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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
ARTECH INFORMATION SYSTEMS, LLC

360 MT. KEMBLE AVENUE SUITE 2000
MORRISTOWN, NJ 07960

2b Employer Identification Number (EIN) 22-3338103

2c Plan Sponsor's telephone number 973-967-3398

2d Business code (see instructions) 561300

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.	11/03/2022	TARESH SHARMA
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	5683
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)**	3698
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4190
b Retired or separated participants receiving benefits	**6b**	256
c Other retired or separated participants entitled to future benefits	**6c**	2173
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	6619
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5253
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2423
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] 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)** [ ] 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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARTECH INFORMATION SYSTEMS, LLC

D Employer Identification Number (EIN)
22-3338103

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	1260028-01	313	01/01/2021	12/31/2021

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	2639527
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.	6d	

Specify nature of costs ▶

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	2844139
c	Additions: (1) Contributions deposited during the year	7c(1)	435609		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	23950		
	(4) Transferred from separate account	7c(4)	697448		
	(5) Other (specify below)	7c(5)	29620		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	1186627
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4030766
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	545145		
	(2) Administration charge made by carrier	7e(2)	149671		
	(3) Transferred to separate account	7e(3)	696423		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1391239
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2639527

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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶	
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ARTECH INFORMATION SYSTEMS, LLC	22-3338103	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

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	152460	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP, LLC

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?
28	INVESTMENT MGMT	28802	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN PENSION LLC

186 SHERMAN AVE STE 2
BERKELEY HEIGHTS, NJ 07922

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	20107	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

KNAV PA

990 HAMMOND DR STE 850
ATLANTA, GA 30328

(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	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FICKE & ASSOCIATES INC

271 US HWY 46 STE A201
FAIRFIELD, NJ 07004

(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?
99	OTHER	114	Yes ☐ No ☒	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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARTECH INFORMATION SYSTEMS, LLC

D Employer Identification Number (EIN)
22-3338103

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2250946-001	C	209973

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARTECH INFORMATION SYSTEMS, LLC

D Employer Identification Number (EIN)
22-3338103

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)	424340	64071
(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)	373275	374763
(9) Value of interest in common/collective trusts	1c(9)	245966	209973
(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)	48648123	60396642
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2844139	2639527
(15) Other	1c(15)	0	0

			(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
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	52535843	63684976
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	35167
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	35167
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	52535843	63649809

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)**	0	
	(B) Participants	**2a(1)(B)**	13690004	
	(C) Others (including rollovers)	**2a(1)(C)**	2004809	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		15694813
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)**	15816	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		15816
	(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)**	5986492	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		5986492
	(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)		4163
(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)		1855034
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		23556318
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12062284	
(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)		12062284
f Corrective distributions (see instructions)	2f		93909
g Certain deemed distributions of participant loans (see instructions)	2g		72676
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	213483	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		213483
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12442352
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11113966
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: KNAV P.A. **(2)** EIN: 20-2751082

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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		1648190

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		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 ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARTECH INFORMATION SYSTEMS, LLC

D Employer Identification Number (EIN)
22-3338103

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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 _____

Artech Information Systems, LLC 401(k) Savings Plan

Financial Statements

December 31, 2021, and December 31, 2020

KNAV P.A.

Certified Public Accountants
One Lakeside Commons, Suite 850,
990 Hammond Drive NE, Atlanta, GA 30328

CPA℠
America Counts on CPAs

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PARTNERS BEYOND BOUNDARIES

Report of Independent Auditor

To,
The Participants and the Plan Administrator,
Artech Information Systems, LLC 401(k) Savings Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit of financial statements for the year ended December 31, 2021

We have performed an audit of the financial statements of Artech Information Systems, LLC 401(k) Savings 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, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 financial statements

In our opinion, based on our audit and on the procedures performed as described in the auditor's responsibilities for the audit of the 2021 financial statements section—

- the amounts and disclosures in the accompanying 2021 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.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for opinion on 2021 financial statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the 2021 financial statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the 2021 financial statements

Management is responsible for the preparation and fair presentation of 2021 financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of 2021 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 2021 financial statements.

In preparing the 2021 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 2021 financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the 2021 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the 2021 financial statements

Except as described in the scope and nature of the ERISA Section 103(a)(3)(C) audit of the 2021 financial statement for the year ended December 31, 2021, section of our report, our objectives are to obtain reasonable assurance about whether the 2021 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 2021 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other matters

Supplemental schedules required by ERISA for the year ended December 31, 2021

The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of assets held as of December 31, 2021, and Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2021 (under supplemental information), are presented for purposes of additional analysis and 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 2021 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 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental

schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's report on the financial statements for the year ended December 31, 2020

We were engaged to audit the financial statements of the Plan for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the financial statements for the year ended December 31, 2020, and (b) the form and content of the information included in the financial statements for the year ended December 31, 2020, other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

KNAV P.A.

Atlanta, Georgia.
October 28, 2022

Financial Statements

Statements of Net Assets Available for Benefits

(All amounts in United States Dollars, unless otherwise stated)	As at December 31, 2021	As at December 31, 2020
ASSETS		
Investments at fair value:		
Mutual funds	60,396,642	48,648,123
Common/collective trust	209,973	245,966
Fully benefit-responsive investment contracts at contract value:		
Guaranteed interest account	2,639,527	2,844,139
Total investments	**63,246,142**	**51,738,228**
Receivables:		
Participant contributions	64,071	424,340
Notes receivables from participants	374,763	373,275
Total receivables	**438,834**	**797,615**
Total assets	**63,684,976**	**52,535,843**
Liabilities:		
Excess contributions payable	35,167	-
Total liabilities	**35,167**	-
Net assets available for benefits	**63,649,809**	**52,535,843**

(See accompanying notes to financial statements)

Statements of Changes in Net Assets Available for Benefits

(Amounts in United States Dollars, unless otherwise stated)

	For the years ended December 31, 2021	December 31, 2020
Additions to net assets attributed to:		
Investment income:		
Net gains in fair value of mutual funds	1,855,034	4,695,433
Net gains in fair value of common/collective trust	4,163	8,534
Interest and dividend income	5,986,492	2,237,584
Total investment gains	**7,845,689**	**6,941,551**
Interest income on participant loans	**15,816**	**20,675**
Contributions:		
Participants	13,690,004	12,742,120
Rollover	2,004,809	1,342,094
Total contributions	**15,694,813**	**14,084,214**
Total additions	**23,556,318**	**21,046,440**
Deductions from net assets attributed to:		
Benefits paid to participants	12,062,284	11,332,308
Corrective distributions	93,909	60,029
Deemed distributions	72,676	72,601
Administrative expenses	213,483	175,026
Total deductions	**12,442,352**	**11,639,964**
Net increase	**11,113,966**	**9,406,476**
Net assets available for benefits:		
Beginning of the year	**52,535,843**	**43,129,367**
End of the year	**63,649,809**	**52,535,843**

(See accompanying notes to financial statements)

Notes to Financial Statements

(All amounts are in United States Dollars, unless otherwise stated)

NOTE 1: DESCRIPTION OF PLAN

Effective January 01, 1997, restated December 01, 2021, Artech L.L.C. (erstwhile known as Artech Information Systems, L.L.C.) ("the Company") established the Artech Information Systems, LLC 401(k) Savings Plan ("the Plan"). The following description of the Artech Information Systems, LLC 401(k) Savings Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

Artech Information Systems, LLC 401(k) Savings Plan is a defined contribution plan covering all eligible salaried and hourly employees of the Company who meet eligibility requirements and choose to participate. The Company serves as the Plan sponsor and the Plan administrator of the Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Employees are eligible to participate in the Plan on a monthly basis following the completion of one month of service with the Company and attainment of age 21. Employees whose employment is governed by a collective bargaining agreement under which retirement benefits are the subject of good faith bargaining are not eligible to participate in the Plan. The Plan requires attainment of 1,000 hours of service in order to receive credit for eligibility and a year of vesting service.

Contributions

The Plan includes a provision under Internal Revenue Code ("IRC") Section 401(k) whereby participants may elect to defer pre-tax contributions or Roth 401(k) deferrals to the Plan by a 92% from their annual compensation as defined in the plan. Annual participant contribution amounts are limited to $19,500 of salary deferrals for the year ended December 31, 2021, and December 31, 2020 ($26,000 in 2021 and 2020 for participants aged 50 years and over). Participant contributions received during the years ended December 31, 2021, and December 31, 2020, amounted to $13,690,004 and $12,742,120, respectively.

The Company may opt to make discretionary matching contributions towards the Plan, a discretionary percentage determined by the Company in a nondiscretionary manner, of each tier of a Participant's Elective Deferrals or flat dollar amount allocated to all participants as determined by the Company, subject to the limit of $2,000 for each participant. The percentage will be determined by the Company each year. Upon determination of participants' contributions, the Company contributions are made to the trustees in cash. The contributed cash is allocated to individual employee accounts and invested at the participants' direction. The employer matching contributions will be subject to limitations under the Internal Revenue Code ('IRC"). For the years ended December 31, 2021, and December 31, 2020, the Company contributed $NIL and $100,000, respectively. Forfeiture balance was used to pay Company contributions for the year ended December 31, 2020.

At the Plan administrator's discretion, a participant may deposit rollover contributions from another qualified plan. Rollover contributions are placed in the participant's account and are subject to the rules for investment established by the Plan administrator. Effective January 28, 2019, as a result of the acquisition by the Plan Sponsor of Talent and Technology Solutions ("TTS") of CDI Corporation ("CDI") on October 01, 2018, the employees were treated as newly hired employees and no service credit was

provided to them for the tenure they served as employees of CDI Corporation with respect to the Plan eligibility requirements and their balances with CDI 401k Plan were brought into the Plan by way of rollover contributions. The Eligible Automatic Contribution Arrangements ("EACA") provisions of the Plan and periodic increase rules do not apply to CDI employees who became eligible participants of the Plan. The rollover contributions during the years end December 31, 2021, and December 31, 2020, were $2,004,809 and $1,342,094, respectively.

Administration

The Company serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan, and making determinations regarding questions which may affect eligibility for benefits. For the years ended December 31, 2021, and December 31, 2020, the Plan engaged the Company, as Plan administrator, to assist in the administration of the Plan.

For the years ended December 31, 2021, and December 31, 2020, Great-West Life & Annuity Insurance Company and Great-West Trust Company LLC (collectively referred to as "Great-West") served as the directed trustees of the Plan pursuant to the Plan agreement.

Plan expenses

Administrative expenses

Plan expenses not paid by the Company may be paid out of Plan assets provided that such payment is consistent with ERISA.

Management fees and operating expenses

Management fees and operating expenses, charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees are reflected in the net appreciation in fair value of such investments.

The administrative expenses comprise:

	Year ended	
	December 31, 2021	**December 31, 2020**
Contract administrator fees	213,483	175,026
Total	**213,483**	**175,026**

Participant accounts

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contribution, the Company's discretionary contribution, if any, and plan earnings. Each participant's account is charged with withdrawals and plan losses and an allocation of administrative expenses. Allocations are based on participants earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions (including catch-up contributions and rollover contributions) plus actual earnings thereon. A participant will also immediately become 100% vested upon normal retirement age, death or if them become disabled. Vesting in the Company's matching

or discretionary portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credit service, at a rate of 20% per year following two years of credit service.

Investment options

Participants direct the investments of contributions into various investment options offered by the Plan. The Plan currently offers mutual funds, common/collective trust, and guaranteed interest account as investment options for participants. If a participant elects to invest in the Key Guaranteed Portfolio Fund, they are investing in a collective investment fund which invests in corporate bonds, and other stable investment options that guarantee a minimum rate of return over the life of the annuity contract.

The Pension Protection Act created the Qualified Default Investment Alternative (the "QDIA") which provide employers safe harbor from fiduciary risk when selecting an investment for a participant or beneficiary who fails to elect his or her own investment. The plan has selected J.P. Morgan Smart Retirement Target Date Fund based on the expected retirement dates as its QDIA.

Notes receivable from participants

Participants may borrow from their account balances with interest based on the rates available for similar loans from commercial lending institutions. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The minimum note amount is $1,000 and the maximum amount is 50% of the vested portion of a participants' account balance to a maximum of $50,000. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions, if available. Participants may only take out one loan at a time.

Distributions

Employee participating in the Plan are eligible to receive a benefit upon their normal retirement date, age 65, or on their early retirement date, the later of age 55 or the date of attaining five years of vesting service, or upon a later retirement date if employment continues after the age of 65, equal to the amount in their individual accounts. Participant's voluntary contribution as well as the earnings on those accounts are always 100% vested.

Distribution may be paid directly to an eligible retirement plan specified by the participant (or designated beneficiary) in a direct rollover or to an individual retirement account. Distributions can also be paid in cash, if so elected. In addition, terminated employees with vested account balances in excess of $5,000 may elect to leave their account balances in the Plan and share in the future investment results.

Participants will receive the full amount of their vested account balances in the event of normal retirement, termination of service, death, or disability. Early withdrawals are permitted at the participant's request after the age of 59 and a half. Certain hardship withdrawals are also permitted. The Plan provides for distribution made in lump-sum, installment, or annuity payments.

Hardship withdrawals

Prior to termination of employment, a participant may withdraw, subject to the Plan's notice requirements, all, or a portion of the value of his or her participant account and the vested value of his or her Company contribution account if the participant attained aged of 59 ½ or becomes totally and permanently disabled, or all of the value of his or her participant account in the event of demonstrated financial hardship, subject to the Plan's provisions.

Withdrawal to which a participant is entitled are the amounts that can be provided by the contributions and income thereon (including net realized and unrealized investment gains and losses) allocated to each participant's account, less allocated expenses. Salary deferral contribution are suspended for six months following hardship withdrawal.

Forfeitures

The employer may use forfeitures to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan by the Company, as defined in the Plan agreement. As at December 31, 2021, and December 31, 2020, non-vested forfeited accounts totaled $203,249 and $196,723 respectively. Forfeitures of non-vested accounts during the year ended December 31, 2021, and December 31, 2020, totaled $26,031 and $6,260, respectively. Plan expenses for the years ended December 31, 2021, and December 31, 2020, amounting to $147,503 and $165,863, respectively were paid out of forfeitures. The Plan has utilized $100,000 to reduce the employer contributions receivable as at December 31, 2020, during the year 2021.

Plan termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting. Investments held by the Plan are reported at fair value, except for fully benefit-responsive investment contracts.

Use of estimates in financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("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. Any adjustment applied to estimated amounts are recognized in the year in which such adjustments are determined.

Risks and uncertainties

The Plan provides for various investment options in fixed income guaranteed option, registered investment companies (mutual funds) and common/collective trusts (stable value fund). The Plan's exposure to credit losses in the event of non-performance of investments is limited to the carrying value of such investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. During the years ended December 31, 2021, and December 31, 2020, net gains in the value of investments totaled $1,859,197 and $4,703,967, respectively. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits, participant account balances and the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021, and December 31, 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the failure to repay a loan will reduce the benefit the participant would otherwise be entitled to from the Plan on the terms of the Plan document. During the year ended December 31, 2021, and December 31, 2020, Plan considered $72,676 and $72,601, respectively as deemed distributions.

Investment valuation and income recognition

Investments in mutual funds and common/collective trusts are valued at quoted market prices or contract value, wherever applicable, as provided by the trustees. Net appreciation in the value of mutual funds and common/collective trusts represents the change in fair value or contract value, wherever applicable, during the year, including realized and unrealized gains and losses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for discussion of fair value measurements.

Investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Basis of fair value measurements

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurements date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices for similar or identical assets or liabilities in active or inactive markets, other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurements, and unobservable.

A financial instrument’s level within fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

The Company/ Plan evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level of classification as of each reporting period

The following is a description of the valuation methods used for Plan assets measured at fair value at December 31, 2021, and December 31, 2020. There were no changes in the methods used at December 31, 2021, and December 31, 2020.

•*Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that re-registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

•*Collective trust fund*: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales), may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

•*Guaranteed interest account*: Fixed income guaranteed option are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration of payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

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

Corrective distributions

Corrective distributions are those contributions that were ineligible for the Plan year. During the year ended December 31, 2021, corrective distributions amounted to $93,909 (which reflect payments in 2021 and accrual for 2021 to be paid out in 2022) and for the year ended December 31, 2020, corrective distributions amounted to $60,029.

NOTE 3: INFORMATION CERTIFIED BY TRUSTEES *(UNAUDITED)*

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the trustees, except for comparing such information certified by the trustees to information included in the Plan's financial statements for the years ended December 31, 2021, and December 31, 2020, and supplemental information for the year ended December 31, 2021:

	As at	
	December 31, 2021	December 31, 2020
Investments, at fair value:		
Mutual funds	60,396,642	48,648,123
Common/collective trust	209,973	245,966

Fully benefit-responsive investment contracts at contract value		
Guaranteed interest account	2,639,527	2,844,139
Investments as certified by trustees *(unaudited)**	**63,246,142**	**51,738,228**
Transactions during the year ended		
Net gains in fair value of mutual funds	1,855,034	4,695,433
Net gains in fair value of common/collective trust	4,163	8,534
Interest and dividend income	5,986,492	2,237,584

**Refer note 7 for reconciliation with schedule H, form 5500*

NOTE 4: INVESTMENTS

A schedule of the fair value, wherever applicable, of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2021, and December 31, 2020, is as follows:

	2021		2020	
Fund Name	**Amount in $**	**%**	**Amount in $**	**%**
iShares S&P 500 Index I	8,110,701	13	6,187,779	12
JPMorgan Smart Retirement 2030 A	4,876,528	08	3,872,745	07
JPMorgan Smart Retirement 2035 A	4,796,722	08	3,160,509	06
JPMorgan Smart Retirement 2040 A	4,040,973	06	3,280,462	06
JPMorgan Smart Retirement 2045 A	3,551,021	06	2,960,944	06
JPMorgan Smart Retirement 2025 A	3,399,625	05	2,966,407	06
MFS Massachusetts Inv Growth Fund A	3,186,868	05	2,486,658	05
JPMorgan Smart Retirement 2055 A	2,892,542	05	*	*
Key Guaranteed Portfolio Fund	*	*	2,647,430	05

*Value as at reporting date does not equal or exceed 5% of net assets.

During the years ended December 31, 2021, and December 31, 2020, the Plan's investments (including losses and gains of investments bought, sold, and held during the year) appreciated in value as follows:

	Year ended	
	December 31, 2021	**December 31, 2020**
Net gains in fair value of mutual funds	1,855,034	4,695,433
Net gains in fair value of common/collective trust	4,163	8,534
Interest and dividend income	5,986,492	2,237,584

NOTE 5: FAIR VALUE MEASUREMENTS

The following tables present by level, within the fair value hierarchy, the plan investment assets at fair value, as of December 31, 2021, and December 31, 2020. As required by Accounting Standard Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, investments assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

2021

Description	Amount ($)	Quoted in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others
Mutual funds	60,396,642	60,396,642	-	-	-
Common/collective trust*	209,973	-	-	-	209,973
Fixed income guaranteed option**	2,639,527	-	-	-	2,639,527
Total investments	**63,246,142**	**60,396,642**	**-**	**-**	**2,849,500**

*Assets measured at NAV and therefore excluded from the fair value hierarchy.
**Asset measured at contract value and therefore excluded from the fair value hierarchy.

2020

Description	Amount ($)	Quoted in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others
Mutual funds	48,648,123	48,648,123		-	-
Common/collective trust*	245,966	-	-	-	245,966
Fixed income guaranteed option**	2,844,139	-	-	-	2,844,139
Total investments	**51,738,228**	**48,648,123**	**-**	**-**	**3,090,105**

*Assets measured at NAV and therefore excluded from the fair value hierarchy.
**Asset measured at contract value and therefore excluded from the fair value hierarchy.

NOTE 6: GUARANTEED INTEREST ACCOUNT

As of December 31, 2021, and December 31, 2020, the Plan invested in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a guaranteed interest account product that has been issued by Great-West Life & Annuity Insurance Company to Great-West Financial as custodian. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly. The average yield earned for the years ended December 31, 2021, and December 31, 2020, was 0.90% and 1.04%, respectively.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Certain events limit the Plan's ability to transact at contract value. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction

exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 7: RECONCILIATION OF INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED) TO SCHEDULE H, FORM 5500

		2021
	Investment balance as certified by trustees *(unaudited) - refer note 3*	63,246,142
Add:	Notes receivable from participants	374,763
Add:	Participant contributions receivable	64,071
Less:	Excess contributions payable	(35,167)
	Balance as per schedule H, form 5500	**63,649,809**

		2020
	Investment balance as certified by trustees *(unaudited) - refer note 3*	51,738,228
Add:	Notes receivable from participants	373,275
Add:	Participant contributions receivable	424,340
	Balance as per schedule H, form 5500	**52,535,843**

NOTE 8: INCOME TAX STATUS

Effective December 01, 2020, the Plan Sponsor entered into a prototype non-standardized profit-sharing plan with cash or deferred arrangement of the Great-West Trust Company, LLC. From January 01, 2020, till November 30, 2020, the Plan entered into an adoption agreement of the American Pension Corporation Prototype Non-Standardized Cash or Profit-Sharing Plan with CODA, collectively referred to as "prototype plans". The prototype plans received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2014, which stated that the prototype plan and related trust were designed in accordance with applicable sections of the IRC. It is the opinion of the Plan trustees and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations.

U.S. generally accepted accounting principles require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, and December 31, 2020, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: PARTY-IN-INTEREST TRANSACTIONS

Great-West served as the directed trustees of the Plan. Great-West performed services for and sold products to and managed and maintained certain investments of the Plan for which fees are paid by the Company. Apart from this the Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. Party-in-interest transactions also include loans made to participants. The investment sponsored by Great-West had a balance of $2,639,527 and $2,844,139 as of December 31, 2021, and December 31, 2020, respectively.

Such transactions, while considered party-in-interest transactions under ERISA, are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 10: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

NOTE 11: DELINQUENT PARTICIPANT CONTRIBUTIONS

During the years ended December 31, 2021, and December 31, 2020, employee withholdings (including loan repayments) totaling $350,435 and $442,863, respectively were not remitted to the Plan on a timely basis due to unintentional delays. The Company has corrected 2020 delinquent contributions amounting to $442,863 during Plan year 2021. The Company has corrected 2021 delinquent contributions amounting to $350,246 by calculating and remitting the lost earnings during Plan year 2022, using the Department of Labor (DOL) guidelines for late deposits.

During the year ended December 31, 2019, employee withholdings (including loan repayments) totaling $854,892, were not remitted to the Plan on a timely basis due to unintentional delays. In 2021, the Company corrected the lost earnings on the 2019 delinquent contributions, by calculating and remitting lost earnings using the DOL guidelines for late deposits.

NOTE 12: IMPACT OF COVID-19

In December 2020, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. Global financial markets have experienced significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit obligations will depend on future developments, including the duration and continued spread of the outbreak.

NOTE 13: CARES ACT PROVISIONS

On March 27, 2021, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provided temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions, and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document.

Plan management has adopted certain relief provisions included in the CARES Act; however, its future effects on the Plan’s net assets available for benefits and changes in net assets available for benefits are uncertain. The Plan will formally be amended by the end of the 2022 plan year.

NOTE 14: SUBSEQUENT EVENTS

The Plan evaluated all events and transactions that occurred after December 31, 2021, through the date the financial statements were available to be issued. Based on the evaluation, the Plan is not aware of any events or transactions that would require recognition or disclosure in the financial statements.

Supplemental Information

Plan Sponsor: Artech L.L.C. (erstwhile known as Artech Information Systems, L.L.C.)
EIN: 22-3338103
Plan number: 001

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2021*

Investments	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Amount ($)
iShares S&P 500 Index I	Mutual funds	8,110,701
JPMorgan Smart Retirement 2030 A	Mutual funds	4,876,528
JPMorgan Smart Retirement 2035 A	Mutual funds	4,796,722
JPMorgan Smart Retirement 2040 A	Mutual funds	4,040,973
JPMorgan Smart Retirement 2045 A	Mutual funds	3,551,021
JPMorgan Smart Retirement 2025 A	Mutual funds	3,399,625
MFS Massachusetts Inv Growth Fund A	Mutual funds	3,186,868
JPMorgan Smart Retirement 2055 A	Mutual funds	2,892,542
Key Guaranteed Portfolio Fund**	Fixed income guaranteed option	2,639,527
JPMorgan Smart Retirement 2050 A	Mutual funds	2,465,621
JPMorgan Smart Retirement 2020 A	Mutual funds	2,261,989
JPMorgan Smart Retirement Income A	Mutual funds	1,732,071
BNY Mellon Technology Growth A	Mutual funds	1,661,638
Victory Sycamore Established Value A	Mutual funds	1,515,538
iShares Russell 2000 Small-Cap Index A	Mutual funds	1,341,966
Western Asset Core Bond A	Mutual funds	1,225,253
ClearBridge Small Cap Growth A	Mutual funds	1,059,528
iShares MSCI EAFE International Index A	Mutual funds	1,036,617
PGIM Jennison Mid Cap Growth A	Mutual funds	1,028,799
Columbia Mid Cap Index A	Mutual funds	964,892
Columbia Balanced A	Mutual funds	928,974
Invesco Diversified Dividend A	Mutual funds	777,610
BlackRock Inflation Protected Bond Inv A	Mutual funds	754,108
Invesco Oppenheimer Global A	Mutual funds	713,674
Franklin Income A	Mutual funds	709,584
Invesco Oppenheimer Developing Markets A	Mutual funds	592,699
Franklin Real Estate Securities A	Mutual funds	564,041
Nationwide Bond Index Fund A	Mutual funds	560,374
MFS Blended Research Core Equity A	Mutual funds	527,807
BlackRock Global Allocation Inv A	Mutual funds	442,786
AB High Income A	Mutual funds	439,422
First Eagle Overseas A	Mutual funds	420,848
JPMorgan Government Bond A	Mutual funds	391,375
American Century Global Gold A	Mutual funds	354,021
Janus Henderson Small Cap Value A	Mutual funds	287,116
Invesco Oppenheimer Int'l Growth A	Mutual funds	282,783
Goldman Sachs Small Value Fund - A	Mutual funds	277,312
Wells Fargo Stable Return Fund C	Common/collective trust	209,973
Columbia Thermostat A	Mutual funds	173,549
Lazard Intl Strategic Equity Open	Mutual funds	49,667

Total		**63,246,142**

Notes receivable from Participants**

Loan notes	Interest rates ranging from 4.25% to 6.50%, with various maturities	374,763

*Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

** Party in interest as defined by ERISA.

The above information was certified by the trustees, to be complete and accurate to the best of their knowledge

See Report of Independent Auditor

Supplemental Information

Plan Sponsor: Artech L.L.C. (erstwhile known as Artech Information Systems, L.L.C.)
EIN: 22-3338103
Plan number: 001

Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2021*

Participant contributions transferred late to the Plan**	Check here if late participants loan repayments are included	Total that constitutes non-exempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51***
		Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
$1,648,190	X	-	$793,298	-	$854,892

**Refer note 11.

*Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

***VFCP – Voluntary Fiduciary Correction Program

***PTE – Prohibited Transaction Exemption

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan: ARTECH INFORMATION SYSTEMS, LLC 401K SAVINGS PLAN

►

Employer Identification No.: ► 22-3338103
Plan year (beginning/ending):► 1/1/2021-12/31/2021 Plan number: ► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X		793,298		854,892

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Artech Information Systems, LLC 401k Savings Plan

01-JAN-21 to 31-DEC-21

14-JAN-22 22:20:55

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRAX			1,846,081.67	1,732,070.94
1JTTAX			2,418,445.79	2,261,989.41
1JNSAX			3,473,550.64	3,399,624.70
1JSMAX			4,909,062.92	4,876,527.71
1SRJAX			4,732,926.98	4,796,722.07
1SMTAX			3,983,739.50	4,040,972.82
1JSAAX			3,425,972.88	3,551,021.10
1JTSAX			2,377,037.68	2,465,621.47
1JFFAX			2,739,225.53	2,892,541.93
1MDIIX			950,119.92	1,036,617.09
1SGOVX			390,490.59	420,848.43
1LISOX			45,309.92	49,654.63
1ODMAX			570,631.36	592,698.56
1OPPAX			610,429.95	713,674.35
1OIGAX			278,641.33	282,782.72
1ACGGX			336,885.14	354,020.95
1DTGRX			1,640,044.56	1,661,637.91
1FREEX			493,071.28	564,040.58
1MDSKX			1,142,697.61	1,341,965.88
1GSSMX			271,738.75	277,311.69
1SASMX			884,971.33	1,059,528.00
1JDSAX			242,242.45	287,116.12
1NTIAX			908,462.80	964,892.40
1PEEAX			1,388,722.86	1,028,798.50
1VETAX			1,258,458.43	1,515,538.47
1BSPIX			5,427,171.77	8,110,701.22
1LCEAX			757,219.94	777,609.89
1MUEAX			467,413.90	527,807.22
1MIGFX			2,385,745.96	3,186,867.53
1MDLOX			439,302.70	442,786.44
1CBLAX			814,322.83	928,974.14
1CTFAX			175,873.08	173,549.34
1FKINX			664,092.30	709,583.82
1AGDAX			457,455.65	439,421.83
1BPRAX			727,449.62	754,107.53
1OGGAX			392,553.38	391,375.44
1GBIAX			573,286.50	560,374.12
1WABAX			1,220,576.60	1,225,252.92
1WFSVFC			194,039.19	209,973.01
1KGPF		.900	2,359,109.84	2,436,289.52
			58,374,575.13	**63,042,892.40**
PARTICIPANT LOANS	VARIOUS	4.250-6.500	374,517.88	374,763.38
FORFEITURES			195,384.35	203,249.48

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Artech Information Systems, LLC 401k Savings Plan

01-JAN-21 to 31-DEC-21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1JSRAX	JPMorgan SmartRetirement Income A	1JTTAX	JPMorgan SmartRetirement 2020 A
1JNSAX	JPMorgan SmartRetirement 2025 A	1JSMAX	JPMorgan SmartRetirement 2030 A
1SRJAX	JPMorgan SmartRetirement 2035 A	1SMTAX	JPMorgan SmartRetirement 2040 A
1JSAAX	JPMorgan SmartRetirement 2045 A	1JTSAX	JPMorgan SmartRetirement 2050 A
1JFFAX	JPMorgan SmartRetirement 2055 A	1MDIIX	iShares MSCI EAFE International Index A
1SGOVX	First Eagle Overseas A	1LISOX	Lazard Intl Strategic Equity Open
1ODMAX	Invesco Developing Markets A	1OPPAX	Invesco Global A
1OIGAX	Invesco Oppenheimer Int'l Growth A	1ACGGX	American Century Global Gold A
1DTGRX	BNY Mellon Technology Growth A	1FREEX	Franklin Real Estate Securities A
1MDSKX	iShares Russell 2000 Small-Cap Index A	1GSSMX	Goldman Sachs Small Value Fund - A
1SASMX	ClearBridge Small Cap Growth A	1JDSAX	Janus Henderson Small Cap Value A
1NTIAX	Columbia Mid Cap Index A	1PEEAX	PGIM Jennison Mid Cap Growth A
1VETAX	Victory Sycamore Established Value A	1BSPIX	iShares S&P 500 Index I
1LCEAX	Invesco Diversified Dividend A	1MUEAX	MFS Blended Research Core Equity A
1MIGFX	MFS Massachusetts Inv Growth Fund A	1MDLOX	BlackRock Global Allocation Inv A
1CBLAX	Columbia Balanced A	1CTFAX	Columbia Thermostat A
1FKINX	Franklin Income A	1AGDAX	AB High Income A
1BPRAX	BlackRock Inflation Protected Bond Inv A	1OGGAX	JPMorgan Government Bond A
1GBIAX	Nationwide Bond Index Fund A	1WABAX	Western Asset Core Bond A
1WFSVFC	Wells Fargo Stable Return Fund C	1KGPF	Key Guaranteed Portfolio Fund

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