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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.	12/20/2023	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**	7086
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)**	4225
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3454
b Retired or separated participants receiving benefits	**6b**	260
c Other retired or separated participants entitled to future benefits	**6c**	2491
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6205
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	6205
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5134
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2788
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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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	297	01/01/2022	12/31/2022

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	2854445
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	2639527
c	Additions: (1) Contributions deposited during the year	7c(1)	477294		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25343		
	(4) Transferred from separate account	7c(4)	1284570		
	(5) Other (specify below)	7c(5)	15430		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	1802637
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4442164
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	735033		
	(2) Administration charge made by carrier	7e(2)	121810		
	(3) Transferred to separate account	7e(3)	730866		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1587709
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2854455

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	152333	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER ADVISORY 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	87564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	22004	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)

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	450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	212484

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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)	64071	45994
(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)	374763	420502
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	60606615	52175449
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2639527	2854455
(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	63684976	55496400
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	35167	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	35167	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	63649809	55496400

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)	14054860	
(C) Others (including rollovers)	2a(1)(C)	1116414	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15171274
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)	20389	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20389
(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)	3116828	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3116828
(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)		3985
(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)		-13769222
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		4543254
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12338340	
(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)		12338340
f Corrective distributions (see instructions)	2f		1645
g Certain deemed distributions of participant loans (see instructions)	2g		94327
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	262351	
(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)		262351
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12696663
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8153409
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 CPA LLP **(2)** EIN: 92-3540684

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		45784

		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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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, 2022, and December 31, 2021

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

CPA℠
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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

We have performed audits of the accompanying 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 statements of net assets available for benefits as of December 31, 2022, and December 31, 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022, and December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier 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 certifications from a qualified institution as of December 31, 2022, and December 31, 2021, and for the years ended December 31, 2022, and December 31, 2021, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the auditor's responsibilities for the audits of the financial statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical

requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of assets held as of December 31, 2022, and Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2022 (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 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

KNAV CPA LLP

Atlanta, Georgia.
December 19, 2023

Financial Statements

Statements of Net Assets Available for Benefits

(All amounts in United States Dollars, unless otherwise stated)	As at December 31, 2022	As at December 31, 2021
ASSETS		
Investments at fair value:		
Mutual funds	51,962,965	60,396,642
Common/collective trust	212,484	209,973
Fully benefit-responsive investment contracts at contract value:		
Guaranteed interest account	2,854,455	2,639,527
Total investments	**55,029,904**	**63,246,142**
Receivables:		
Participant contributions	45,994	64,071
Notes receivables from participants	420,502	374,763
Total receivables	**466,496**	**438,834**
Total assets	**55,496,400**	**63,684,976**
LIABILITIES:		
Excess contributions payable	-	35,167
Total liabilities	**-**	**35,167**
Net assets available for benefits	**55,496,400**	**63,649,809**

(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, 2022	**December 31, 2021**
Additions to net assets attributed to:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of mutual funds	(13,769,222)	1,855,034
Net appreciation in fair value of common/collective trust	3,985	4,163
Interest and dividend income	3,116,828	5,986,492
Total investment (loss) income	**(10,648,409)**	**7,845,689**
Interest income on participant loans	**20,389**	**15,816**
Contributions:		
Participants	14,054,860	13,690,004
Rollover	1,116,414	2,004,809
Total contributions	**15,171,274**	**15,694,813**
Total additions	**4,543,254**	**23,556,318**
Deductions from net assets attributed to:		
Benefits paid to participants	12,338,340	12,062,284
Corrective distributions	1,645	93,909
Deemed distributions	94,327	72,676
Administrative expenses	262,351	213,483
Total deductions	**12,696,663**	**12,442,352**
Net (decrease) increase	**(8,153,409)**	**11,113,966**
Net assets available for benefits:		
Beginning of the year	**63,649,809**	**52,535,843**
End of the year	**55,496,400**	**63,649,809**

(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/ Plan Sponsor/ Plan administrator") established the Artech Information Systems, LLC 401(k) Savings Plan ("the Plan"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan 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 the attainment of 1,000 hours of service and a year of vesting service in order to receive credit for eligibility.

Contributions

The Plan includes a provision under Internal Revenue Code ("IRC") Section 401(k) whereby participants may elect to defer pre-tax contributions to the Plan up to 100% of their annual compensation as defined in the plan. Annual participant contribution amounts are limited to $20,500 salary deferrals for the year ended December 31, 2022, and $19,500 for December 31, 2021 ($27,000 in 2022 and $26,000 in 2021 for participants aged 50 years and over). Participant contributions received during the years ended December 31, 2022, and December 31, 2021, amounted to $14,054,860 and $13,690,004, 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"). There were no discretionary matching contributions for the years ended December 31, 2022, and December 31, 2021.

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 ended December 31, 2022, and December 31, 2021, were $1,116,414 and $2,004,809, respectively.

Administration

Artech, L.L.C. 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, 2022, and December 31, 2021, the Plan engaged the Company as Plan administrator to assist in the administration of the Plan.

For the year ended December 31, 2022, and December 31, 2021, the Plan has contracted with Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively referred to as "Great-West") to act as directed trustee and record-keepers. The Plan has contracted with Empower Retirement Services to perform services as a third-party administrator to provide certain services to the Plan. Effective August 01, 2022, Great-West Life & Annuity Insurance Company was renamed Empower Annuity Insurance Company of America, and Great-West Trust Company, LLC was renamed Empower Trust Company, LLC.

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, 2022	**December 31, 2021**
Contract administrator fees	262,351	213,483
Total	**262,351**	**213,483**

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, 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 provides employers safe harbor from fiduciary risk when selecting an investment for a participant or beneficiary who fails to elect their own investment. The plan has selected the 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 participant's 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 8.00%, 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 contributions, 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 contributions 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 of December 31, 2022, and December 31, 2021, non-vested forfeited accounts totaled $305,148 and $203,249, respectively. Forfeitures of non-vested accounts during the year ended December 31, 2022, and December 31, 2021, totaled $12,742 and $26,031, respectively. Plan expenses for the years ended December 31, 2022, and December 31, 2021, amounting to $119,314 and $147,503, respectively were paid out of forfeitures.

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, 2022, and December 31, 2021, net (depreciation) appreciation in the value of investments totaled ($13,765,237) and $1,859,197, 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, 2022, and December 31, 2021, 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, 2022, and December 31, 2021, Plan considered $94,327 and $72,676, 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 (depreciation) 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 (depreciation) 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, 2022, and December 31, 2021. There were no changes in the methods used at December 31, 2022, and December 31, 2021.

•*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 options 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 various factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through a 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, 2022, corrective distributions amounted to $1,645 (which reflects payment in 2022) and for the year ended December 31, 2021, corrective distributions amounted to $93,909 (which reflects payments in the year 2021 and accrual for the year 2021 to be paid out in the year 2022).

NOTE 3: INFORMATION CERTIFIED BY EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA (FORMERLY KNOWN AS GREAT WEST LIFE & ANNUITY INSURANCE COMPANY) ("TRUSTEE") *(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 trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements for the years ended December 31, 2022, and December 31, 2021, and supplemental information for the year ended December 31, 2022:

	As at	
	December 31, 2022	December 31, 2021
Investments, at fair value:		
Mutual funds	51,962,965	60,396,642
Common/collective trust	212,484	209,973
Fully benefit-responsive investment contracts at contract value		
Guaranteed interest account	2,854,455	2,639,527
Investments as certified by trustees *(unaudited) **	**55,029,904**	**63,246,142**
Transactions during the year ended		
Net (depreciation) appreciation in fair value of mutual funds	(13,769,222)	1,855,034
Net appreciation in fair value of common/collective trust	3,985	4,163
Interest and dividend income	3,116,828	5,986,492

**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, 2022, and December 31, 2021, is as follows:

	2022		2021	
Fund Name	Amount in $	%	Amount in $	%
iShares S&P 500 Index I	7,462,354	14	8,110,701	13
JPMorgan Smart Retirement 2030 A	3,783,261	07	4,876,528	08
JPMorgan Smart Retirement 2040 A	3,554,235	06	4,040,973	06
JPMorgan Smart Retirement 2025 A	3,327,065	06	3,399,625	05
JPMorgan Smart Retirement 2035 A	3,161,409	06	4,796,722	08
JPMorgan Smart Retirement 2045 A	2,860,500	05	3,551,021	06
Key Guaranteed Portfolio Fund	2,854,455	05	*	*
JPMorgan Smart Retirement 2055 A	2,583,577	05	2,892,542	05
MFS Massachusetts Inv Growth Fund A	2,572,848	05	3,186,868	05

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

During the years ended December 31, 2022, and December 31, 2021, the Plan's investments (including losses and gains of investments bought, sold, and held during the year) (depreciated) appreciated in value as follows:

	Year ended	
	December 31, 2022	December 31, 2021
Net (depreciation) appreciation in fair value of mutual funds	(13,769,222)	1,855,034
Net appreciation in fair value of common/collective trust	3,985	4,163
Interest and dividend income	3,116,828	5,986,492

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, 2022, and December 31, 2021. 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.

	2022				
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	51,962,965	51,962,965	-	-	-
Common/collective trust*	212,484	-	-	-	212,484
Fixed income guaranteed option**	2,854,455	-	-	-	2,854,455
Total investments	**55,029,904**	**51,962,965**	**-**	**-**	**3,066,939**

*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.

	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.

NOTE 6: GUARANTEED INTEREST ACCOUNT

As of December 31, 2022, and December 31, 2021, 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 Empower Annuity Insurance Company of America (formerly known as Great-West Life & Annuity Insurance Company) as trustee. 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, 2022, and December 31, 2021, was 1.05% and 0.90%, 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 THE TRUSTEE (UNAUDITED) TO SCHEDULE H, FORM 5500

		2022
	Investment balance as certified by the trustee *(unaudited) - refer note 3*	55,029,904
Add:	Notes receivable from participants	420,502
Add:	Participant contributions receivable	45,994
	Balance as per schedule H, form 5500	**55,496,400**

		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**

NOTE 8: INCOME TAX STATUS

For the period November 14, 2022, till December 31, 2022, the Plan Sponsor entered into a non-standardized adoption agreement of Empower Retirement LLC (Empower), a Non-Standardized Pre-Approved Profit-Sharing Plan with Cash or Deferred Arrangement ("CODA"). Empower has received an opinion letter from the Internal Revenue Service ("IRS") dated November 14, 2022, that states that the form of the non-standardized pre-approved profit-sharing plan is acceptable under Section 401 of the Internal Revenue Code (IRC).

For the period January 1, 2022, till November 13, 2022, and for the year ended December 31, 2021, the Plan Sponsor entered into a non-standardized profit-sharing plan with cash or deferred arrangement of the Great- West Trust Company, LLC ("the prototype plan"). The prototype plans received favorable opinion letters from the Internal Revenue Service ("IRS") on March 31, 2014, which stated that the prototype plans and related trusts were designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since the latest determination letter. It is the opinion of the Plan trustee and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022, and December 31, 2021, 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

Empower Annuity Insurance Company of America served as the trustee of the Plan for the years ended December 31, 2022, and December 31, 2021. Certain Plan investments are managed by the trustee of the Plan. Empower Retirement Services served as a third-party administrator for the years ended December 31, 2022, and December 31, 2021. 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 Empower had a balance of $2,854,455 and $2,639,527 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 year ended December 31, 2022, employee withholdings totaling $45,784, due to unintentional delays were remitted to the Plan after the time frame deemed to be within Department of Labor ("DOL") regulations for timely remittances. The Company has corrected delinquent contributions amounting to $24,967 by calculating and remitting the lost earnings during Plan year 2023, using the DOL guidelines for late deposits. The Company is in the process of calculating and remitting the lost earnings for delinquent contributions amounting to $20,817 to the affected participant accounts to compensate those participants using the DOL guidelines for late deposits.

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

NOTE 12: SUBSEQUENT EVENTS

The Plan evaluated all events and transactions that occurred after December 31, 2022, through the date the financial statements were available to be issued. Based on the evaluation, the Plan states that effective January 25, 2023, the Plan transitioned trustee services from Empower Trust Company, LLC to John Hancock Trust Company, LLC ("John Hancock") and recordkeeping services from Empower Annuity Insurance Company of America to John Hancock Retirement Plan Services, LLC. The Plan assets were transitioned into John Hancock, and these changes were completed during the Plan year 2023.

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, 2022*

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Amount ($)
iShares S&P 500 Index I	Mutual fund	7,462,354
JPMorgan Smart Retirement 2030 A	Mutual fund	3,783,261
JPMorgan Smart Retirement 2040 A	Mutual fund	3,554,235
JPMorgan Smart Retirement 2025 A	Mutual fund	3,327,065
JPMorgan Smart Retirement 2035 A	Mutual fund	3,161,409
JPMorgan Smart Retirement 2045 A	Mutual fund	2,860,500
Key Guaranteed Portfolio Fund**	Fully benefit responsive investment contract	2,854,455
JPMorgan Smart Retirement 2055 A	Mutual fund	2,583,577
MFS Massachusetts Inv Growth Fund A	Mutual fund	2,572,848
JPMorgan Smart Retirement 2050 A	Mutual fund	2,375,509
JPMorgan Smart Retirement 2020 A	Mutual fund	2,012,357
Victory Sycamore Established Value A	Mutual fund	1,711,814
JPMorgan Smart Retirement Income A	Mutual fund	1,433,310
iShares Russell 2000 Small-Cap Index A	Mutual fund	1,254,303
Invesco Diversified Dividend A	Mutual fund	1,088,053
iShares MSCI EAFE International Index A	Mutual fund	1,083,914
Columbia Mid Cap Index A	Mutual fund	1,004,604
BNY Mellon Technology Growth A	Mutual fund	1,001,163
Nationwide Bond Index Fund A	Mutual fund	874,759
Franklin Income A	Mutual fund	768,605
MFS Blended Research Core Equity A	Mutual fund	767,862
PGIM Jennison Mid Cap Growth A	Mutual fund	705,526
BlackRock Inflation Protected Bond Inv A	Mutual fund	699,737
Columbia Balanced A	Mutual fund	663,178
ClearBridge Small Cap Growth A	Mutual fund	658,995
Invesco Developing Markets Fund	Mutual fund	528,345
First Eagle Overseas A	Mutual fund	497,725
Franklin Real Estate Securities A	Mutual fund	497,145
Invesco Global Fund Class A	Mutual fund	480,202
BlackRock High Yield Bond Portfolio	Mutual fund	393,516
Western Asset Core Bond A	Mutual fund	383,781
JPMorgan Government Bond A	Mutual fund	317,901
BlackRock Global Allocation Inv A	Mutual fund	316,263
Janus Henderson Small Cap Value A	Mutual fund	269,598
American Century Global Gold A	Mutual fund	268,866
Goldman Sachs Small Value Fund - A	Mutual fund	218,833
Galliard Stable Return Fund C	Common collective trust	212,484
Invesco Oppenheimer Int'l Growth A	Mutual fund	181,133
Columbia Thermostat A	Mutual fund	159,480
Lazard Intl Strategic Equity Open	Mutual fund	41,239
Total		**55,029,904**

Notes receivable from participants**

Loan notes	Interest rates ranging from 4.25% to 8.00%, with various maturities	420,502

*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 trustee, to be complete and accurate to the best of its 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, 2022*

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	
45,784	-	20,817	-	-	24,967

**Refer note 11. 2021 delinquent contributions, totaling $350,435 using the DOL guidelines for late deposits do not form a part of above table as the same were corrected during the Plan year 2022.

*Other schedules required by DOL'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 SUSTEMS LLC

Employer Identification No.: ► 22-3338103

Plan year (beginning/ending):► 01/01/2022 - 12/31/2022 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	
	45,784			

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Artech Information Systems, LLC 401k Savings Plan

01-JAN-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRAX			1,783,396.25	1,433,310.02
1JTTAX			2,492,777.95	2,012,357.24
1JNSAX			4,089,098.84	3,327,064.83
1JSMAX			4,651,773.90	3,783,261.49
1SRJAX			3,877,900.44	3,161,409.01
1SMTAX			4,404,836.69	3,554,234.72
1JSAAX			3,526,804.49	2,860,499.87
1JTSAX			2,885,862.32	2,375,509.10
1JFFAX			3,048,371.33	2,583,576.69
1MDIIX			1,149,857.54	1,083,912.60
1SGOVX			516,685.19	497,725.29
1LISOX			44,314.95	41,239.16
1ODMAX			632,352.72	528,344.78
1OPPAX			657,025.00	480,201.50
1OIGAX			225,236.15	181,132.97
1ACGGX			290,397.01	268,865.42
1DTGRX			1,678,720.12	1,001,163.24
1FREEX			589,178.24	497,145.04
1MDSKX			1,328,569.20	1,254,302.87
1GSSMX			281,736.27	218,833.37
1SASMX			743,567.93	658,995.29
1JDSAX			266,884.93	269,598.39
1NTIAX			1,177,016.31	1,004,603.79
1PEEAX			1,205,134.62	705,526.39
1VETAX			1,626,866.45	1,711,814.31
1BSPIX			6,556,065.57	7,462,354.40
1LCEAX			1,180,087.64	1,088,052.36
1MUEAX			823,417.10	767,862.06
1MIGFX			2,505,540.47	2,572,848.19
1MDLOX			349,117.60	316,262.86
1CBLAX			705,263.91	663,177.87
1CTFAX			188,488.32	159,480.28
1FKINX			787,549.80	768,605.40
1BHYAX			399,498.76	393,515.69
1BPRAX			785,959.55	699,737.37
1OGGAX			362,098.04	317,900.71
1GBIAX			990,825.08	874,759.28
1WABAX			461,273.21	383,780.88
1WFSVFC			192,679.12	212,484.25
1KGPF		1.050	2,458,231.00	2,549,306.66
			61,920,460.01	**54,724,755.64**
PARTICIPANT LOANS	VARIOUS	4.250-8.000	419,523.68	420,502.17
FORFEITURES			294,676.32	305,148.04

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Artech Information Systems, LLC 401k Savings Plan

01-JAN-22 to 31-DEC-22

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	1BHYAX	BlackRock High Yield Bond Inv 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	Galliard 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