STAFFING SERVICES,	87-3201755	0.11	1680347
VECTOR FLOW, INC.	83-4209292	0.00	361305
VECTOR LABS, INC.	47-1762953	0.13	1929408
VEGAMOUR, INC.	81-1752067	0.15	2907058
VENDIA	85-0699744	0.07	2324407
VENTIVA INC	37-1465473	0.16	3143865
VERCEL, INC.	47-5513830	0.00	4
VERTICALSCOPE USA INC.	98-0228759	0.11	4403974
VERTO EDUCATION, INC.	82-3961817	0.13	2548460

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VICI PROPERTIES L.P.	35-2576503	0.23	6881588
VIDSY MEDIA, INC.	30-1140474	0.12	2127350
VIEWPOINT VENTURES MANAGEMENT	87-2944176	0.04	901687
VIM INC	47-4054415	0.02	86556
VITALACY INC.	26-3076048	0.00	0
VIZION INC.	85-1504480	0.06	1476003
VOLANS-I, INC.	47-5021562	0.00	1083512
VOLLEY LABS	47-2906932	0.00	17016
VOTINGWORKS	83-2910494	0.14	2748419

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VYMO INC.	83-4539768	0.00	32100
WAGMO INC	82-2189827	0.15	1701716
WAIT WHAT INC.	35-2582668	0.06	1811555
WALNUT TECH INC.	85-3311180	0.06	1587144
WATERLINE DATA SCIENCE, INC.	46-4184347	0.00	576608
WAVEFRONT, INC.	46-1677391	0.00	160301
WAVERLEY STREET FOUNDATION	81-3242506	0.24	3469920
WAYB, INC.	82-0816311	0.08	1426459
WAYMARK CARE, LLC	88-4221458	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYMARK CARE, NV, BASU, PLLC	88-2103652	0.00	0
WAYMARK, INC.	87-1928993	0.00	0
WAYSTATION AI	99-4767206	0.01	61090
WAYVE TECHNOLOGIES, INC.	87-4088158	0.77	7238727
WEAVE GRID, INC	83-2785785	0.41	7665485
WEAVIATE LLC	98-1754430	0.15	742434
WEI LABORATORIES INC.	75-2985611	0.05	2200502
WEKAIO INC.	32-0466363	0.81	14847955
WELENDUS, INC.	86-3841308	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST LAKE LABS, LLC	85-3022916	0.01	354893
WEVR, INC.	27-2021862	0.00	413359
WILDBIT, LLC	23-3061076	0.00	118463
WIN BRANDS GROUP	81-5226174	0.02	2198698
WINDFALL DATA, INC.	81-3232300	0.22	4166089
WINKLEVOSS CAPITAL MANAGEMENT	45-5016941	0.09	1623721
WITHME HEALTH, LLC	83-0674605	0.00	1831131
WITHSECURE INC	32-0476474	0.08	2718570
WITNESS.AI INC.	93-1560535	0.15	1586742

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WIZARD COMMERCE INC	87-2202937	0.11	2024686
WOEBOT LABS, INC.	38-4034738	0.04	1
WONDERMIND GLOBAL, INC	88-2935932	0.00	487233
WORKING CAPITAL MANAGEMENT, LL	84-3778054	0.06	1395855
WORKMATE LABS, INC.	93-1715611	0.02	83425
WORLD LABS TECHNOLOGIES INC	93-4670372	0.15	1013231
WOTMI INC	92-0568112	0.06	454620
X1 DISCOVERY, INC.	45-3354149	0.04	1446616
X10 CAPITAL MANAGEMENT LLC	82-0864952	0.05	2996951

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XCIMER ENERGY INC	35-2735113	0.45	4113478
XENETA LLC	82-1102631	0.08	973157
XN COMPANIES INC (DBA LUZERN RISK)	92-1954573	0.02	189803
XP HEALTH, INC.	83-2580247	0.18	2581204
Y42 US LLC	32-0682017	0.00	10129
YALOCHAT, INC.	35-2584177	0.00	211509
YARDZEN, INC.	82-5056825	0.00	0
YOTTA TECHNOLOGIES INC.	35-2675262	0.03	491378
YR ID LLC	61-1952104	0.00	3484321

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YUGA LABS, INC.	86-2109575	0.25	4992932
ZENCITY TECHNOLOGIES US, INC.	82-4547182	0.07	1171316
ZENI INC.	82-4863608	0.01	2008537
ZEROPW, INC.	83-4283254	0.37	9624109
ZESTY.AI, INC.	47-3854753	0.13	5081834
ZETA SERVICES, INC.	85-2514504	0.09	1720202
ZETTA INC.	33-1204491	0.00	1210814
ZHU VENTURES LLC	93-4879611	0.02	363221
ZILLIZ INC.	30-1328796	0.08	1326038

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZIPLINES INC	82-1010877	0.09	949523
ZOOMIN SOFTWARE	82-4543082	0.00	0
ZUM SERVICES, INC.	47-3064863	0.45	2

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

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID _____

Sequoia One 401(k) Plan
Financial Statements and Supplemental Schedules
with
Independent Auditor's Report
December 31, 2025 and 2024

Frank, Rimerman + Co. LLP

TABLE OF CONTENTS

	Page(s)
INDEPENDENT AUDITOR'S REPORT	1 - 5
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	6
Statement of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8 - 16
SUPPLEMENTAL SCHEDULES ACCOMPANYING FORM 5500	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	18
Schedule G, Part III – Nonexempt Transactions	19

Plan Administrator
Sequoia One 401(k) Plan
Tempe, Arizona



Certified
Public
Accountants

INDEPENDENT AUDITOR'S REPORT

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

We have performed an audit of the financial statements of the Sequoia One 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year then ended, stating the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

An independent member of Baker Tilly International

Frank Rimerman + Co. LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

- the information in the accompanying financial statements related to assets held by and certified to by the qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe 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 for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining 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 the 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules included in the accompanying table of contents are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

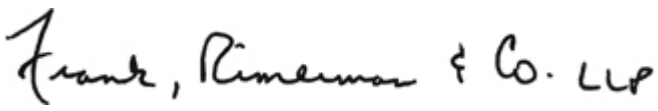
In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by the qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – 2024 Financial Statement

The Plan's statement of net assets available for benefits as of December 31, 2024 was audited by a predecessor auditor. The predecessor auditor performed an ERISA Section 103(a)(3)(C) audit and their report, dated October 15, 2025, stated (a) the amounts and disclosures in the financial statement, other than those agreed to or derived from certified investment information, were presented fairly, in all material respects, in accordance with GAAP, and (b) the information in the financial statement related to assets held by and certified to by a qualified institution agreed to or was derived from, in all material respects, the information prepared and certified by a qualified institution management determined met the requirements of ERISA Section 103(a)(3)(C).



San Jose, California
October 15, 2026

Sequoia One 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
Assets		
Investments, at fair value:		
Mutual funds	$ 1,949,651,554	$ 1,373,462,392
Self-directed brokerage accounts	271,173	-
Total investments at fair value	1,949,922,727	1,373,462,392
Investments, at contract value:		
Guaranteed investment contract	18,974,009	17,120,539
Total investments	1,968,896,736	1,390,582,931
Notes receivable from participants	9,620,846	7,875,995
Contributions receivable:		
Employer	8,581,033	5,937,322
Participant	9,811,600	8,051,907
Total contributions receivable	18,392,633	13,989,229
Net Assets Available for Benefits	$ 1,996,910,215	$ 1,412,448,155

See Notes to Financial Statements

Sequoia One 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions to Net Assets	
Investment income:	
Net appreciation in fair value of investments	$ 252,263,300
Interest and dividends	51,272,153
Net investment income	303,535,453
Interest on notes receivable from participants	639,966
Net income	304,175,419
Contributions:	
Employer	77,320,054
Participant	316,259,078
Participant rollover	106,404,508
Total contributions	499,983,640
Total additions	804,159,059
Deductions from Net Assets	
Benefits paid to participants	254,348,865
Administrative expenses	2,471,934
Total deductions	256,820,799
Transfers of Assets	
Transfers to other Plans	(134,189,813)
Transfers from other Plans	171,313,613
Net transfers	37,123,800
Net Increase	584,462,060
Net Assets Available for Benefits	
December 31, 2024	1,412,448,155
December 31, 2025	$1,996,910,215

See Notes to Financial Statements

1. Description of the Plan

The Sequoia One 401(k) Plan (the Plan) was established on January 1, 2002 by Sequoia One PEO, LLC (the Company). The Company is a professional employer organization. The following description of the Plan, as amended and restated, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan under the related provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a multiple-employer plan, which is offered to employees of the associated employers of the Company (collectively, the Participating Employers). A Participating Employer is a company that has a co-employment relationship with the Company with respect to employees of the Participating Employers.

The Company is the Plan sponsor and Plan administrator. The Plan is administered by an administrative committee, comprised of Company employees, which is responsible for selecting investment options offered under the Plan and monitoring investment performance. Empower Trust Company, LLC and Empower Retirement, LLC (collectively, Empower) serve as the Plan's trustee and recordkeeper, respectively. Empower holds, invests and reinvests Plan assets in the interest and direction of the participants and their beneficiaries.

Eligible Participants:

Employees, as defined by the Participating Employer's Plan agreement, are eligible to participate in the Plan upon satisfying the applicable age and service requirements. Eligibility and Plan entry provisions vary by Participating Employer.

Contributions:

Participants are permitted to make voluntary pre-tax salary deferrals and Roth post-tax contributions up to the applicable percentage of their annual eligible compensation, as defined in the applicable Participating Employer's Plan agreement. Participants who have reached the age of 50 may also elect to withhold additional "catch-up" contributions under the Code. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollovers), subject to Code regulations.

1. Description of the Plan (continued)

Contributions:(continued)

Certain Participating Employers have adopted an automatic enrollment feature under which eligible employees are automatically enrolled in the Plan, unless they request a different amount to be contributed or formally decline participation. The automatic contribution rate, enrollment date, and automatic escalation provisions vary by Participating Employer. Participants may adjust their deferral rate or discontinue their contributions at any time.

Participating Employers may make matching and/or nonelective contributions in accordance with the applicable Participating Employer's Plan agreement.

Participating Employers made contributions of $77,320,054 to the Plan in 2025, of which $8,581,033 was receivable as of December 31, 2025.

Contributions are subject to certain limitations under the Code.

Participant Accounts:

Participant accounts are credited with participant contributions and rollovers, Employer matching contributions (if any), Employer nonelective contributions (if any), and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, in accordance with the Plan agreement. The benefit to which participants are entitled is the benefit that can be provided from the participant accounts.

Participants may elect to invest their accounts in a variety of participant-directed investment options offered by the Plan that are designed to provide the participants with a wide range of investment options. Participants may authorize transfers among investment options at any time.

In addition, participants can choose to invest in and manage a broader range of investments through self-directed brokerage accounts (SDBAs). Investment choices offered to participants in these SDBAs include most equity securities listed on major domestic stock exchanges, additional mutual funds and over-the-counter stocks, bonds and other fixed-income securities.

1. Description of the Plan (continued)

Vesting:

Participants are immediately fully (100%) vested in their contributions plus actual earnings (less any losses) thereon. Vesting in Participating Employer contributions, plus allocated earnings (less any losses) thereon, is determined in accordance with the applicable Participating Employer's Plan agreement. Participants also become fully vested upon death, permanent disability, or normal retirement age, as provided by the applicable Plan agreement.

Forfeitures:

Forfeitures of non-vested Employer contributions may be used to offset future Employer contributions or to pay Plan expenses. As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $1,763,383 and $2,233,045, respectively. In 2025, forfeitures of $506,179 and $27,251 were used to offset Employer contributions and pay Plan expenses, respectively.

Notes Receivable from Participants:

Participants may borrow up to one-half of their account balance, for a minimum of $1,000 and a maximum of $50,000, for a period not to exceed five years, except for notes used to purchase a primary residence for which terms of up to 10 years are permitted. Participant notes are evidenced by a written note, secured by the balance in the participant's account, and bear interest at the prime rate plus 1%. The interest rates on the notes outstanding as of December 31, 2025 ranged from 4.17% to 10.50%. Repayment of principal and interest is generally made through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement.

Plan Transfers:

Qualified plans sponsored by certain Participating Employers may be merged into the Plan in connection with such Participating Employer's adoption of the Plan. Certain Participating Employers may terminate their adoption of the Plan and create a single-employer plan or adopt another multiple-employer plan, where corresponding assets for the related Participating Employer are transferred out. Plan transfers are recorded when paid or received. In 2025, there were $171,313,613 of Plan assets transferred to the Plan and $134,189,813 of Plan assets transferred out of the Plan.

1. Description of the Plan (continued)

Payment of Benefits:

On termination of service, participants may elect to leave their account balance in the Plan or receive benefits. Distributions will be paid as soon as administratively feasible and may be paid in either a lump sum cash payment, partial payments, or rolled into another qualified retirement plan or individual retirement account, as elected by the participants, subject to certain stipulations defined by the Plan agreement. Terminated participant accounts below the Plan's mandatory cash-out threshold may be subject to distribution without participant consent, in accordance with the Plan document and Code regulations. The Plan agreement also allows for in-service and hardship withdrawals of benefits to current employees. Benefits are recorded when paid.

Administrative Expenses:

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. These fees are charged directly against the fund's investment performance and, thus, are not separately disclosed in the financial statements. Certain administrative expenses are charged to the Plan and allocated to participant accounts. All other administrative expenses related to the Plan are paid by the Company or Participating Employers and are not reflected in the Plan's financial statements.

Risks and Uncertainties:

Participants may invest their account balances in a variety of investment options offered by the Plan. Investments are exposed to various risks, such as interest rate, market fluctuation, and credit risks. Due to the level of risk associated with certain investment options offered by the Plan, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. Participating employers may discontinue their contributions or participation in the Plan in accordance with the Plan agreement. In the event of Plan termination, participants would become fully vested in their accounts and distributions would be made to participants as described in the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan are prepared on the accrual method 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 the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments:

The Plan's investments consist of mutual funds, SDBAs, and a guaranteed investment contract. These investments are accounted for as follows:

Mutual Funds: These funds are valued at the quoted closing prices reported on the active market on which the individual securities are traded.

Self-Directed Brokerage Accounts (SDBAs): The SDBAs may consist of shares in various interest-bearing cash accounts, mutual funds, money market funds, over-the-counter equity securities, bonds and other fixed-income securities that are valued based on quoted prices in active markets.

Guaranteed Investment Contract: This account is part of Empower's general fund account and is reported at contract value. The value of the account represents the value to be received when funds are withdrawn prior to their maturity for an event other than death, disability, termination, or retirement, less any applicable surrender charge.

Fair Value Measurement:

The Plan uses a three-level hierarchy for fair value measurement based on the nature of inputs used in the valuation of an asset or liability as of the measurement date. The three-level hierarchy prioritizes within the measurement of fair value, the use of market-based information over entity-specific information. Fair value focuses on an exit price and is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The inputs or methodology used for valuing financial instruments are not necessarily an indication of the risk associated with investing in those financial instruments.

2. Summary of Significant Accounting Policies (continued)

Fair Value Measurement: (continued)

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

- **Level I:** Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- **Level II:** Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- **Level III:** Inputs to the valuation methodology, which are significant to the fair value measurement, are unobservable.

A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Investments, at fair value, as of December 31, 2025 under the three-level hierarchy are as follows:

	Level I	Level II	Level III	Total
Mutual funds	$1,949,651,554	$ -	$ -	$1,949,651,554
SDBAs	271,173	-	-	271,173
Total	$1,949,922,727	$ -	$ -	$1,949,922,727

Investments, at fair value, as of December 31, 2024 under the three-level hierarchy are as follows:

	Level I	Level II	Level III	Total
Mutual funds	$1,373,462,392	$ -	$ -	$1,373,462,392
Total	$1,373,462,392	$ -	$ -	$1,373,462,392

Income Recognition:

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual method of accounting. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and losses on the Plan's investments bought, sold, or held during the year.

3. Information Prepared and Certified by the Qualified Institution

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower, the qualified institution of the Plan, has certified to the completeness and accuracy of the:

- investments and notes receivable from participants included on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.
- net income included on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.
- investment information included in the footnotes and on the supplemental schedule of assets (held at end of year) as of December 31, 2025.

4. Guaranteed Investment Contract

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

The investment contract value as of December 31, 2025 and 2024 was $18,974,009 and $17,120,539, respectively. The average yield and crediting interest rates were approximately 4.31% and 4.80% for 2025 and 2024, respectively.

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

5. Income Tax Status

The Plan administrator has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated April 7, 2021, stating that the form of the pre-approved plan document was in compliance with the applicable provisions of the Code. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and related state statutes and is, therefore, qualified, and the trust that forms a part of the Plan is exempt from federal and state income taxes.

GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded, as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

6. Party-In-Interest Transactions

The GIC is offered by Empower. As Empower is the Plan's trustee, purchases and sales of the GIC qualify as party-in-interest transactions. Notes receivable with participants transactions also qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. Nonexempt Prohibited Transactions

Certain participant contributions were not remitted to the Plan timely, as required by the DOL, as reflected on the supplemental schedule of delinquent participant contributions for the year ended December 31, 2025. The DOL considers delinquent participant contributions to be nonexempt prohibited transactions with the Plan sponsor that can jeopardize the Plan's tax-exempt status.

In 2025, certain expenses totaling $8,838 related to discretionary Plan amendments were paid from Plan assets that should have been paid by the Company. These payments constitute nonexempt prohibited transactions between the Plan and the Company. The Company corrected the prohibited transactions by restoring $8,838 to the Plan and remitting applicable lost earnings during 2026.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$1,996,910,215	$1,412,448,155
Less: Employer contributions receivable	(8,581,033)	(5,937,322)
Less: Participant contributions receivable	(9,811,600)	(8,051,907)
Net assets available for benefits per Form 5500	$1,978,517,582	$1,398,458,926

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits per the financial statements	$ 584,462,060
Add: Employer contributions receivable as of December 31, 2024	5,937,322
Add: Participant contributions receivable as of December 31, 2024	8,051,907
Less: Employer contributions receivable as of December 31, 2025	(8,581,033)
Less: Participant contributions receivable as of December 31, 2025	(9,811,600)
Net increase in net assets available for benefits per Form 5500	$ 580,058,656

9. Subsequent Events

Subsequent events have been evaluated through October 15, 2026, which is the date the financial statements were approved by the Plan administrator and available to be issued.

Sequoia One 401(k) Plan
(Employer Identification Number 46-4716239)
(Plan Number 001)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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
	Self Directed Brokerage Account:		
	Schwab Self-Directed Brokerage Account	**	$ 271,173
	Guaranteed Investment Contract:		
*	SAGIC Diversified Bond II	**	18,974,009
	Mutual Funds:		
	Dreyfus Government Cash Management Fund Institutional Shares	**	2,589,579
	Vanguard Target Retirement 2020 Fund Investor Shares	**	3,612,105
	Vanguard Target Retirement 2030 Fund Investor Shares	**	48,704,446
	Vanguard Target Retirement 2035 Fund Investor Shares	**	92,682,737
	Vanguard Target Retirement 2040 Fund Investor Shares	**	128,021,113
	Vanguard Target Retirement 2045 Fund Investor Shares	**	188,560,537
	Vanguard Target Retirement 2050 Fund Investor Shares	**	274,821,060
	Vanguard Target Retirement 2055 Fund Investor Shares	**	320,353,869
	Vanguard Target Retirement 2060 Fund Investor Shares	**	193,638,498
	Vanguard Target Retirement Income Fund Investor Shares	**	4,296,399
	BlackRock High Yield Fund Class K	**	7,362,806
	Cohen & Steers Real Estate Securities Fund Class Z	**	5,622,659
	DFA U.S. Targeted Value Portfolio Institutional Class	**	8,276,282
	Dodge & Cox Stock Fund	**	15,850,340
	Fidelity Total Market Index Fund	**	87,220,204
	Fidelity Mid Cap Index Fund	**	24,327,055
	Fidelity Small Cap Index Fund	**	22,219,779
	Fidelity Total International Index Fund	**	35,385,247
	Fidelity 500 Index Fund	**	225,170,231
	Fidelity U.S. Bond Index Fund	**	18,157,067
	Janus Henderson Triton Fund Class N	**	3,120,836
	JPMorgan Large Cap Growth Fund Class R6	**	72,620,607
	MassMutual Mid Cap Growth Fund Class I	**	5,124,156
	Invesco Gold & Special Minerals Fund Class R6	**	16,200,816
	PIMCO Real Return Fund Institutional Class	**	5,623,694
	PGIM Total Return Bond Fund Class R6	**	6,256,245
	American Funds EuroPacific Growth Fund Class R-6	**	5,704,097
	American Funds New Perspective Fund Class R-6	**	14,011,326
	American Funds New World Fund Class R-6	**	5,801,615
	Vanguard FTSE Social Index Fund Institutional Shares	**	21,509,327
	Vanguard Target Retirement 2065 Fund Investor Shares	**	50,827,369
	Vanguard Target Retirement 2070 Fund Investor Shares	**	17,203,909
	Vanguard Target Retirement 2025 Fund Investor Shares	**	14,346,552
	Allspring Special Mid Cap Value Fund Class R6	**	4,428,992
*	Participant loans receivable - 658 loans outstanding with interest rates ranging from 4.17% to 10.50%	-	9,620,846
	Total assets held at end of year		$ 1,978,517,582

* An asterisk in column (a) denotes a transaction with a party-in-interest to the Plan.
** Cost information is not required as all investments are participant directed.

Sequoia One 401(k) Plan
(Employer Identification Number 46-4716239)
(Plan Number 001)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025

Plan Year	Check Here if Participant Loan Repayments are Included	Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2025		$ 21,607	$ 21,607	$ -	$ -	$ -
2024		25,809	-	25,809	-	-
Totals		$ 47,416	$ 21,607	$ 25,809	$ -	$ -

Sequoia One 401(k) Plan
(Employer Identification Number 46-4716239)
(Plan Number 001)
Supplemental Schedule Accompanying Form 5500
Schedule G, Part III - Schedule of Nonexempt Transactions
Year Ended December 31, 2025

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value
Sequoia One PEO, LLC	Plan sponsor	Use of $8,838 plan assets to pay settlor expense. Transaction corrected by payment in 2026.

(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
$ -	$ -	$ -	$ 8,838	$ -	$ -	$ -

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
Transamerica Retirement Solutions, LLC	52-1684403	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
Guideline RK, LLC	13-2670985	001
Human Interest	47-3868366	001
Insperity Retirement Services	56-2375265	001
Justworks Retirement Savings Plan	46-2283648	333
Paychex Retirement Services	85-3275179	001
Slavic Integrated Administration, Inc.	20-8096835	001

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

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Sequoia One PEO, LLC

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1BRHYX			7,135,937.42	7,362,806.01
1CSZIX			5,368,835.73	5,622,658.55
1DFFVX			7,008,802.71	8,276,282.05
1DGCXX			2,586,496.63	2,589,579.09
1DODGX			14,701,209.34	15,850,339.76
1FSKAX			66,210,561.96	87,220,204.35
1FSMDX			20,594,834.50	24,327,055.36
1FSSNX			18,321,616.06	22,219,779.30
1FTIHX			28,675,273.06	35,385,247.44
1FXAIX			172,000,115.37	225,170,231.24
1FXNAX			17,787,535.74	18,157,067.44
1JGMNX			3,104,039.54	3,120,836.17
1JLGMX			62,027,331.57	72,620,606.59
1MEFZX			5,903,043.20	5,124,155.58
1OGMIX			9,321,279.41	16,200,815.59
1PRRIX			5,518,935.87	5,623,693.61
1PTRQX			6,104,089.82	6,256,245.33
1RERGX			5,276,667.55	5,704,097.11
1RNPGX			11,840,792.95	14,011,326.30
1RNWGX			4,979,941.15	5,801,615.26
1VFFVX			254,755,187.30	319,433,869.21
1VFIFX			218,783,747.85	274,821,060.28
1VFORX			105,797,253.84	128,021,112.60
1VFTNX			15,466,853.38	21,509,326.80
1VLXVX			42,875,516.99	50,827,369.35
1VSVNX			14,964,708.89	17,203,908.90
1VTHRX			42,982,013.70	48,704,446.30
1VTINX			4,185,905.16	4,296,399.35
1VTIVX			152,506,455.00	188,560,536.62
1VTTHX			78,489,521.87	92,682,736.94
1VTTSX			157,189,701.15	193,638,497.94
1VTTVX			13,557,813.63	14,346,551.69
1VTWNX			3,662,240.24	3,612,105.05
1WFPRX			4,590,216.58	4,428,991.54
1SDBSCH			271,172.88	271,172.88
1MGZJZ0		2.930	114.81	17,324.04
1SGVTQ0		4.450	16,828,049.23	18,111,746.47
TOTALS			**1,601,373,812.08**	**1,967,131,798.09**
PARTICIPANT LOANS	VARIOUS	3.25-10.5	9,745,229.70	9,753,132.43
FORFEITURES			1,636,685.41	1,764,938.09

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 464716239

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Sequoia One PEO, LLC

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1BRHYX	BlackRock High Yield K
1DFFVX	DFA US Targeted Value I
1DODGX	Dodge & Cox Stock - I
1FSMDX	Fidelity Mid Cap Index
1FTIHX	Fidelity Total International Index
1FXNAX	Fidelity US Bond Index
1JLGMX	JPMorgan Large Cap Growth R6
1MGZJZ0	General Account
1PRRIX	PIMCO Real Return Instl
1RERGX	American Funds Eupac R6
1RNWGX	American Funds New World R6
1SGVTQ0	SAGIC Diversified Bond II
1VFIFX	Vanguard Target Retirement 2050 Inv
1VFTNX	Vanguard FTSE Social Index I
1VSVNX	Vanguard Target Retirement 2070 Inv
1VTINX	Vanguard Target Retirement Income Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1WFPRX	Allspring Special Mid Cap Value R6
1CSZIX	Cohen & Steers Real Estate Securities Z
1DGCXX	Dreyfus Government Cash Mgmt Instl
1FSKAX	Fidelity Total Market Index
1FSSNX	Fidelity Small Cap Index
1FXAIX	Fidelity 500 Index
1JGMNX	Janus Henderson Triton N
1MEFZX	MassMutual Mid Cap Growth I
1OGMIX	Invesco Gold & Special Minerals R6
1PTRQX	PGIM Total Return Bond R6
1RNPGX	American Funds New Perspective R6
1SDBSCH	Schwab SDB
1VFFVX	Vanguard Target Retirement 2055 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv
1VTWNX	Vanguard Target Retirement 2020 Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year.
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year.