

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 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan KITWARE 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/2001
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) KITWARE INC 1712 ROUTE 9 CLIFTON PARK, NY 12065
2b	Employer Identification Number (EIN) 14-1802694
2c	Plan Sponsor's telephone number 518-371-3971
2d	Business code (see instructions) 541511

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.	07/29/2024	JEFF HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 248
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 183 6a(2) 178 6b 0 6c 74 6d 252 6e 0 6f 252 6g(1) 245 6g(2) 251 6h 0
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:

2G 2F 2J 2K 2T 3D 2R

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) ☐ 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan KITWARE 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KITWARE INC	D Employer Identification Number (EIN) 14-1802694

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	7952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	1200	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AMCENT INFL-ADJBD IV - AMERICAN CE 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL DIVIDEND INC I2 - COLUMBIA MGT PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL SEL MIDCP GR I - COLUMBIA MGT 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIF SMALL CAP R5 - PRINCIPAL SHARE 711 HIGH STREET DES MOINES, IA 50392	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIM TOTAL RETURN I2 - SS&C GLOBAL 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ALGER RESPONSIBLE INVESTING FUND C 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FAM DIVIDEND FOCUS FUND 384 NORTH GRAND ST COBLESKILL, NY 12043	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GOLDMAN SACHS US EQUITY DIV PREM C 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GOLDMAN SACHS GQG PART INTERNTL OP 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PARNASSUS MID CAP 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PARNASSUS CORE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
IMPAX ELLEVATE GLBL WOMENS LDERSP 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
T ROWE PRICE REAL ASSET FUND INVES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
1919 SOCIALLY RESPONBALANCED A 2020 E. FINANCIAL WAY STE 100 GLENDORA, CA 91741	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan KITWARE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KITWARE INC	D Employer Identification Number (EIN) 14-1802694	

Part I	Asset and Liability Statement
--------	-------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1751731	1270877
(2) U.S. Government securities	1c(2)	0	1994
(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)	100222	120876
(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)	156643	176382
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	33010612	44941548
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	35019208	46511677
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35019208	46511677

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)	1203753	
(B) Participants	2a(1)(B)	2594972	
(C) Others (including rollovers)	2a(1)(C)	50431	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3849156
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74408	
(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)	8557	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		82965
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1152	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	813495	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		814647
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5956	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6019	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	24538	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7860685
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		12631928

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1130382	
(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)		1130382
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	1125	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	7952	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9077
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1139459

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11492469
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BST & CO. CPAS, LLP**

(2) EIN: **14-1442607**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan KITWARE 401K PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KITWARE INC		D Employer Identification Number (EIN) 14-1802694
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
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): 04-6568107		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	



Kitware 401(k) Plan

Financial Statements

December 31, 2023 and 2022

Kitware 401(k) Plan
Financial Statements
December 31, 2023 and 2022

C O N T E N T S

	Page
Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplementary Information	
Supplemental Schedule Required Under ERISA and Department of Labor Regulations	12-14



Independent Auditor's Report

Board of Directors
Kitware, Inc.
Clifton Park, New York

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

We have performed audits of the financial statements of the Kitware 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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, 2023 and 2022, and for the years then ended, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is 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.



Auditor's Responsibilities for the Audit of the Financial Statements - Continued

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BST+Co.CPAs, LLP

Latham, New York
July 19, 2024



Kitware 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2023	2022
ASSETS		
Investments, at fair value	\$ 46,335,294	\$ 34,862,565
Notes receivable from participants	176,382	156,643
	<u>46,511,676</u>	<u>35,019,208</u>
Employer contribution receivable	<u>590,185</u>	<u>560,410</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 47,101,861</u>	<u>\$ 35,579,618</u>

Kitware 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2023	2022
ADDITIONS (LOSSES), NET		
Net appreciation (depreciation) in fair value of investments	\$ 7,885,161	\$ (8,990,860)
Interest and dividends	889,053	1,629,045
	<u>8,774,214</u>	<u>(7,361,815)</u>
Interest income from participant notes	<u>8,557</u>	<u>6,710</u>
Contributions		
Employer	1,233,528	1,171,310
Participants	2,594,972	2,471,043
Rollovers	50,431	7,980
	<u>3,878,931</u>	<u>3,650,333</u>
Total additions (losses), net	<u>12,661,702</u>	<u>(3,704,772)</u>
DEDUCTIONS		
Benefits paid	1,130,382	2,792,177
Administrative expenses	9,077	6,183
Total deductions	<u>1,139,459</u>	<u>2,798,360</u>
Net increase (decrease) in net assets available for benefits	11,522,243	(6,503,132)
NET ASSETS AVAILABLE FOR BENEFITS, <i>beginning of year</i>	<u>35,579,618</u>	<u>42,082,750</u>
NET ASSETS AVAILABLE FOR BENEFITS, <i>end of year</i>	<u>\$ 47,101,861</u>	<u>\$ 35,579,618</u>

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 1 - Summary of Plan Provisions

The Kitware 401(k) Plan (Plan) was formed effective April 1, 2001. The Plan is sponsored by Kitware, Inc. (Company). The Plan was most recently restated effective March 1, 2021. The Plan was most recently amended effective July 1, 2022.

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a. General

The Plan is a defined contribution plan covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan assets are held and administered by Fidelity Management Trust Company, the Trustee of the Plan, which invests cash received and income from investments based on instructions from the Company and participants and makes distributions to participants. The Company's 401(k) Committee, the Trustee, and the Plan's investment advisor are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

b. Contributions

Each year, participants contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). In addition, participants may contribute after-tax Roth elective contributions to the Plan. The maximum participant contribution to the Plan was \$22,500 and \$20,500 for the years ended December 31, 2023 and 2022, respectively. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions, up to a maximum of \$7,500 and \$6,500 for the years ended December 31, 2023 and 2022, respectively. Participants may also contribute rollover amounts representing distributions from other qualified plans.

Under the "safe harbor" election, the Company makes a matching contribution equal to 100% for the first 4% of the participant's eligible compensation contributed, and 50% for the next 2% of a participant's eligible compensation contributed, for a maximum employer contribution of 5% of a participant's eligible compensation during the Plan year. Contributions from Plan participants and the matching contributions from the employer are recorded in the year the employee contributions are withheld from compensation.

Participants direct the investment of their contributions into various investment options offered by the Plan.

c. Plan Eligibility

Employees of the Company are eligible to participate in the Plan after reaching 21 years of age and completing six months of service. Newly eligible employees are automatically enrolled in the Plan with an initial pre-tax deferral contribution of 6% on the entry date unless elected otherwise by the participant.

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 1 - Summary of Plan Provisions - Continued

d. Participant Accounts

Each participant's account is credited with the participant's contribution, as well as allocations of: (a) the Company's safe harbor matching contributions; (b) the Plan's investment earnings (losses), net of investment expenses; and (c) administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is equal to the vested portion of the participant's account.

e. Vesting

Participants are 100% vested immediately in their elective deferral amounts, rollover contributions, and the Company's safe harbor matching contributions, plus actual earnings thereon.

f. Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. In addition, the \$50,000 limit is reduced by the highest outstanding loan balance of any loans made in the previous 12 months. Participant notes are secured by the balance in the participants' accounts and bear interest at a rate commensurate with the local prevailing rates at the origination date of the loan, as determined by the Plan administrator. Principal and interest are paid ratably through regular payroll deductions. In general, loans must be repaid within five years.

g. Payment of Benefits

Upon the termination of service due to death, disability, reaching the normal retirement age, or the termination of employment, a participant (or their beneficiary in the case of death) may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment. The Plan also allows for hardship distributions under certain conditions and in-service distributions for participants upon reaching age 59½. If the vested portion of a participant's account balance is less than \$5,000 but greater than \$1,000, the amount will be distributed to an Individual Retirement Account for their benefit as soon as possible following termination, retirement, or disability, or to the beneficiary following death. If the vested portion of a participant's account balance is \$1,000 or less, this amount will be paid as a lump-sum distribution as soon as possible following termination, retirement, or disability, or to the beneficiary following death.

Note 2 - Summary of Significant Accounting Policies

a. Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 2 - Summary of Significant Accounting Policies - Continued

b. Estimates

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

c. Investment Valuation and Income Recognition

Investments are reported at fair value, which is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Company determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold, as well as held, during the year.

d. Participant Notes Receivable

Participant notes receivable are stated at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

e. Payment of Benefits

Benefits are recorded when paid.

f. Administrative Expenses

Administrative expenses of the Plan are paid by the Plan and the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

g. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through July 19, 2024, the date the financial statements were available to be issued.

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 3 - Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on participant notes receivable for the years ended December 31, 2023 and 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee of the Plan.

Note 4 - Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2023 or 2022.

- Mutual Funds and Money Market Funds: Valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-end mutual funds and money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and money market funds held by the Plan are deemed to be actively traded.
- Common Stock: Valued at the closing price reported on the active market on which the individual security is traded. Common stock is held within the self-directed brokerage accounts.

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 4 - Investments and Fair Value Measurements - Continued

- Self-Directed Brokerage Accounts: Accounts consist of cash, mutual funds, and common stock.
- U.S. Treasury Obligations: Valued based on observable prices for the particular security, or when prices are not observable, the valuation is based on prices of comparable bonds or the present value of expected future cash flows.

The following tables set forth, by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value:

December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 44,227,135	\$ -	\$ -	\$ 44,227,135
Money market funds	1,251,535	-	-	1,251,535
Self-directed brokerage accounts	854,630	-	-	854,630
U.S. Treasury obligations	-	1,994	-	1,994
Total	<u>\$ 46,333,300</u>	<u>\$ 1,994</u>	<u>\$ -</u>	<u>\$ 46,335,294</u>

December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 32,495,474	\$ -	\$ -	\$ 32,495,474
Money market funds	1,743,211	-	-	1,743,211
Self-directed brokerage accounts	623,880	-	-	623,880
Total	<u>\$ 34,862,565</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,862,565</u>

Note 5 - Tax Status

The Internal Revenue Service has issued an opinion letter dated June 30, 2020, that the Pre-Approved Profit Sharing/401(k) Plan adopted by the Plan on March 1, 2021, constitutes a qualified plan under Section 401(a) of the IRC and is, therefore, exempt from federal income taxes under the provisions of Section 501(a).

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - 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 terminate the Plan subject to the provisions of ERISA.

Note 7 - Related-Party and Party-In-Interest Transactions

Administrative expenses incurred and paid by the Company totaled \$9,750 for each of the years ended December 31, 2023 and 2022. Certain administrative functions are performed by employees of the Company who do not receive compensation from the Plan for such functions.

See Independent Auditor's Report.

Kitware 401(k) Plan

Notes to Financial Statements December 31, 2023 and 2022

Note 7 - Related-Party and Party-In-Interest Transactions - Continued

Certain Plan investments are managed by Fidelity Management Trust Company, the Trustee of the Plan.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events that could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9 - Reconciliation of Financial Statements to Form 5500

Form 5500 was prepared on the cash basis of accounting for the years ended December 31, 2023 and 2022.

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500:

	December 31,	
	2023	2022
Net assets available for benefits per financial statements	\$ 47,101,861	\$ 35,579,618
Less employer contributions receivable, at end of current Plan year	(590,185)	(560,410)
Net assets per Form 5500	<u>\$ 46,511,676</u>	<u>\$ 35,019,208</u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the statements of changes in net assets available for benefits to net income (loss) per Form 5500:

	Years Ended December 31,	
	2023	2022
Net increase (decrease) in net assets available for benefits per financial statements	\$ 11,522,243	\$ (6,503,132)
Less employer contributions receivable, end of current Plan year	(590,185)	(560,410)
Plus employer contributions receivable, end of prior Plan year	560,410	503,065
Net income (loss) per Form 5500	<u>\$ 11,492,468</u>	<u>\$ (6,560,477)</u>

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year)

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Government Market	Money Market Fund		\$ 1,251,535
*	Fidelity Cash Reserves	Cash		19,342
	US Treasury Bills- Zero CPN	U.S. Treasury		1,994
	1919 Socially Respon Balanced A	Mutual Fund		291
	Alger Green Fund A	Mutual Fund		1,753
	AMCENT Inflation-Adjs Bd Iv	Mutual Fund		304,304
	ARK Innovation ETF by ARK Invest	Mutual Fund		7,152
	Columbia Dividend Income Fund	Mutual Fund		768,161
	Columbia Mid Cap Growth Fund	Mutual Fund		274,110
	Exchange Traded Concepts TR EMQQ EM	Mutual Fund		30,955
	FAM Equity Income	Mutual Fund		5,329
	Goldman Sachs GQG Part Interntl Opp A	Mutual Fund		19,946
	Goldman Sachs US Equity DIV Prem Class A	Mutual Fund		10,090
	Grayscale Bitcoin TR BTC SHS ACCD INVS	Mutual Fund		12,117
	Hartford Schroders Intl Stock Fund	Mutual Fund		334,830
	Invesco Exchange Traded FD TR II	Mutual Fund		291
	Ishares INC MSCI EM ESG OPZ	Mutual Fund		470
	Ishares TR MSCI Ireland Capped	Mutual Fund		251
	Ishares TR S&P Global Clean Energy	Mutual Fund		304
	Ishares Trust Conv BD ETF	Mutual Fund		59,776
	Ishares Trust MSCI USA EGS optimized	Mutual Fund		436
	KraneShares TR MSCI China ENV	Mutual Fund		119
	Parnassus Equity Income Portfolio	Mutual Fund		366
	Parnassus Mid Cap	Mutual Fund		202
	PAX Ellevest Global Womens Index Ind Inv	Mutual Fund		32
	PIMCO Total Return Fund	Mutual Fund		672,245
	Principal Small Cap R5	Mutual Fund		342,824
	T Rowe Price Dividend Growth	Mutual Fund		40,203
	T Rowe Price Global Stock	Mutual Fund		13,673
	T Rowe Price Real Asset Fund Investor	Mutual Fund		23,371
	Vaneck Vectors ETF TR Semiconductor ET	Mutual Fund		22,733
*	Fidelity Puritan	Mutual Fund		244,520
*	Fidelity Contrafund	Mutual Fund		2,418,131
*	Fidelity Growth Company	Mutual Fund		3,076,652
*	Fidelity Invest Growth BD	Mutual Fund		470,097
*	Fidelity OTC Portfolio	Mutual Fund		2,374,719
*	Fidelity Overseas	Mutual Fund		187,502
*	Fidelity Real Estate Investment	Mutual Fund		359,745
*	Fidelity Blue Chip Growth	Mutual Fund		3,473,986
*	Fidelity Low Priced Stock	Mutual Fund		2,268,405
*	Fidelity Diversified International Fund	Mutual Fund		1,000,324
*	Fidelity Disruptive Automomation ETF	Mutual Fund		8,710
*	Fidelity Disruptive Communications ETF	Mutual Fund		5,504
*	Fidelity Disruptive Fin ETF	Mutual Fund		3,964
*	Fidelity Disruptive Medicine ETF	Mutual Fund		3,029
*	Fidelity Disruptive Tech ETF	Mutual Fund		5,836
*	Fidelity Disruptive ETF	Mutual Fund		5,421
*	Fidelity Water Sustainability Fund	Mutual Fund		5,027

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Select Chemicals	Mutual Fund		\$ 19,877
*	Fidelity Select Computers	Mutual Fund		8,457
*	Fidelity Women's Leadership Fund	Mutual Fund		5,384
*	Fid Sustainability Bond Index FD Instl	Mutual Fund		1,877
*	Fid Intl Sustainability Index Fd Instl	Mutual Fund		12,488
*	Fid US Sustainability Index Fd Instl CL	Mutual Fund		8,641
*	Fidelity Sustainability US	Mutual Fund		92
*	Fidelity Select Technology	Mutual Fund		7,396
*	Fidelity Select Environmental Svcs	Mutual Fund		10,300
*	Fidelity Select Electronics	Mutual Fund		45,545
*	Fidelity Mid Cap Stock	Mutual Fund		1,176,748
*	Fidelity Freedom 2020	Mutual Fund		96,298
*	Fidelity Freedom 2030	Mutual Fund		95,142
*	Fidelity Freedom 2065	Mutual Fund		288,452
*	Fidelity Freedom 2040	Mutual Fund		2,462,872
*	Fidelity Freedom 2025	Mutual Fund		499,186
*	Fidelity Freedom 2035	Mutual Fund		2,787,361
*	Fidelity Freedom 2045	Mutual Fund		1,884,193
*	Fidelity Freedom Index 2050 Fund	Mutual Fund		102,732
*	Fidelity Small Cap Value	Mutual Fund		793,739
*	Fidelity Total Market Index Premium	Mutual Fund		5,987,832
*	Fidelity Extended Market Index Premium	Mutual Fund		1,758,436
*	Fidelity International Index Premium	Mutual Fund		1,337,739
*	Fidelity Freedom 2050	Mutual Fund		4,422,861
*	Fidelity Freedom 2055	Mutual Fund		1,369,268
*	Fidelity Freedom 2060	Mutual Fund		628,279
*	Fidelity Strategic Income Fund	Mutual Fund		7,123
*	Fidelity Total MKT Index INST Premium Class	Mutual Fund		35,951
*	Fidelity Aggressive International	Mutual Fund		12,727
*	Fidelity Floating Rate High Income	Mutual Fund		6,145
*	Fidelity Total Bond	Mutual Fund		15,361
*	Fidelity Total Bond	Mutual Fund		68,174
*	Fidelity Low Priced Stock	Mutual Fund		37,703
*	Fidelity Real Estate Income	Mutual Fund		13,594
	Vanguard Index Fds Vanguard Small Cap	Mutual Fund		16,410
	Vanguard Growth Index Admiral	Mutual Fund		59,259
	Advanced Micro Devices Inc	Common Stock		3,243
	Alphabet Inc Cap Stk Class A	Common Stock		2,794
	Amazon.com Inc NFS LLC	Common Stock		9,360
	Annovis Bio Inc Com	Common Stock		150
	Apple Computer Inc. NFS LLC	Common Stock		26,987
	AT&T Inc Com	Common Stock		107
	Beyond Meat Inc Com	Common Stock		89
	Bioxcel Therapeutics Inc Com	Common Stock		127
	Boston Scientific Corp	Common Stock		143
	Camping World Holdings Inc Class A	Common Stock		14,233
	Chemours Co Com	Common Stock		69
	Costco Wholesale Corp	Common Stock		3,300

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Crispr Therapeutics AG Com	Common Stock		\$ 616
	Disney Walt Co Holding Company	Common Stock		5,417
	Docusign Inc Com	Common Stock		186
	Ecolab Inc	Common Stock		619
	Emcor Group Inc	Common Stock		437
	Eos Energy Enterprises Inc Com	Common Stock		5
	Equifax Inc	Common Stock		250
	Facebook Inc Com	Common Stock		1,592
	Ford Motor Company	Common Stock		360
	Gamestop Crop New Class A	Common Stock		27,838
	General Motors Company	Common Stock		223
	Gilead Sciences Inc	Common Stock		189
	Home Depot Inc	Common Stock		757
	Intel Corp NFS LLC	Common Stock		1,856
	Microsoft Corp NFS LLC	Common Stock		2,721
	Moderna Inc Com	Common Stock		2,984
	Netflix Com Inc Com	Common Stock		1,948
	Nextera Energy Inc Com	Common Stock		657
	Nike Inc Class B NFS	Common Stock		113
	NVIDIA Corp NFS	Common Stock		7,639
	Paypal Hldgs Inc Com	Common Stock		184
	Plug Pwr Inc Com	Common Stock		74
	Renesola LTD Sponsored ADS	Common Stock		63
	Taiwan Semiconductor Manufacturing	Common Stock		644
	Teladoc Inc Com	Common Stock		108
	Tesla Motors Inc.com	Common Stock		248
	Verizon Communications	Common Stock		229
	Visa Inc Com Class A	Common Stock		1,601
	Warner Bros Discovery Inc	Common Stock		11
	Zoom Video Communications Inc	Common Stock		216
	Workday Inc Com	Common Stock		488
*	Notes receivable from participants (2)	4.25% - 9.50%		176,382
				\$ 46,511,676

(1) Cost information may be omitted with respect to participant- or beneficiary-directed transactions under an individual account plan.

(2) These notes are secured by the participant's account balances in the Plan.

* Represents a party in interest to the Plan as defined by ERISA.

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year)

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Government Market	Money Market Fund		\$ 1,251,535
*	Fidelity Cash Reserves	Cash		19,342
	US Treasury Bills- Zero CPN	U.S. Treasury		1,994
	1919 Socially Respon Balanced A	Mutual Fund		291
	Alger Green Fund A	Mutual Fund		1,753
	AMCENT Inflation-Adjs Bd Iv	Mutual Fund		304,304
	ARK Innovation ETF by ARK Invest	Mutual Fund		7,152
	Columbia Dividend Income Fund	Mutual Fund		768,161
	Columbia Mid Cap Growth Fund	Mutual Fund		274,110
	Exchange Traded Concepts TR EMQQ EM	Mutual Fund		30,955
	FAM Equity Income	Mutual Fund		5,329
	Goldman Sachs GQG Part Interntl Opp A	Mutual Fund		19,946
	Goldman Sachs US Equity DIV Prem Class A	Mutual Fund		10,090
	Grayscale Bitcoin TR BTC SHS ACCD INVS	Mutual Fund		12,117
	Hartford Schroders Intl Stock Fund	Mutual Fund		334,830
	Invesco Exchange Traded FD TR II	Mutual Fund		291
	Ishares INC MSCI EM ESG OPZ	Mutual Fund		470
	Ishares TR MSCI Ireland Capped	Mutual Fund		251
	Ishares TR S&P Global Clean Energy	Mutual Fund		304
	Ishares Trust Conv BD ETF	Mutual Fund		59,776
	Ishares Trust MSCI USA EGS optimized	Mutual Fund		436
	KraneShares TR MSCI China ENV	Mutual Fund		119
	Parnassus Equity Income Portfolio	Mutual Fund		366
	Parnassus Mid Cap	Mutual Fund		202
	PAX Ellevest Global Womens Index Ind Inv	Mutual Fund		32
	PIMCO Total Return Fund	Mutual Fund		672,245
	Principal Small Cap R5	Mutual Fund		342,824
	T Rowe Price Dividend Growth	Mutual Fund		40,203
	T Rowe Price Global Stock	Mutual Fund		13,673
	T Rowe Price Real Asset Fund Investor	Mutual Fund		23,371
	Vaneck Vectors ETF TR Semiconductor ET	Mutual Fund		22,733
*	Fidelity Puritan	Mutual Fund		244,520
*	Fidelity Contrafund	Mutual Fund		2,418,131
*	Fidelity Growth Company	Mutual Fund		3,076,652
*	Fidelity Invest Growth BD	Mutual Fund		470,097
*	Fidelity OTC Portfolio	Mutual Fund		2,374,719
*	Fidelity Overseas	Mutual Fund		187,502
*	Fidelity Real Estate Investment	Mutual Fund		359,745
*	Fidelity Blue Chip Growth	Mutual Fund		3,473,986
*	Fidelity Low Priced Stock	Mutual Fund		2,268,405
*	Fidelity Diversified International Fund	Mutual Fund		1,000,324
*	Fidelity Disruptive Automomation ETF	Mutual Fund		8,710
*	Fidelity Disruptive Communications ETF	Mutual Fund		5,504
*	Fidelity Disruptive Fin ETF	Mutual Fund		3,964
*	Fidelity Disruptive Medicine ETF	Mutual Fund		3,029
*	Fidelity Disruptive Tech ETF	Mutual Fund		5,836
*	Fidelity Disruptive ETF	Mutual Fund		5,421
*	Fidelity Water Sustainability Fund	Mutual Fund		5,027

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Select Chemicals	Mutual Fund		\$ 19,877
*	Fidelity Select Computers	Mutual Fund		8,457
*	Fidelity Women's Leadership Fund	Mutual Fund		5,384
*	Fid Sustainability Bond Index FD Instl	Mutual Fund		1,877
*	Fid Intl Sustainability Index Fd Instl	Mutual Fund		12,488
*	Fid US Sustainability Index Fd Instl CL	Mutual Fund		8,641
*	Fidelity Sustainability US	Mutual Fund		92
*	Fidelity Select Technology	Mutual Fund		7,396
*	Fidelity Select Environmental Svcs	Mutual Fund		10,300
*	Fidelity Select Electronics	Mutual Fund		45,545
*	Fidelity Mid Cap Stock	Mutual Fund		1,176,748
*	Fidelity Freedom 2020	Mutual Fund		96,298
*	Fidelity Freedom 2030	Mutual Fund		95,142
*	Fidelity Freedom 2065	Mutual Fund		288,452
*	Fidelity Freedom 2040	Mutual Fund		2,462,872
*	Fidelity Freedom 2025	Mutual Fund		499,186
*	Fidelity Freedom 2035	Mutual Fund		2,787,361
*	Fidelity Freedom 2045	Mutual Fund		1,884,193
*	Fidelity Freedom Index 2050 Fund	Mutual Fund		102,732
*	Fidelity Small Cap Value	Mutual Fund		793,739
*	Fidelity Total Market Index Premium	Mutual Fund		5,987,832
*	Fidelity Extended Market Index Premium	Mutual Fund		1,758,436
*	Fidelity International Index Premium	Mutual Fund		1,337,739
*	Fidelity Freedom 2050	Mutual Fund		4,422,861
*	Fidelity Freedom 2055	Mutual Fund		1,369,268
*	Fidelity Freedom 2060	Mutual Fund		628,279
*	Fidelity Strategic Income Fund	Mutual Fund		7,123
*	Fidelity Total MKT Index INST Premium Class	Mutual Fund		35,951
*	Fidelity Aggressive International	Mutual Fund		12,727
*	Fidelity Floating Rate High Income	Mutual Fund		6,145
*	Fidelity Total Bond	Mutual Fund		15,361
*	Fidelity Total Bond	Mutual Fund		68,174
*	Fidelity Low Priced Stock	Mutual Fund		37,703
*	Fidelity Real Estate Income	Mutual Fund		13,594
	Vanguard Index Fds Vanguard Small Cap	Mutual Fund		16,410
	Vanguard Growth Index Admiral	Mutual Fund		59,259
	Advanced Micro Devices Inc	Common Stock		3,243
	Alphabet Inc Cap Stk Class A	Common Stock		2,794
	Amazon.com Inc NFS LLC	Common Stock		9,360
	Annovis Bio Inc Com	Common Stock		150
	Apple Computer Inc. NFS LLC	Common Stock		26,987
	AT&T Inc Com	Common Stock		107
	Beyond Meat Inc Com	Common Stock		89
	Bioxcel Therapeutics Inc Com	Common Stock		127
	Boston Scientific Corp	Common Stock		143
	Camping World Holdings Inc Class A	Common Stock		14,233
	Chemours Co Com	Common Stock		69
	Costco Wholesale Corp	Common Stock		3,300

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H Year Ended December 31, 2023

Line 4i - Schedule of Assets (Held at End of Year) - Continued

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Crispr Therapeutics AG Com	Common Stock		\$ 616
	Disney Walt Co Holding Company	Common Stock		5,417
	Docusign Inc Com	Common Stock		186
	Ecolab Inc	Common Stock		619
	Emcor Group Inc	Common Stock		437
	Eos Energy Enterprises Inc Com	Common Stock		5
	Equifax Inc	Common Stock		250
	Facebook Inc Com	Common Stock		1,592
	Ford Motor Company	Common Stock		360
	Gamestop Crop New Class A	Common Stock		27,838
	General Motors Company	Common Stock		223
	Gilead Sciences Inc	Common Stock		189
	Home Depot Inc	Common Stock		757
	Intel Corp NFS LLC	Common Stock		1,856
	Microsoft Corp NFS LLC	Common Stock		2,721
	Moderna Inc Com	Common Stock		2,984
	Netflix Com Inc Com	Common Stock		1,948
	Nextera Energy Inc Com	Common Stock		657
	Nike Inc Class B NFS	Common Stock		113
	NVIDIA Corp NFS	Common Stock		7,639
	Paypal Hldgs Inc Com	Common Stock		184
	Plug Pwr Inc Com	Common Stock		74
	Renesola LTD Sponsored ADS	Common Stock		63
	Taiwan Semiconductor Manufacturing	Common Stock		644
	Teladoc Inc Com	Common Stock		108
	Tesla Motors Inc.com	Common Stock		248
	Verizon Communications	Common Stock		229
	Visa Inc Com Class A	Common Stock		1,601
	Warner Bros Discovery Inc	Common Stock		11
	Zoom Video Communications Inc	Common Stock		216
	Workday Inc Com	Common Stock		488
*	Notes receivable from participants (2)	4.25% - 9.50%		176,382
				\$ 46,511,676

(1) Cost information may be omitted with respect to participant- or beneficiary-directed transactions under an individual account plan.

(2) These notes are secured by the participant's account balances in the Plan.

* Represents a party in interest to the Plan as defined by ERISA.