

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

|         |                                                                                                                                                                                                                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>ADVANCED INTEGRATION TECHNOLOGY 401(K) PLAN                                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>01/25/2006                                                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ADVANCED INTEGRATION TECHNOLOGY LP<br><br>SARAH GEISER<br>2805 E. PLANO PARKWAY<br>SUITE 300<br>PLANO, TX 75074 |
| 2b      | Employer Identification Number (EIN)<br>47-2414568                                                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>972-423-8354                                                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>541512                                                                                                                                                                                                                                                                                                                             |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2024 | SARAH GEISER                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 579                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 413<br><b>6a(2)</b> 299<br><b>6b</b> 1<br><b>6c</b> 188<br><b>6d</b> 488<br><b>6e</b> 0<br><b>6f</b> 488<br><b>6g(1)</b> 557<br><b>6g(2)</b> 483<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                         |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ADVANCED INTEGRATION TECHNOLOGY 401(K) PLAN                                | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                              |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADVANCED INTEGRATION TECHNOLOGY LP | D Employer Identification Number (EIN)<br>47-2414568 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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)

USI ADVISORS, INC.

06-1397347

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 28830                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLAND GARVEY, P.C.

75-1854024

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 13500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 11572                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

MMA SECURITIES LLC

52-2189187

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 5333                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | -64686                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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. |                                           |
| CRLN E MID CAP GR R5 - U.S. BANK N<br><br>31-0841368                                         | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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. |                                           |
| JPM US SMALL CO A - DST ASSET MANA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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. |                                           |
| LOOMIS CORE PL BD A - SS&C GIDS, I      2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169          | 0.45%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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. |                                           |
| MFS INTL DIVRSN R3 - MFS SERVICE C<br><br>04-2865649                | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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. |                                           |
| MFS MID CAP VALUE R4 - MFS SERVICE<br><br>04-2865649                | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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. |                                           |
| MFS VALUE R3 - MFS SERVICE CENTER<br><br>04-2865649                 | 0.50%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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. |                                           |
| PIONEER FDMTL GRTH Y - BNY MELLON 500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442  | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(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. |                                           |
| PIONEER STRAT INC Y - BNY MELLON I 500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(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. |                                           |
| RYDEX NASDAQ 100 2X STRATEGY CL A 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850       | 0.40%                                                                                                                                                              |                                           |

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>   |                                                                    |            |
| <b>A</b> Name of plan<br><b>ADVANCED INTEGRATION TECHNOLOGY 401(K) PLAN</b>                                | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ADVANCED INTEGRATION TECHNOLOGY LP</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-2414568</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 202248                | 147300          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 746299                | 780407          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 1417988               | 636279          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 42461543              | 47364280        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 44828078              | 48928266        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 44828078              | 48928266        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 1110899    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 3551435    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 231002     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4893336   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 9684       |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 44839      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 54523     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 1163415    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1163415   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 84665     |
| (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) |            | 6439933   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 12635872  |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 8535789 |         |
| (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)  |         | 8535789 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 5346    |
| 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)  | -64686  |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 13500   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 11572   |         |
| (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) | 34163   |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | -5451   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 8535684 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 4100188 |
| 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: **BLAND GARVEY**

(2) EIN: **75-1854024**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                              |                                                      |     |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023   |                                                      |     |
| A Name of plan<br>ADVANCED INTEGRATION TECHNOLOGY 401(K) PLAN                                | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADVANCED INTEGRATION TECHNOLOGY LP | D Employer Identification Number (EIN)<br>47-2414568 |     |

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

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

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 5                                                    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                              |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                              |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                           |                             |                              |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8                                                    | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                    |                                   |                                   |                               |                             |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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:                                                                                                             |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>15</b> 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:                                                                                                                                           |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                            | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                         | <b>16a</b> |  |
| <b>b</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 .....                                                                                                                                                           | <b>16b</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation. _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> 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). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input checked="" type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>22</b> 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> .                                         |  |

Advanced Integration Technology  
401(k) Plan

*Independent Auditor's Report  
and Financial Statements*

December 31, 2023 and 2022



**BLAND GARVEY**  
ACCOUNTANTS & CONSULTANTS

## INDEPENDENT AUDITOR'S REPORT

To the Advanced Integration Technology  
401(k) Plan and Participants

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

We have performed an audit of the financial statements of the Advanced Integration Technology 401(k) 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, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### ***Opinion on the Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 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.

- 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 on the Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Advanced Integration Technology 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Advanced Integration Technology 401(k) Plan's ability to continue as a going concern for one year after the financial statements are 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 of the Financial Statements 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 Advanced Integration Technology 401(k) 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 Advanced Integration Technology 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matters***

*Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor'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).

*Bland Marney, P.C.*

Richardson, Texas

August 5, 2024

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2023 and 2022

ASSETS

|                                                    | <u>2023</u>       | <u>2022</u>       |
|----------------------------------------------------|-------------------|-------------------|
| Investments                                        |                   |                   |
| Participant directed investments at contract value | \$ 674,688        | \$ 1,520,639      |
| Participant directed investments at fair value     | <u>47,511,580</u> | <u>42,663,790</u> |
|                                                    | <u>48,186,268</u> | <u>44,184,429</u> |
| Receivables                                        |                   |                   |
| Employer                                           | 16,796            | 38,009            |
| Employee                                           | 49,089            | 65,514            |
| Notes receivable from participants                 | <u>780,407</u>    | <u>746,299</u>    |
| Total receivables                                  | <u>846,292</u>    | <u>849,822</u>    |
| Total assets                                       | 49,032,560        | 45,034,251        |

LIABILITIES

|                                   |                             |                             |
|-----------------------------------|-----------------------------|-----------------------------|
| Accrued excess revenue share      | <u>53,343</u>               | <u>115,321</u>              |
| Total liabilities                 | <u>53,343</u>               | <u>115,321</u>              |
| Net assets available for benefits | <u><u>\$ 48,979,217</u></u> | <u><u>\$ 44,918,930</u></u> |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Year Ended December 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|                                                         |                   |
|---------------------------------------------------------|-------------------|
| Investment income, net of investment expenses (Note C)  |                   |
| Net appreciation in fair value of assets                | \$ 6,422,007      |
| Interest and dividends                                  | 1,189,379         |
| Net investment income                                   | <u>7,611,386</u>  |
| Interest income from notes receivable from participants | <u>44,839</u>     |
| Contributions                                           |                   |
| Employer                                                | 1,089,687         |
| Participants                                            | 3,535,010         |
| Participant rollovers                                   | 231,003           |
| Total contributions                                     | <u>4,855,700</u>  |
| Total additions                                         | <u>12,511,925</u> |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 8,535,789        |
| Deemed distributions          | 5,346            |
| Administrative expenses, net  | <u>(89,497)</u>  |
| Total deductions              | <u>8,451,638</u> |
| Net increase in net assets    | 4,060,287        |

NET ASSETS AVAILABLE FOR BENEFITS:

|                       |                             |
|-----------------------|-----------------------------|
| Beginning of the year | <u>44,918,930</u>           |
| End of the year       | <u><u>\$ 48,979,217</u></u> |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

The following description of the Advanced Integration Technology 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution 401(k) plan sponsored by Advanced Integration Technology LP (the “Company”). The Plan, as amended was established effective January 25, 2006. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (“ERISA”), as amended.

Advanced Integration Technology LP maintains the Plan for the benefit of its eligible employees and eligible employees of subsidiaries, divisions and affiliated companies that have adopted the Plan. Generally, the Plan covers all eligible employees of Advanced Integration Technology LP (“AIT”), Advanced Integration Services LLC, (“AIS”), Advanced Integrated Tooling Solutions LP (“AITS”), Advanced Integration Technology Grand Prairie LP (“AITGP”), Advanced Integration Technology San Antonio LP (“AITSA”), Advanced Integration Service International, Inc. (“AISII”) and Nova-Tech Engineering (“NTE”) (together “the Company”) who elect to participate.

The Company is the sponsor and administrator of the Plan. Fidelity Management Trust Company is the Plan Trustee. Fidelity Workplace Services LLC is the recordkeeper.

The financial statements were approved for issue on August 5, 2024, which is the date the financial statements are available to be issued.

**Plan amendments**

The Plan was amended effective January 1, 2020, to modify the time of service required to receive the employer match from 6 months to 1 month; to amend the plan entry dates as the first day of each month; and to modify the employer match to vest ratably over three years. Participants employed prior to January 1, 2020 became fully vested as of January 1, 2020 in the discretionary employer match.

The Plan was amended and restated effective March 1, 2022 to bring the Plan into compliance with legislative and regulatory changes set forth in IRS Notice 2017-37.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Eligibility**

Generally, all active employees of the Company are eligible to participate in the Plan. Employees are eligible to contribute at the first entry date upon completing one month of service with the Company. Entry dates are the first day of each month.

**401(k) provisions**

Contributions are by salary reduction and are at the employee's discretion within the limits imposed by the 401(k) provisions of the Plan and the applicable Internal Revenue Code sections. The participant accounts are "participant directed accounts."

**Salary deferral**

The Plan is a defined contribution plan wherein participants elect to reduce their compensation and have such reductions contributed to the Plan on their behalf. Participants may contribute on a pre-tax basis or an after-tax Roth basis subject to procedures established by the plan administrator. The Plan also allows for rollovers from other plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. Participants with a deferral rate greater than zero will have their deferral rate increased annually by 1% per year, up to a maximum deferral rate of 10%.

The maximum contributions allowed by the Internal Revenue Service were \$22,500 and \$20,500 for the years 2023 and 2022, respectively. Participating employees are eligible to make catch-up contributions under the Plan provided the participating employees have attained or will attain the age of 50 before the close of the year. The amount of catch-up contributions allowed by the Internal Revenue Service was \$7,500 and \$6,500 for 2023 and 2022, respectively.

The term "compensation" for calculation of deferral shall be taxable compensation including salary reduction contributions made to an employer sponsored cafeteria plan or 401(k) plan but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and deferred compensation. Differential wages are excluded. Participants can elect to contribute to the Plan not less than 1% or more than 100% of eligible compensation for the

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

years ended December 31, 2023 and 2022. Participants may elect to make deferral contributions on any Company paid bonus with the completion of a special election form. If no special election is made, deferrals will not be made from bonus compensation.

Participants may make additional deferral contributions during payroll periods designated by the Company. The participant may elect to contribute to the Plan not less than 1% or more than 100% of eligible compensation on a pre-tax basis by completing a special election form.

**Employer contributions**

Discretionary employer 401(k) contributions are determined on an annual basis by the Board of Directors of the Company and are at the discretion of the Board of Directors within the limits imposed by the Plan documents and the applicable Internal Revenue Code sections.

Effective January 1, 2020, Participants are eligible for discretionary matching contributions following completion of a one month period of service. Prior to January 1, 2020, participants were eligible for discretionary matching contributions following completion of a six month period of service. Participants must complete at least 1,000 hours of service during the Plan year and be employed as of the last day of the year to receive any matching contributions made for the year.

The Company may make qualified nonelective contributions and allocate the contribution to certain non-highly compensated employees to facilitate the Plan passing non-discrimination tests during a Plan year.

Employer matching contributions will be made on participant deferral contributions excluding age 50 and over catch-up contributions, and bonus compensation deferrals.

For the years ended December 31, 2023 and 2022, the plan sponsor made a matching contribution of 100% of each participant's 401(k) contribution, up to 3% of the participant's compensation.

**Participant accounts**

Each participant's account is credited with the participant's contribution, if any, and an allocation of the Company's contribution and investment experience on those amounts. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Vesting**

Employee contributions, Roth contributions and rollover contributions are immediately 100% vested. Effective January 1, 2020, participants will vest in the employer match contribution ratably over three years. Participants employed prior to January 1, 2020 became fully vested as of January 1, 2020 in the discretionary employer match. Prior to January 1, 2020, a participant was 100% vested immediately on employer matching contributions, once eligible.

**Notes receivable from participants**

The Plan allows participants to borrow fifty percent, up to \$50,000, of their vested account balance from the Plan at any time. The minimum loan amount is \$1,000. Each participant may have only one loan outstanding at any given time. The rate of interest is equal to the Wall Street Journal prime rate plus one percent. The loans are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions. Participant loans are valued at cost.

**Termination**

Although it has not expressed any intent to do so, the Company's Board of Directors may terminate the Plan at any time. Upon termination, the Board of Directors may elect to distribute to each participant, or his or her beneficiary, the proportionate share of the Plan's assets as determined by the individual account balances on the date of termination, or continue the existence of the trust for the purpose of paying benefits as they become due under the terms of the Plan. In addition, upon termination of the Plan, the participants' vested interest in employer contributions shall be 100%.

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her account.

**Payment of benefits**

Distributions of participants' account balances occur only upon retirement, death, hardship, in-service distribution or other termination of employment. A participant or participant's beneficiary may receive distributions under one of several options. The options allow for payment in lump-sum distributions of cash or transfer to an individual retirement account or other brokerage account. Participants who have reached age 59 ½ may elect to withdraw all or a portion of their employee deferral contributions while they are still employed by the Company. Participants who have reached age 70 ½ may elect to receive installment payments sufficient to satisfy required minimum distributions as required by IRS regulations.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Investing options**

Upon enrollment in the Plan, a participant may direct employee contributions in any of the investment options listed in Note C. Participants may change their investment options at any time. In addition, a participant may request a reallocation of both the existing account and future contribution allocations or a rebalancing of the participant's existing account.

**Plan administrative costs**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Fees related to the administration of notes receivable from participants, transaction fees for certain withdrawals and annual maintenance fees for self-directed brokerage accounts are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

The Plan participates in a revenue sharing agreement with the Trustee and the related Plan earnings are deposited in an unallocated funds account. Unallocated revenue share funds are used to pay certain administrative expenses. During the years ended December 31, 2023 and 2022, respectively, the Plan used \$154,462 and \$133,843 from the unallocated funds account to pay certain consulting fees, accounting fees, and investment advisor fees incurred by the Plan. At December 31, 2023 and 2022, the Plan had \$53,343 and \$115,321, respectively, in deferred revenue share credit available for use in a future year.

**Funding policy**

It is the policy of the Plan sponsor to remit the employee contributions as soon as administratively possible, but no later than six business days after the date of payroll. The employer contribution is made annually within six months of the Plan's year end.

**Forfeitures**

The Plan had \$0 forfeitures for the years ended December 31, 2023 and 2022. Forfeitures are used to reduce administrative costs, employer matching or profit sharing contributions. At December 31, 2023 and 2022, the Plan maintained a balance of \$69,541 and \$15,530, respectively, in forfeited accounts.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**CARES Act**

The Plan adopted the applicable provisions of the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”), which was signed into law March 27, 2020. The CARES Act took immediate effect and allows for qualifying participants who experience adverse effects due to COVID-19 to take Coronavirus Related Distributions with a repayment or rollover right during the three-year period beginning the day after the distribution date. The CARES Act also permits the Plan to postpone required minimum distributions for one year.

*Hardship Withdrawals*

Participants may receive hardship withdrawals for reasons of financial hardship. The Plan adopted the provisions to allow participants to take COVID-19 eligible withdrawals under the CARES Act up to \$100,000 without penalty and the Plan granted several participant requests in 2020. The Plan was amended to incorporate these provisions when required.

*Participant loans*

Effective April 2020, the Plan suspended participant loan repayments for participants who requested a suspension subject to the CARES Act. Repayments may be halted through December 2020 if requested by a participant.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan’s financial statements. The financial statements and notes are representations of the Plan’s administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

**Basis of accounting**

The Plan’s financial statements are presented on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Use of estimates**

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

**Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's common/collective trust fund investments are valued at their net asset value per unit as a practical expedient as reported by the fund manager of the collective trust. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note E for discussion of fair value measurements.

Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits**

Benefit payments are recorded when paid.

**Notes receivable from participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 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.

These loan transactions are treated as a transfer between the investment fund and the participant notes fund. The interest rate on loan transactions is commensurate with current rates. As of December 31, 2023 and 2022, the interest rates on outstanding loan balances ranged from 4.25% to 9.50%.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE C – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE  
(UNAUDITED)

At December 31, 2023 and 2022, respectively, the Plan's investments were held by Fidelity Management Trust Company, the Trustee. The following is a summary of the Plan's financial information that is included in the accompanying financial statements and supplemental schedule based on information certified by the Trustees as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under the Employee Retirement Income Security Act of 1974.

|                                                | <u>2023</u>  | <u>2022</u>  |
|------------------------------------------------|--------------|--------------|
| Investments, at contract value                 |              |              |
| Common/collective trust                        |              |              |
| Fidelity Managed Income Portfolio              | \$ 674,688   | \$ 1,520,639 |
| Investments, at fair value                     |              |              |
| Investments in Registered Investment Companies |              |              |
| Carillon E Mid Cap Growth R5                   | \$ 2,058,196 | \$ 1,895,793 |
| Fidelity 500 Index                             | 5,527,745    | 4,221,288    |
| Fidelity Freedom 2005                          | 380          | 450          |
| Fidelity Freedom 2010                          | 385          | 50,725       |
| Fidelity Freedom 2015                          | 7,115        | 21,148       |
| Fidelity Freedom 2020                          | 2,527,423    | 3,273,752    |
| Fidelity Freedom 2025                          | 7,360,826    | 6,656,614    |
| Fidelity Freedom 2030                          | 4,884,797    | 4,864,079    |
| Fidelity Freedom 2035                          | 5,342,060    | 4,885,762    |
| Fidelity Freedom 2040                          | 2,596,808    | 2,291,778    |
| Fidelity Freedom 2045                          | 4,049,889    | 3,554,544    |
| Fidelity Freedom 2050                          | 3,381,507    | 2,728,379    |
| Fidelity Freedom 2055                          | 2,117,338    | 1,625,378    |
| Fidelity Freedom 2060                          | 579,123      | 343,863      |
| Fidelity Freedom 2065                          | 55,955       | 48,330       |
| Fidelity Freedom Income                        | 346,744      | 455,729      |
| Fidelity Fund                                  | 90,221       | 60,573       |
| JPM US Small CO                                | 346,935      | 191,552      |
| Loomis Core PL BD A                            | 534,072      | 299,916      |
| MFS Intl Divrsn R3                             | 587,304      | 607,963      |
| MFS Value R3                                   | 431,937      | 635,216      |
| Pioneer Fundamental Growth                     | 3,352,152    | 2,396,066    |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE C – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE  
(UNAUDITED)

|                                 | <u>2023</u>          | <u>2022</u>          |
|---------------------------------|----------------------|----------------------|
| Self Directed Brokerage Account | \$ 100,283           | \$ 86,904            |
| Vanguard Federal Money Market   | 47,017               | 115,344              |
| Pioneer Stat Income             | 226,804              | 167,872              |
| MFS Mid Cap Value R4            | 453,482              | 549,265              |
| Fidelity US Bond Index          | 271,277              | 455,562              |
| Fidelity Intl Index             | <u>233,805</u>       | <u>179,945</u>       |
|                                 | <u>\$ 48,186,268</u> | <u>\$ 44,184,429</u> |

Investment income (loss), net of investment expenses    \$ 7,611,386

NOTE D – COMMON/COLLECTIVE TRUST

The Plan offers the Fidelity Managed Income Portfolio (the “Portfolio”) as an investment option. The Portfolio is a common/collective trust managed by Fidelity Management Trust Company (“FMTC”), which strives to preserve principal while earning a level of interest income consistent with principal preservation. The Portfolio maintains, but cannot guarantee, a stable net asset value of \$1 per share. The Portfolio is valued at contract value.

The fund invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. Principal and interest are not guaranteed. The net asset value based assets are generally redeemable on a daily basis with a one day notice with no restrictions and there are no unfunded commitments.

During 2023 and 2022, the average yields for the Managed Income Portfolio were as follows:

|                          | <u>2023</u> | <u>2022</u> |
|--------------------------|-------------|-------------|
| Yield analysis           |             |             |
| Based on actual earnings | 3.62%       | 2.55%       |

The Plan’s ability to receive amounts due in accordance with benefit-responsive investment contracts is dependent on the third-party issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE D – COMMON/COLLECTIVE TRUST

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. A material amendment to the agreements without the consent of the issuer.

NOTE E – 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- |         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                |
| Level 2 | Adjusted quoted prices from active or inactive markets for identical or similar assets or liabilities; or valuation inputs that are directly or indirectly observable. |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE E – FAIR VALUE MEASUREMENTS

|         |                                                                                      |
|---------|--------------------------------------------------------------------------------------|
| Level 3 | Unobservable inputs that are significant to the fair value of assets or liabilities. |
|---------|--------------------------------------------------------------------------------------|

The asset or liability's 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. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

*Managed income fund:* A stable value fund general account product that is composed primarily of fully benefit-responsive investment contracts that is valued at the contract of units of the common/ collective trust. These net asset based investments have been excluded from the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2023 and 2022.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE E – FAIR VALUE MEASUREMENTS

|                                             | Assets at Fair Value<br>as of December 31, 2023 |             |             |                      |
|---------------------------------------------|-------------------------------------------------|-------------|-------------|----------------------|
|                                             | Level 1                                         | Level 2     | Level 3     | Total                |
| Mutual funds                                | \$ 47,321,076                                   | \$ -        | \$ -        | \$ 47,321,076        |
| Self directed<br>brokerage account          | 190,504                                         | -           | -           | 190,504              |
| Total assets in the fair<br>value hierarchy | <u>\$ 47,511,580</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>47,511,580</u>    |
| Investments measured at<br>contract value   |                                                 |             |             | <u>674,688</u>       |
| Investments                                 |                                                 |             |             | <u>\$ 48,186,268</u> |

|                                             | Assets at Fair Value<br>as of December 31, 2022 |             |             |                      |
|---------------------------------------------|-------------------------------------------------|-------------|-------------|----------------------|
|                                             | Level 1                                         | Level 2     | Level 3     | Total                |
| Mutual funds                                | \$ 42,516,313                                   | \$ -        | \$ -        | \$ 42,516,313        |
| Self directed<br>brokerage accounts         | 147,477                                         | -           | -           | 147,477              |
| Total assets in the fair<br>value hierarchy | <u>\$ 42,663,790</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>42,663,790</u>    |
| Investments measured at<br>contract value   |                                                 |             |             | <u>1,520,639</u>     |
| Investments                                 |                                                 |             |             | <u>\$ 44,184,429</u> |

For years ended December 31, 2023 and 2022, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE F – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST  
TRANSACTIONS

Fidelity Management Trust Company acted as trustee and custodian of the Plan for the years ended December 31, 2023 and 2022. Fidelity Investments Institutional Operations Company, Inc. is the recordkeeper for the Plan and receives direct compensation from the Plan for these services. During the year ended December 31, 2023, the recordkeeper credited \$61,978 in direct compensation to the Plan. During the year ended December 31, 2022, the recordkeeper received \$31,893 in direct compensation from the Plan.

Strategic Advisors, Inc. acted as an advisor for the Plan for the years ended December 31, 2023 and 2022. Strategic Advisors, Inc. receives direct compensation from the Plan for these services. During the years ended December 31, 2023 and 2022, the investment advisor received \$11,572 and \$11,856 in direct compensation from the Plan, respectively.

USI Advisors, Inc. acted as an investment advisor for the Plan for the year ended December 31, 2023 and 2022. USI Advisors, Inc. receives direct compensation from the Plan for these services. During the years ended December 31, 2023 and 2022, the investment advisor received \$28,830 and \$40,405 in direct compensation from the Plan, respectively.

MMA Securities, LLC provided investment management services for the Plan for the year ended December 31, 2023. MMA Securities, LLC receives direct compensation from the Plan for these services. During the year ended December 31, 2023, the investment management services received \$5,333 in direct compensation from the Plan.

Fidelity Investments Institutional Operations Company, Inc. also receives indirect compensation from the Plan through fund management services it provides to selected mutual funds held by the Plan. Fidelity Investments Institutional Operations Company, Inc. is the designated provider of individual retirement accounts that are established and maintained for automatic rollovers from the Plan for mandatory distributions greater than \$1,000 if the participant does not elect either a direct rollover or to receive a distribution of their account balance.

Bland Garvey, P.C. performs the annual audit of the Plan. This transaction is an exempt party-in-interest transaction. Bland Garvey, P.C. receives direct compensation from the Plan for these services.

Advanced Integration Technology LP provides certain accounting, administrative, and investment management services to the Plan. These transactions qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE G – DERIVATIVES

The Plan has no instruments that, in whole or part, are accounted for as a derivative instrument under current authoritative guidance in *Accounting for Derivative Instruments and Hedging Activities*, during the current plan year.

NOTE H – 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. Because of the level of risk associated with certain investment securities it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE I – SEPARATED PARTICIPANTS WITH VESTED BENEFITS

There were 16 and 14 terminated participants with vested benefits of \$991,006 and \$654,358 as of December 31, 2023 and 2022, respectively.

NOTE J – FIDELITY BOND

ERISA requires a fidelity bond at the beginning of each plan year in the amount of 10% of the assets of the Plan but must not be less than \$1,000 and need not be greater than \$500,000. As of December 31, 2023, the Plan has a \$500,000 fidelity bond.

NOTE K – CONTRIBUTIONS

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable but in no event more than 6 days following the end of the month in which amounts are withheld from wages. It is the plan sponsor's funding policy to remit employee contributions as soon as administratively possible, but no later than 6 business days after the date of the payroll. There were no late contributions to the Plan for the years ended December 31, 2023 and 2022.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE L – FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023 and 2022, to Form 5500:

|                                                                | 2023                 | 2022                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 48,979,217        | \$ 44,918,930        |
| Accrued liabilities                                            | 53,343               | 115,321              |
| Contract value adjustment of common/collective trust           | (38,409)             | (102,650)            |
| Accrued contribution receivables not recorded on Form 5500     | (65,885)             | (103,523)            |
| Net assets available for benefits per the Form 5500            | <u>\$ 48,928,266</u> | <u>\$ 44,828,078</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2023, to Form 5500:

|                                                                                  |                     |
|----------------------------------------------------------------------------------|---------------------|
| Net increase in plan assets per the financial statements                         | \$ 4,060,287        |
| Difference in accrued employer and employees contributions between 2023 and 2022 | 37,638              |
| Difference in net appreciation in fair value of assets                           | 102,589             |
| Difference in interest and dividends                                             | (16,280)            |
| Difference in administrative fees and deemed distributions                       | (84,046)            |
| Net increase in plan assets per Form 5500                                        | <u>\$ 4,100,188</u> |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE M – INCOME TAX STATUS

The Plan obtained its most recent determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE N – SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2023  
EIN #47-2414568 PLAN NUMBER 001

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of investment, including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d) Cost | (e) Current Value |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Carillon E Mid Cap Growth R5                                | Mutual fund                                                                                                        | **       | \$ 2,058,196      |
| *   | Fidelity Managed Income Portfolio                           | Common/Collective Trust                                                                                            | **       | 674,688           |
| *   | Fidelity Freedom Income                                     | Mutual fund                                                                                                        | **       | 346,744           |
| *   | Fidelity Freedom 2005                                       | Mutual fund                                                                                                        | **       | 380               |
| *   | Fidelity Freedom 2010                                       | Mutual fund                                                                                                        | **       | 385               |
| *   | Fidelity Freedom 2020                                       | Mutual fund                                                                                                        | **       | 2,527,423         |
| *   | Fidelity Freedom 2030                                       | Mutual fund                                                                                                        | **       | 4,884,797         |
| *   | Fidelity Freedom 2040                                       | Mutual fund                                                                                                        | **       | 2,596,808         |
| *   | Fidelity Freedom 2015                                       | Mutual fund                                                                                                        | **       | 7,115             |
| *   | Fidelity Freedom 2025                                       | Mutual fund                                                                                                        | **       | 7,360,826         |
| *   | Fidelity Freedom 2035                                       | Mutual fund                                                                                                        | **       | 5,342,060         |
| *   | Fidelity Freedom 2045                                       | Mutual fund                                                                                                        | **       | 4,049,889         |
| *   | Fidelity Freedom 2050                                       | Mutual fund                                                                                                        | **       | 3,381,507         |
| *   | Fidelity 500 Index                                          | Mutual fund                                                                                                        | **       | 5,527,745         |
| *   | Fidelity Freedom 2055                                       | Mutual fund                                                                                                        | **       | 2,117,338         |
| *   | Fidelity Freedom 2060                                       | Mutual fund                                                                                                        | **       | 579,123           |
| *   | Fidelity Freedom 2065                                       | Mutual fund                                                                                                        | **       | 55,955            |
| *   | JPM US Small CO                                             | Mutual fund                                                                                                        | **       | 346,935           |
| *   | Loomis Core PL BD A                                         | Mutual fund                                                                                                        | **       | 534,072           |
| *   | MFS Intl Divrsn R3                                          | Mutual fund                                                                                                        | **       | 587,304           |
| *   | Fidelity Fund                                               | Mutual fund                                                                                                        | **       | 90,221            |
| *   | Self Directed Brokerage Account                             | Mutual fund                                                                                                        | **       | 100,283           |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2023  
EIN #47-2414568 PLAN NUMBER 001

| (a) | (b) Identify of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of investment, including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d) Cost | (e) Current Value    |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *   | MFS Value R3                                                | Mutual fund                                                                                                        | **       | \$ 431,937           |
| *   | Pioneer Fundamental Growth                                  | Mutual fund                                                                                                        | **       | 3,352,152            |
| *   | Vanguard Federal Money Market                               | Mutual fund                                                                                                        |          | 47,017               |
| *   | Pioneer Stat Income                                         | Mutual fund                                                                                                        |          | 226,804              |
| *   | MFS Mid Cap Value R4                                        | Mutual fund                                                                                                        |          | 453,482              |
| *   | Fidelity US Bond Index                                      | Mutual fund                                                                                                        |          | 271,277              |
| *   | Fidelity Intl Index                                         | Mutual fund                                                                                                        |          | 233,805              |
|     |                                                             |                                                                                                                    |          | <u>\$ 48,186,268</u> |
| *   |                                                             | Participant notes receivable at 4.25% – 9.50%                                                                      | **       | \$ 780,407           |
| *   | Denotes party-in-interest                                   |                                                                                                                    |          |                      |
| **  | Not required for participant directed investments           |                                                                                                                    |          |                      |

See independent auditor's report and accompanying notes to financial statements.

Advanced Integration Technology  
401(k) Plan

*Independent Auditor's Report  
and Financial Statements*

December 31, 2023 and 2022



**BLAND GARVEY**  
ACCOUNTANTS & CONSULTANTS

## INDEPENDENT AUDITOR'S REPORT

To the Advanced Integration Technology  
401(k) Plan and Participants

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

We have performed an audit of the financial statements of the Advanced Integration Technology 401(k) 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, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### ***Opinion on the Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 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.

- 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 on the Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Advanced Integration Technology 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Advanced Integration Technology 401(k) Plan's ability to continue as a going concern for one year after the financial statements are 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 of the Financial Statements 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 Advanced Integration Technology 401(k) 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 Advanced Integration Technology 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matters***

*Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor'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).

*Bland Marney, P.C.*

Richardson, Texas

August 5, 2024

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2023 and 2022

ASSETS

|                                                    | <u>2023</u>       | <u>2022</u>       |
|----------------------------------------------------|-------------------|-------------------|
| Investments                                        |                   |                   |
| Participant directed investments at contract value | \$ 674,688        | \$ 1,520,639      |
| Participant directed investments at fair value     | <u>47,511,580</u> | <u>42,663,790</u> |
|                                                    | <u>48,186,268</u> | <u>44,184,429</u> |
| Receivables                                        |                   |                   |
| Employer                                           | 16,796            | 38,009            |
| Employee                                           | 49,089            | 65,514            |
| Notes receivable from participants                 | <u>780,407</u>    | <u>746,299</u>    |
| Total receivables                                  | <u>846,292</u>    | <u>849,822</u>    |
| Total assets                                       | 49,032,560        | 45,034,251        |

LIABILITIES

|                                   |                             |                             |
|-----------------------------------|-----------------------------|-----------------------------|
| Accrued excess revenue share      | <u>53,343</u>               | <u>115,321</u>              |
| Total liabilities                 | <u>53,343</u>               | <u>115,321</u>              |
| Net assets available for benefits | <u><u>\$ 48,979,217</u></u> | <u><u>\$ 44,918,930</u></u> |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Year Ended December 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|                                                         |                   |
|---------------------------------------------------------|-------------------|
| Investment income, net of investment expenses (Note C)  |                   |
| Net appreciation in fair value of assets                | \$ 6,422,007      |
| Interest and dividends                                  | 1,189,379         |
| Net investment income                                   | <u>7,611,386</u>  |
| Interest income from notes receivable from participants | <u>44,839</u>     |
| Contributions                                           |                   |
| Employer                                                | 1,089,687         |
| Participants                                            | 3,535,010         |
| Participant rollovers                                   | 231,003           |
| Total contributions                                     | <u>4,855,700</u>  |
| Total additions                                         | <u>12,511,925</u> |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 8,535,789        |
| Deemed distributions          | 5,346            |
| Administrative expenses, net  | <u>(89,497)</u>  |
| Total deductions              | <u>8,451,638</u> |
| Net increase in net assets    | 4,060,287        |

NET ASSETS AVAILABLE FOR BENEFITS:

|                       |                             |
|-----------------------|-----------------------------|
| Beginning of the year | <u>44,918,930</u>           |
| End of the year       | <u><u>\$ 48,979,217</u></u> |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

The following description of the Advanced Integration Technology 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

**General**

The Plan is a defined contribution 401(k) plan sponsored by Advanced Integration Technology LP (the “Company”). The Plan, as amended was established effective January 25, 2006. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (“ERISA”), as amended.

Advanced Integration Technology LP maintains the Plan for the benefit of its eligible employees and eligible employees of subsidiaries, divisions and affiliated companies that have adopted the Plan. Generally, the Plan covers all eligible employees of Advanced Integration Technology LP (“AIT”), Advanced Integration Services LLC, (“AIS”), Advanced Integrated Tooling Solutions LP (“AITS”), Advanced Integration Technology Grand Prairie LP (“AITGP”), Advanced Integration Technology San Antonio LP (“AITSA”), Advanced Integration Service International, Inc. (“AISII”) and Nova-Tech Engineering (“NTE”) (together “the Company”) who elect to participate.

The Company is the sponsor and administrator of the Plan. Fidelity Management Trust Company is the Plan Trustee. Fidelity Workplace Services LLC is the recordkeeper.

The financial statements were approved for issue on August 5, 2024, which is the date the financial statements are available to be issued.

**Plan amendments**

The Plan was amended effective January 1, 2020, to modify the time of service required to receive the employer match from 6 months to 1 month; to amend the plan entry dates as the first day of each month; and to modify the employer match to vest ratably over three years. Participants employed prior to January 1, 2020 became fully vested as of January 1, 2020 in the discretionary employer match.

The Plan was amended and restated effective March 1, 2022 to bring the Plan into compliance with legislative and regulatory changes set forth in IRS Notice 2017-37.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Eligibility**

Generally, all active employees of the Company are eligible to participate in the Plan. Employees are eligible to contribute at the first entry date upon completing one month of service with the Company. Entry dates are the first day of each month.

**401(k) provisions**

Contributions are by salary reduction and are at the employee's discretion within the limits imposed by the 401(k) provisions of the Plan and the applicable Internal Revenue Code sections. The participant accounts are "participant directed accounts."

**Salary deferral**

The Plan is a defined contribution plan wherein participants elect to reduce their compensation and have such reductions contributed to the Plan on their behalf. Participants may contribute on a pre-tax basis or an after-tax Roth basis subject to procedures established by the plan administrator. The Plan also allows for rollovers from other plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions are invested in a designated balanced fund until changed by the participant. Participants with a deferral rate greater than zero will have their deferral rate increased annually by 1% per year, up to a maximum deferral rate of 10%.

The maximum contributions allowed by the Internal Revenue Service were \$22,500 and \$20,500 for the years 2023 and 2022, respectively. Participating employees are eligible to make catch-up contributions under the Plan provided the participating employees have attained or will attain the age of 50 before the close of the year. The amount of catch-up contributions allowed by the Internal Revenue Service was \$7,500 and \$6,500 for 2023 and 2022, respectively.

The term "compensation" for calculation of deferral shall be taxable compensation including salary reduction contributions made to an employer sponsored cafeteria plan or 401(k) plan but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and deferred compensation. Differential wages are excluded. Participants can elect to contribute to the Plan not less than 1% or more than 100% of eligible compensation for the

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

years ended December 31, 2023 and 2022. Participants may elect to make deferral contributions on any Company paid bonus with the completion of a special election form. If no special election is made, deferrals will not be made from bonus compensation.

Participants may make additional deferral contributions during payroll periods designated by the Company. The participant may elect to contribute to the Plan not less than 1% or more than 100% of eligible compensation on a pre-tax basis by completing a special election form.

**Employer contributions**

Discretionary employer 401(k) contributions are determined on an annual basis by the Board of Directors of the Company and are at the discretion of the Board of Directors within the limits imposed by the Plan documents and the applicable Internal Revenue Code sections.

Effective January 1, 2020, Participants are eligible for discretionary matching contributions following completion of a one month period of service. Prior to January 1, 2020, participants were eligible for discretionary matching contributions following completion of a six month period of service. Participants must complete at least 1,000 hours of service during the Plan year and be employed as of the last day of the year to receive any matching contributions made for the year.

The Company may make qualified nonelective contributions and allocate the contribution to certain non-highly compensated employees to facilitate the Plan passing non-discrimination tests during a Plan year.

Employer matching contributions will be made on participant deferral contributions excluding age 50 and over catch-up contributions, and bonus compensation deferrals.

For the years ended December 31, 2023 and 2022, the plan sponsor made a matching contribution of 100% of each participant's 401(k) contribution, up to 3% of the participant's compensation.

**Participant accounts**

Each participant's account is credited with the participant's contribution, if any, and an allocation of the Company's contribution and investment experience on those amounts. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Vesting**

Employee contributions, Roth contributions and rollover contributions are immediately 100% vested. Effective January 1, 2020, participants will vest in the employer match contribution ratably over three years. Participants employed prior to January 1, 2020 became fully vested as of January 1, 2020 in the discretionary employer match. Prior to January 1, 2020, a participant was 100% vested immediately on employer matching contributions, once eligible.

**Notes receivable from participants**

The Plan allows participants to borrow fifty percent, up to \$50,000, of their vested account balance from the Plan at any time. The minimum loan amount is \$1,000. Each participant may have only one loan outstanding at any given time. The rate of interest is equal to the Wall Street Journal prime rate plus one percent. The loans are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions. Participant loans are valued at cost.

**Termination**

Although it has not expressed any intent to do so, the Company's Board of Directors may terminate the Plan at any time. Upon termination, the Board of Directors may elect to distribute to each participant, or his or her beneficiary, the proportionate share of the Plan's assets as determined by the individual account balances on the date of termination, or continue the existence of the trust for the purpose of paying benefits as they become due under the terms of the Plan. In addition, upon termination of the Plan, the participants' vested interest in employer contributions shall be 100%.

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her account.

**Payment of benefits**

Distributions of participants' account balances occur only upon retirement, death, hardship, in-service distribution or other termination of employment. A participant or participant's beneficiary may receive distributions under one of several options. The options allow for payment in lump-sum distributions of cash or transfer to an individual retirement account or other brokerage account. Participants who have reached age 59 ½ may elect to withdraw all or a portion of their employee deferral contributions while they are still employed by the Company. Participants who have reached age 70 ½ may elect to receive installment payments sufficient to satisfy required minimum distributions as required by IRS regulations.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**Investing options**

Upon enrollment in the Plan, a participant may direct employee contributions in any of the investment options listed in Note C. Participants may change their investment options at any time. In addition, a participant may request a reallocation of both the existing account and future contribution allocations or a rebalancing of the participant's existing account.

**Plan administrative costs**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Fees related to the administration of notes receivable from participants, transaction fees for certain withdrawals and annual maintenance fees for self-directed brokerage accounts are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

The Plan participates in a revenue sharing agreement with the Trustee and the related Plan earnings are deposited in an unallocated funds account. Unallocated revenue share funds are used to pay certain administrative expenses. During the years ended December 31, 2023 and 2022, respectively, the Plan used \$154,462 and \$133,843 from the unallocated funds account to pay certain consulting fees, accounting fees, and investment advisor fees incurred by the Plan. At December 31, 2023 and 2022, the Plan had \$53,343 and \$115,321, respectively, in deferred revenue share credit available for use in a future year.

**Funding policy**

It is the policy of the Plan sponsor to remit the employee contributions as soon as administratively possible, but no later than six business days after the date of payroll. The employer contribution is made annually within six months of the Plan's year end.

**Forfeitures**

The Plan had \$0 forfeitures for the years ended December 31, 2023 and 2022. Forfeitures are used to reduce administrative costs, employer matching or profit sharing contributions. At December 31, 2023 and 2022, the Plan maintained a balance of \$69,541 and \$15,530, respectively, in forfeited accounts.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE A – PLAN DESCRIPTION

**CARES Act**

The Plan adopted the applicable provisions of the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”), which was signed into law March 27, 2020. The CARES Act took immediate effect and allows for qualifying participants who experience adverse effects due to COVID-19 to take Coronavirus Related Distributions with a repayment or rollover right during the three-year period beginning the day after the distribution date. The CARES Act also permits the Plan to postpone required minimum distributions for one year.

*Hardship Withdrawals*

Participants may receive hardship withdrawals for reasons of financial hardship. The Plan adopted the provisions to allow participants to take COVID-19 eligible withdrawals under the CARES Act up to \$100,000 without penalty and the Plan granted several participant requests in 2020. The Plan was amended to incorporate these provisions when required.

*Participant loans*

Effective April 2020, the Plan suspended participant loan repayments for participants who requested a suspension subject to the CARES Act. Repayments may be halted through December 2020 if requested by a participant.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan’s financial statements. The financial statements and notes are representations of the Plan’s administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

**Basis of accounting**

The Plan’s financial statements are presented on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Use of estimates**

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

**Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's common/collective trust fund investments are valued at their net asset value per unit as a practical expedient as reported by the fund manager of the collective trust. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note E for discussion of fair value measurements.

Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of benefits**

Benefit payments are recorded when paid.

**Notes receivable from participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 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.

These loan transactions are treated as a transfer between the investment fund and the participant notes fund. The interest rate on loan transactions is commensurate with current rates. As of December 31, 2023 and 2022, the interest rates on outstanding loan balances ranged from 4.25% to 9.50%.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE C – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE  
(UNAUDITED)

At December 31, 2023 and 2022, respectively, the Plan's investments were held by Fidelity Management Trust Company, the Trustee. The following is a summary of the Plan's financial information that is included in the accompanying financial statements and supplemental schedule based on information certified by the Trustees as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under the Employee Retirement Income Security Act of 1974.

|                                                | <u>2023</u>  | <u>2022</u>  |
|------------------------------------------------|--------------|--------------|
| Investments, at contract value                 |              |              |
| Common/collective trust                        |              |              |
| Fidelity Managed Income Portfolio              | \$ 674,688   | \$ 1,520,639 |
| Investments, at fair value                     |              |              |
| Investments in Registered Investment Companies |              |              |
| Carillon E Mid Cap Growth R5                   | \$ 2,058,196 | \$ 1,895,793 |
| Fidelity 500 Index                             | 5,527,745    | 4,221,288    |
| Fidelity Freedom 2005                          | 380          | 450          |
| Fidelity Freedom 2010                          | 385          | 50,725       |
| Fidelity Freedom 2015                          | 7,115        | 21,148       |
| Fidelity Freedom 2020                          | 2,527,423    | 3,273,752    |
| Fidelity Freedom 2025                          | 7,360,826    | 6,656,614    |
| Fidelity Freedom 2030                          | 4,884,797    | 4,864,079    |
| Fidelity Freedom 2035                          | 5,342,060    | 4,885,762    |
| Fidelity Freedom 2040                          | 2,596,808    | 2,291,778    |
| Fidelity Freedom 2045                          | 4,049,889    | 3,554,544    |
| Fidelity Freedom 2050                          | 3,381,507    | 2,728,379    |
| Fidelity Freedom 2055                          | 2,117,338    | 1,625,378    |
| Fidelity Freedom 2060                          | 579,123      | 343,863      |
| Fidelity Freedom 2065                          | 55,955       | 48,330       |
| Fidelity Freedom Income                        | 346,744      | 455,729      |
| Fidelity Fund                                  | 90,221       | 60,573       |
| JPM US Small CO                                | 346,935      | 191,552      |
| Loomis Core PL BD A                            | 534,072      | 299,916      |
| MFS Intl Divrsn R3                             | 587,304      | 607,963      |
| MFS Value R3                                   | 431,937      | 635,216      |
| Pioneer Fundamental Growth                     | 3,352,152    | 2,396,066    |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE C – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE  
(UNAUDITED)

|                                 | <u>2023</u>          | <u>2022</u>          |
|---------------------------------|----------------------|----------------------|
| Self Directed Brokerage Account | \$ 100,283           | \$ 86,904            |
| Vanguard Federal Money Market   | 47,017               | 115,344              |
| Pioneer Stat Income             | 226,804              | 167,872              |
| MFS Mid Cap Value R4            | 453,482              | 549,265              |
| Fidelity US Bond Index          | 271,277              | 455,562              |
| Fidelity Intl Index             | <u>233,805</u>       | <u>179,945</u>       |
|                                 | <u>\$ 48,186,268</u> | <u>\$ 44,184,429</u> |

Investment income (loss), net of investment expenses    \$ 7,611,386

NOTE D – COMMON/COLLECTIVE TRUST

The Plan offers the Fidelity Managed Income Portfolio (the “Portfolio”) as an investment option. The Portfolio is a common/collective trust managed by Fidelity Management Trust Company (“FMTC”), which strives to preserve principal while earning a level of interest income consistent with principal preservation. The Portfolio maintains, but cannot guarantee, a stable net asset value of \$1 per share. The Portfolio is valued at contract value.

The fund invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. Principal and interest are not guaranteed. The net asset value based assets are generally redeemable on a daily basis with a one day notice with no restrictions and there are no unfunded commitments.

During 2023 and 2022, the average yields for the Managed Income Portfolio were as follows:

|                          | <u>2023</u> | <u>2022</u> |
|--------------------------|-------------|-------------|
| Yield analysis           |             |             |
| Based on actual earnings | 3.62%       | 2.55%       |

The Plan’s ability to receive amounts due in accordance with benefit-responsive investment contracts is dependent on the third-party issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE D – COMMON/COLLECTIVE TRUST

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. A material amendment to the agreements without the consent of the issuer.

NOTE E – 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- |         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                |
| Level 2 | Adjusted quoted prices from active or inactive markets for identical or similar assets or liabilities; or valuation inputs that are directly or indirectly observable. |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE E – FAIR VALUE MEASUREMENTS

|         |                                                                                      |
|---------|--------------------------------------------------------------------------------------|
| Level 3 | Unobservable inputs that are significant to the fair value of assets or liabilities. |
|---------|--------------------------------------------------------------------------------------|

The asset or liability's 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. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

*Managed income fund:* A stable value fund general account product that is composed primarily of fully benefit-responsive investment contracts that is valued at the contract of units of the common/ collective trust. These net asset based investments have been excluded from the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2023 and 2022.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE E – FAIR VALUE MEASUREMENTS

|                                             | Assets at Fair Value<br>as of December 31, 2023 |             |             |                      |
|---------------------------------------------|-------------------------------------------------|-------------|-------------|----------------------|
|                                             | Level 1                                         | Level 2     | Level 3     | Total                |
| Mutual funds                                | \$ 47,321,076                                   | \$ -        | \$ -        | \$ 47,321,076        |
| Self directed<br>brokerage account          | 190,504                                         | -           | -           | 190,504              |
| Total assets in the fair<br>value hierarchy | <u>\$ 47,511,580</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>47,511,580</u>    |
| Investments measured at<br>contract value   |                                                 |             |             | <u>674,688</u>       |
| Investments                                 |                                                 |             |             | <u>\$ 48,186,268</u> |

|                                             | Assets at Fair Value<br>as of December 31, 2022 |             |             |                      |
|---------------------------------------------|-------------------------------------------------|-------------|-------------|----------------------|
|                                             | Level 1                                         | Level 2     | Level 3     | Total                |
| Mutual funds                                | \$ 42,516,313                                   | \$ -        | \$ -        | \$ 42,516,313        |
| Self directed<br>brokerage accounts         | 147,477                                         | -           | -           | 147,477              |
| Total assets in the fair<br>value hierarchy | <u>\$ 42,663,790</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>42,663,790</u>    |
| Investments measured at<br>contract value   |                                                 |             |             | <u>1,520,639</u>     |
| Investments                                 |                                                 |             |             | <u>\$ 44,184,429</u> |

For years ended December 31, 2023 and 2022, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE F – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST  
TRANSACTIONS

Fidelity Management Trust Company acted as trustee and custodian of the Plan for the years ended December 31, 2023 and 2022. Fidelity Investments Institutional Operations Company, Inc. is the recordkeeper for the Plan and receives direct compensation from the Plan for these services. During the year ended December 31, 2023, the recordkeeper credited \$61,978 in direct compensation to the Plan. During the year ended December 31, 2022, the recordkeeper received \$31,893 in direct compensation from the Plan.

Strategic Advisors, Inc. acted as an advisor for the Plan for the years ended December 31, 2023 and 2022. Strategic Advisors, Inc. receives direct compensation from the Plan for these services. During the years ended December 31, 2023 and 2022, the investment advisor received \$11,572 and \$11,856 in direct compensation from the Plan, respectively.

USI Advisors, Inc. acted as an investment advisor for the Plan for the year ended December 31, 2023 and 2022. USI Advisors, Inc. receives direct compensation from the Plan for these services. During the years ended December 31, 2023 and 2022, the investment advisor received \$28,830 and \$40,405 in direct compensation from the Plan, respectively.

MMA Securities, LLC provided investment management services for the Plan for the year ended December 31, 2023. MMA Securities, LLC receives direct compensation from the Plan for these services. During the year ended December 31, 2023, the investment management services received \$5,333 in direct compensation from the Plan.

Fidelity Investments Institutional Operations Company, Inc. also receives indirect compensation from the Plan through fund management services it provides to selected mutual funds held by the Plan. Fidelity Investments Institutional Operations Company, Inc. is the designated provider of individual retirement accounts that are established and maintained for automatic rollovers from the Plan for mandatory distributions greater than \$1,000 if the participant does not elect either a direct rollover or to receive a distribution of their account balance.

Bland Garvey, P.C. performs the annual audit of the Plan. This transaction is an exempt party-in-interest transaction. Bland Garvey, P.C. receives direct compensation from the Plan for these services.

Advanced Integration Technology LP provides certain accounting, administrative, and investment management services to the Plan. These transactions qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE G – DERIVATIVES

The Plan has no instruments that, in whole or part, are accounted for as a derivative instrument under current authoritative guidance in *Accounting for Derivative Instruments and Hedging Activities*, during the current plan year.

NOTE H – 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. Because of the level of risk associated with certain investment securities it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE I – SEPARATED PARTICIPANTS WITH VESTED BENEFITS

There were 16 and 14 terminated participants with vested benefits of \$991,006 and \$654,358 as of December 31, 2023 and 2022, respectively.

NOTE J – FIDELITY BOND

ERISA requires a fidelity bond at the beginning of each plan year in the amount of 10% of the assets of the Plan but must not be less than \$1,000 and need not be greater than \$500,000. As of December 31, 2023, the Plan has a \$500,000 fidelity bond.

NOTE K – CONTRIBUTIONS

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable but in no event more than 6 days following the end of the month in which amounts are withheld from wages. It is the plan sponsor's funding policy to remit employee contributions as soon as administratively possible, but no later than 6 business days after the date of the payroll. There were no late contributions to the Plan for the years ended December 31, 2023 and 2022.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE L – FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2023 and 2022, to Form 5500:

|                                                                | 2023                 | 2022                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 48,979,217        | \$ 44,918,930        |
| Accrued liabilities                                            | 53,343               | 115,321              |
| Contract value adjustment of common/collective trust           | (38,409)             | (102,650)            |
| Accrued contribution receivables not recorded on Form 5500     | (65,885)             | (103,523)            |
| Net assets available for benefits per the Form 5500            | <u>\$ 48,928,266</u> | <u>\$ 44,828,078</u> |

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2023, to Form 5500:

|                                                                                  |                     |
|----------------------------------------------------------------------------------|---------------------|
| Net increase in plan assets per the financial statements                         | \$ 4,060,287        |
| Difference in accrued employer and employees contributions between 2023 and 2022 | 37,638              |
| Difference in net appreciation in fair value of assets                           | 102,589             |
| Difference in interest and dividends                                             | (16,280)            |
| Difference in administrative fees and deemed distributions                       | (84,046)            |
| Net increase in plan assets per Form 5500                                        | <u>\$ 4,100,188</u> |

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023

NOTE M – INCOME TAX STATUS

The Plan obtained its most recent determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE N – SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2023  
EIN #47-2414568 PLAN NUMBER 001

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of investment, including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d) Cost | (e) Current Value |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Carillon E Mid Cap Growth R5                                | Mutual fund                                                                                                        | **       | \$ 2,058,196      |
| *   | Fidelity Managed Income Portfolio                           | Common/Collective Trust                                                                                            | **       | 674,688           |
| *   | Fidelity Freedom Income                                     | Mutual fund                                                                                                        | **       | 346,744           |
| *   | Fidelity Freedom 2005                                       | Mutual fund                                                                                                        | **       | 380               |
| *   | Fidelity Freedom 2010                                       | Mutual fund                                                                                                        | **       | 385               |
| *   | Fidelity Freedom 2020                                       | Mutual fund                                                                                                        | **       | 2,527,423         |
| *   | Fidelity Freedom 2030                                       | Mutual fund                                                                                                        | **       | 4,884,797         |
| *   | Fidelity Freedom 2040                                       | Mutual fund                                                                                                        | **       | 2,596,808         |
| *   | Fidelity Freedom 2015                                       | Mutual fund                                                                                                        | **       | 7,115             |
| *   | Fidelity Freedom 2025                                       | Mutual fund                                                                                                        | **       | 7,360,826         |
| *   | Fidelity Freedom 2035                                       | Mutual fund                                                                                                        | **       | 5,342,060         |
| *   | Fidelity Freedom 2045                                       | Mutual fund                                                                                                        | **       | 4,049,889         |
| *   | Fidelity Freedom 2050                                       | Mutual fund                                                                                                        | **       | 3,381,507         |
| *   | Fidelity 500 Index                                          | Mutual fund                                                                                                        | **       | 5,527,745         |
| *   | Fidelity Freedom 2055                                       | Mutual fund                                                                                                        | **       | 2,117,338         |
| *   | Fidelity Freedom 2060                                       | Mutual fund                                                                                                        | **       | 579,123           |
| *   | Fidelity Freedom 2065                                       | Mutual fund                                                                                                        | **       | 55,955            |
| *   | JPM US Small CO                                             | Mutual fund                                                                                                        | **       | 346,935           |
| *   | Loomis Core PL BD A                                         | Mutual fund                                                                                                        | **       | 534,072           |
| *   | MFS Intl Divrsn R3                                          | Mutual fund                                                                                                        | **       | 587,304           |
| *   | Fidelity Fund                                               | Mutual fund                                                                                                        | **       | 90,221            |
| *   | Self Directed Brokerage Account                             | Mutual fund                                                                                                        | **       | 100,283           |

See independent auditor's report and accompanying notes to financial statements.

ADVANCED INTEGRATION TECHNOLOGY 401(k) PLAN  
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2023  
EIN #47-2414568 PLAN NUMBER 001

| (a) | (b) Identify of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of investment, including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d) Cost | (e) Current Value    |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *   | MFS Value R3                                                | Mutual fund                                                                                                        | **       | \$ 431,937           |
| *   | Pioneer Fundamental Growth                                  | Mutual fund                                                                                                        | **       | 3,352,152            |
| *   | Vanguard Federal Money Market                               | Mutual fund                                                                                                        |          | 47,017               |
| *   | Pioneer Stat Income                                         | Mutual fund                                                                                                        |          | 226,804              |
| *   | MFS Mid Cap Value R4                                        | Mutual fund                                                                                                        |          | 453,482              |
| *   | Fidelity US Bond Index                                      | Mutual fund                                                                                                        |          | 271,277              |
| *   | Fidelity Intl Index                                         | Mutual fund                                                                                                        |          | 233,805              |
|     |                                                             |                                                                                                                    |          | <u>\$ 48,186,268</u> |
| *   |                                                             | Participant notes receivable at 4.25% – 9.50%                                                                      | **       | \$ 780,407           |
| *   | Denotes party-in-interest                                   |                                                                                                                    |          |                      |
| **  | Not required for participant directed investments           |                                                                                                                    |          |                      |

See independent auditor's report and accompanying notes to financial statements.