

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>CAMPBELL SCIENTIFIC PROFIT SHARING PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CAMPBELL SCIENTIFIC, INC.</u></p> <p><u>815 WEST 1800 NORTH</u> <u>LOGAN, UT 84321</u></p>	<p><b>1c</b> Effective date of plan <u>09/01/1980</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>87-0305157</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>435-227-9790</u></p> <p><b>2d</b> Business code (see instructions) <u>334500</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/16/2025	IGNACIO BIRKNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	766
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	651
	<b>6a(2)</b>	605
	<b>6b</b>	0
	<b>6c</b>	116
	<b>6d</b>	721
	<b>6e</b>	1
	<b>6f</b>	722
	<b>6g(1)</b>	568
<b>6g(2)</b>	712	
<b>6h</b>	18	
<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:  
 2A 2E 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)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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)

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

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**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.

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

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>CAMPBELL SCIENTIFIC PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAMPBELL SCIENTIFIC, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0305157</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**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)

D.A. DAVIDSON & CO.

110 SOUTH REGENT ST.  
SUITE 100  
SALT LAKE CITY, UT 84111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 52 72 26 30 70 27 50 71	NONE	177278	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)

JULY BUSINESS SERVICES LLC

P.O. BOX 2208  
WACO, TX 76703

74-2715820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 64	RECORDKEEPIN G	53673	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)

JONES SIMKINS LLC

46-1592906

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28423	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)

DIGITAL RETIREMENT SOLUTIONS, INC.

84-1477138

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	0	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)

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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.

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

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>09/01/2023</b> and ending <b>08/31/2024</b>	
<b>A</b> Name of plan <b>CAMPBELL SCIENTIFIC PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAMPBELL SCIENTIFIC, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0305157</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<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>	3573454	4202885
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	10553	8372
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	94172832	101393721
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	97756839	105604978
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<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>	97756839	105604978

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	4202885	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		4202885
(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>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	497	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		497
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> 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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		15306103
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		19509485

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10900456	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10900456
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	6255	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	754635	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		760890
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		11661346

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7848139
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: JONES SIMKINS LLC

(2) EIN: 46-1592906

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)		X	
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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.			

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>CAMPBELL SCIENTIFIC PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAMPBELL SCIENTIFIC, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0305157</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 75-3182674

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
--	----------	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<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>	

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

<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>	

**16** 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>	

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703180A.

**CAMPBELL SCIENTIFIC, INC.  
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**August 31, 2024 and 2023**



CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
INDEX TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Advisory Committee of  
the Campbell Scientific, Inc. Profit Sharing Plan

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

We have performed audits of the financial statements of Campbell Scientific, Inc. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended August 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

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

### ***Basis for Opinion***

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### ***Other Matters – Supplemental Schedule Required by ERISA***

The supplemental schedule as outlined in the index to financial statements 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).



JONES SIMKINS LLC

Logan, Utah

June 13, 2025

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash and cash equivalents	\$ 1,204,844	1,851,462
Investments at fair value	<u>100,188,877</u>	<u>92,321,370</u>
	<u>101,393,721</u>	<u>94,172,832</u>
Receivable from plan sponsor	4,202,885	3,573,454
Notes receivable from participants	<u>8,372</u>	<u>10,553</u>
Total receivables	<u>4,211,257</u>	<u>3,584,007</u>
Net assets available for benefits	<u>\$ 105,604,978</u>	<u>97,756,839</u>

The accompanying notes are an integral part of these financial statements.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years Ended August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net change in fair value of investments	\$ 13,505,855	8,477,965
Interest and dividend income	<u>1,800,248</u>	<u>1,691,711</u>
Total investment income	15,306,103	10,169,676
Interest income on notes receivable from participants	<u>497</u>	<u>2,835</u>
Total income	<u>15,306,600</u>	<u>10,172,511</u>
Contributions:		
Plan sponsor	<u>4,202,885</u>	<u>3,573,454</u>
Total additions	<u>19,509,485</u>	<u>13,745,965</u>
Deductions:		
Benefits paid to participants	10,900,456	5,435,478
Administrative expenses	<u>760,890</u>	<u>723,604</u>
Total deductions	<u>11,661,346</u>	<u>6,159,082</u>
Net increase	7,848,139	7,586,883
Net assets available for benefits:		
Beginning of year	<u>97,756,839</u>	<u>90,169,956</u>
End of year	<u>\$ 105,604,978</u>	<u>97,756,839</u>

The accompanying notes are an integral part of these financial statements.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 1 – Description of Plan

The following description of the Campbell Scientific, Inc. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering qualifying employees of Campbell Scientific, Inc., Juniper Systems, Inc. and Meter Group, Inc. which are wholly owned subsidiaries of Campbell Scientific, Inc. (collectively the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Advisory Committee is responsible for oversight of the Plan. The Plan's Trustees determine the appropriateness of the Plan's investments and monitor investment performance. The Plan Trustees or their designee selects investments and allocates contributions to the Plan based upon the Plan's investment objectives.

Eligibility

Full-time employees of the Company who are 21 years or older, have completed one year of service, and have worked at least 1,000 hours during that year of service are eligible to participate in the Plan.

Contributions

Annual profit-sharing contributions are determined by the Company's board of directors at their discretion. Company contributions are allocated to each employee participating in the Plan as a percentage of annual compensation. Company contributions are subject to certain statutory limitations. All contributions are deposited with Matrix Trust Company and subsequently invested by D.A. Davidson as asset custodian for the Plan.

Participant Accounts

Each participant's account is credited with an allocation of the Company's contributions, Plan earnings (losses) and forfeitures of terminated participants' nonvested accounts. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Vesting

Vesting in the Company contributions plus earnings thereon is based on years of credited service. A year of service requires completion of 1,000 hours. Participants vest at a rate of 20 percent each year beginning with their second year of credited service and are 100 percent vested after six years of credited service.

Notes Receivable from Participants

The Plan does not allow participants to originate new loans. The notes receivable held by the Plan predate the most recent adoption agreement. The notes receivable are secured by the balance in the participant's account. Principal and interest is paid through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account balance, or over variable installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts

During the years ended August 31, 2024 and 2023, nonvested accounts forfeited \$125,725 and \$35,909, respectively. Forfeitures can be used to pay the expenses of administering the Plan, reduce plan sponsor contributions, or be allocated to all remaining participants in the same manner as contributions. During the years ended August 31, 2024 and 2023, the Plan allocated or paid Plan expenses with all forfeited nonvested accounts.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, 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 Trustees and Advisory Committee determines the Plan's valuation policies utilizing information provided by investment advisors and custodians.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

Payment of Benefits

Benefits are recorded when paid.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 3 – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments and notes receivable from participants held at August 31, 2024 and 2023, and net change in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended August 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company, the trustee of the Plan.

Note 4 – 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 - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 4 – Fair Value Measurements (continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and 2023.

Common and preferred stocks are valued at the daily closing price as reported on the active market where the individual financial instruments are traded.

Municipal bonds, corporate bonds, government bonds, collateralized mortgage obligations (CMOS) and real estate mortgage investment conduits (REMIC) are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit rating.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 4 – Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of August 31, 2024 and 2023.

	2024		
	Level 1	Level 2	Total
Common stocks	\$ 72,091,170	-	72,091,170
Municipal bonds	-	17,876,344	17,876,344
Corporate bonds	-	9,652,132	9,652,132
Government bonds	-	518,081	518,081
CMOS/REMIC	-	51,150	51,150
Investments at fair value			\$ <u>100,188,877</u>
	2023		
	Level 1	Level 2	Total
Common and preferred stocks	\$ 68,500,593	-	68,500,593
Municipal bonds	-	14,577,709	14,577,709
Corporate bonds	-	8,702,251	8,702,251
Government bonds	-	485,537	485,537
CMOS/REMIC	-	55,280	55,280
Investments at fair value			\$ <u>92,321,370</u>

Note 5 – Party-in-Interest Transactions

Certain plan investments are in an account administered by D.A. Davidson, the wealth advisor of the Plan, and qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

For the years ended August 31, 2024 and 2023, investment advisory fees were paid by the Plan.

CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
August 31, 2024 and 2023

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 7 – Tax Status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). 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, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken on uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 8 – Reconciliation of Financial Statements to Schedule H of Form 5500

The amount of net assets available for benefits and the changes in net assets available for benefits per the financial statements agree to the amounts shown in Schedule H of Form 5500. However, there are certain presentation differences between the financial statements and Schedule H of Form 5500.

Note 9 – Subsequent Events

The Plan evaluated its August 31, 2024 financial statements for subsequent events through June 13, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

**CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN**  
**SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Year Ended August 31, 2024**

Employer Identification Number: 87-0305158  
Plan: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		<b>Common Stocks:</b>		
	Alphabet Inc.	32,000 shares	\$ 2,032,256	\$ 5,226,015
	Apple Inc.	21,400 shares	1,329,770	4,900,600
	Microsoft Corporation	10,750 shares	2,681,413	4,484,255
	Amazon Com Inc	20,440 shares	3,331,630	3,648,540
	Home Depot Inc.	6,232 shares	1,687,147	2,296,492
	Fiserv, Inc.	15,287 shares	1,574,487	2,669,110
	Amphenol Corporation	35,200 shares	841,632	2,374,240
	Booking Holdings Inc.	580 shares	1,088,634	2,267,353
	Thermo Fisher Scientific Inc	4,076 shares	998,090	2,507,025
	Icon PLC	7,350 shares	1,488,167	2,367,141
	Tjx Companies	18,709 shares	1,024,218	2,194,004
	Broadridge Financial Solutions Inc.	7,030 shares	914,051	1,496,406
	Accenture PLC	7,250 shares	2,094,689	2,479,138
	Mastercard Inc A	5,400 shares	1,243,358	2,610,036
	Markel Corp.	1,575 shares	1,646,548	2,521,071
	Visa Inc	5,970 shares	875,023	1,649,929
	Autodesk Inc.	8,550 shares	2,477,580	2,209,320
	Autozone Inc.	360 shares	1,010,675	1,145,333
	UnitedHealth Group Inc	5,540 shares	2,692,572	3,269,708
	S&P Global Inc	3,870 shares	782,106	1,986,239
	Adobe Inc.	6,170 shares	2,173,472	3,544,110
	Novo-Nordisk A/S	10,470 shares	1,401,826	1,457,005
	Verisign Inc.	7,041 shares	1,350,694	1,294,840
	RTX Corp	11,916 shares	1,302,679	1,469,719
	Zoetis Inc	12,850 shares	1,362,382	2,357,847
	Nvidia Corp	10,747 shares	1,085,111	1,282,869
	Sherwin Williams	4,650 shares	725,633	1,717,571
	Intuit	2,800 shares	1,162,802	1,764,728
	Restaurant Brands Intl Inc	28,300 shares	1,692,101	1,966,284
	Dollar General Corp	11,260 shares	1,990,063	934,242
		<b>Municipal Bonds:</b>		
	Allan Hancock Jt Cmnty Clg	\$1,000; maturity 08/01/2039; 3.210% interest	266,978	212,353
	Anchorage Alaska Taxable GO Ref Sch Bds	\$1,000; maturity 09/01/2031; 2.175% interest	181,350	198,274
	Ann Arbor Mi Txbl	\$1,000; maturity 05/01/2038; 5.000% interest	160,851	166,204
	Arizona brd of Rgts Txbl-Green Bonds Series A	\$1,000; maturity 07/01/2037; 2.755% interest	188,990	151,679
	Austin Tx Txbl	\$1,000; maturity 9/1/2039; 3.934% interest	75,000	63,040
	Battle Creek MI	\$1,000; maturity 05/01/2033; 3.934% interest	192,566	196,887
	Benton County WA Public Utility	\$1,000; maturity 11/01/2030; 6.546% interest	233,747	214,063
	Berrysessa CA Union Sch Dist Txbl-Election	\$1,000; maturity 08/01/2040; 5.000% interest	136,793	151,755
	Boise ID St Univ Revenues Txbl-Ref-Ser B	\$1,000; maturity 04-01-2040; 3.062% interest	251,683	206,473
	Burbank Glendale Pasadena CA	\$1,000; maturity 07-01-2032; 5.562% interest	237,481	220,673
	California State	\$1,000; maturity 04/01/2033; 4.5% interest	251,033	243,144
	California State University	\$1,000; maturity 11/01/2037; 5.545% interest	402,754	371,556
	Cerritos CA Cmnty Clg Dist.	\$1,000; maturity 08/01/2038; 2.998% interest	159,342	130,208
	Colorado State Board of Governors	\$1,000; maturity 03/01/2038; 4.434% interest	302,568	294,879
	Connecticut State	\$1,000; maturity 12/01/2029; 5.74% interest	170,025	156,493
	Contra Costa CA Community District	\$1,000; maturity 08/01/2034; 6.504% interest	376,023	329,631
	Corpus Christi TX	\$1,000; maturity 03/01/2038; 4.950% interest	106,549	102,782
	Dallas TX Indep School District Construction	\$1,000; maturity 08/15/2033; 5.049% interest	107,998	100,473
	Dedham Ma Municipal	\$1,000; maturity 06/15/2035; 4.00% interest	196,174	194,185
	Del Norte County Ca Unif Sch	\$1,000; maturity 08/01/2036; 3.350% interest	134,513	110,367
	Denton Tx Indep Sch Dist.	\$1,000; maturity 08/15/2039; 2.356% interest	202,176	151,593
	Dickinson TX School District	\$1,000; maturity 02/15/2038; 6.011% interest	150,233	145,486
	Douglass County WA Public Utility	\$1,000; maturity 09/01/2030; 5.345% interest	97,852	95,126
	El Paso TX	\$1,000; maturity 08/15/2033; 5.177% interest	164,670	155,394
	Everman Tx Indep Sch Dist.	\$1,000; maturity 02/15/2037; 2.408% interest	254,090	198,507
	Folsom Cordova Ca Unif Sch	\$1,000; maturity 10/01/2034; 2.400% interest	163,071	138,767
	Fountain Valley CA Pension	\$1,000; maturity 09/01/2035; 4.375% interest	286,531	254,550
	Gainesville TX Hospital District	\$1,000; maturity 08/15/2033; 5.711% interest	132,768	123,350
	Garden Grove CA Unif Sch Dist. Txbl-ref	\$1,000; maturity 08/01/2040; 6.130% interest	128,303	138,788

(continued)

**CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN**  
**SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
Year Ended August 31, 2024

Employer Identification Number: 87-0305158  
Plan: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
				(continued)
	Grant County WA Public Utility	\$1,000; maturity 01/01/2035; 2.878% interest	198,662	160,395
	Green OH Local School District	\$1,000; maturity 12/01/2026; 5.11% interest	103,446	101,357
	Greensboro NC Limited	\$1,000; maturity 04/01/2030; 4.263% interest	288,588	289,706
	Hawaii St Txbl-Ser Gk	\$1,000; maturity 10/01/2037; 6.100% interest	207,050	224,495
	Henderson NV Ser A-1 Txbl	\$1,000; maturity 06/01/2039; 5.600% interest	201,316	213,058
	Honolulu City & County HI	\$1,000; maturity 09/01/2031; 3.803% interest	136,571	124,068
	Houston TX Utility Sys Revenue Txble-Ref	\$1,000; maturity 11-15-2034; 2.605% interest	203,396	171,372
	Hueneme Ca Elem School District	\$1,000; maturity 08/01/2037; 2.639% interest	252,543	205,140
	Huntington Beach CA Pension	\$1,000; maturity 06/15/2034; 2.813% interest	131,875	110,963
	Iowa State	\$1,000; maturity 08/01/2030; 5.272% interest	225,820	204,481
	Kauai County HI	\$1,000; maturity 08/01/2034; 5.913% interest	129,572	117,355
	Kitsap Cnty WA Sch Dist Ser C	\$1,000; maturity 12/01/2047; 5.250% interest	225,032	225,637
	Lakeside Ca Union Sch Dist.	\$1,000; maturity 06/01/2034; 2.500% interest	202,754	168,879
	Long Beach CA Cmnty Clg Dist Txbl Ser H	\$1,000; maturity 08/01/2030; 2.487% interest	138,861	150,838
	Los Angeles CA Txbl-Social Bonds Ser A	\$1,000; maturity 09/01/2031; 5.000% interest	97,969	107,081
	Manhattan Beach CA Pension	\$1,000; maturity 08/01/2033; 2.691% interest	153,569	128,694
	Marin Ca Cmnty Cig District	\$1,000; maturity 08/01/2033; 3.890% interest	132,401	115,980
	Massachusetts St Build America Bonds	\$1,000; maturity 01/01/2030; 5.306% interest	198,882	207,498
	Massachusetts St Sch Bldg Auth Build Am Bond	\$1,000; maturity 08/15/2039; 5.715% interest	147,462	158,893
	Matanuska-Susitna Boro AK	\$1,000; maturity 03-01-2032; 2.903% interest	131,966	116,275
	Nevada State System of Higher Education	\$1,000; maturity 07/01/2036; 4.471% interest	273,258	260,787
	New York City NY Transitional Txbl Sub Ser A	\$1,000; maturity 08/01/2032; 3.580% interest	89,470	94,826
	New York State Dorm	\$1,000; maturity 03/15/2037; 4.25% interest	125,653	235,149
	New York State Urban	\$1,000; maturity 03/15/2033; 3.900% interest	181,097	161,627
	Oklahoma St University Agric & Mech	\$1,000; maturity 09-01-2040; 3.627% interest	271,695	219,469
	Orange Cnty NC Ltd Oblig Txbl Ser B	\$1,000; maturity 10-01-2039; 5.250% interest	168,257	171,039
	Oregon Education Dists Full Faith	\$1,000; maturity 06/30/2038; 4.720% interest	226,607	191,956
	Oregon State Community Districts	\$1,000; maturity 06/30/2028; 5.600% interest	191,573	178,142
	Oregon St Txbl-Ref Ser Q	\$1,000; maturity 11-01-2034; 2.646% interest	256,988	216,086
	Osceola County Florida School Board Cops	\$1,000; maturity 04/01/2027; 6.658% interest	251,320	225,749
	Pacheco CA Union School District	\$1,000; maturity 08/01/2038; 2.900% interest	232,178	184,640
	Port Auth of New York & New Jersey Series 187	\$1,000; maturity 12/01/2029; 6.040% interest	270,555	247,056
	Port Auth of New York & New Jersey Series 187	\$1,000; maturity 10/15/2034; 4.426% interest	139,452	134,176
	Port Everett Wash	\$1,000; maturity 12/01/2038; 3.100% interest	257,301	202,407
	Port of Seattle WA Txbl Ser B	\$1,000; maturity 06/01/2041; 5.000% interest	166,760	172,232
	Port South Whidbey is Wash	\$1,000; maturity 12/01/2035; 4.350% interest	122,441	116,243
	Prospect Recreation & Park	\$1,000; maturity 12/01/2036; 5.000% interest	190,912	183,182
	Regl Transportation Dist. CO	\$1,000; maturity 11-01-2038; 4.150% interest	264,323	215,145
	Roanoke TX Econ & Indl	\$1,000; maturity 08/15/2030; 4.150% interest	301,296	299,362
	Rockwall Tx Econ Dev Corp	\$1,000; maturity 08/01/2037; 3.050% interest	101,067	84,022
	Rocky River OH City School District	\$1,000; maturity 12/01/2026; 5.068% interest	105,708	101,322
	Royal Oak MI	\$1,000; maturity 10/01/2030; 4.053% interest	258,718	252,410
	Saint Paul MN Port Auth Txbl Ser 1	\$1,000; maturity 02/01/2037; 5.000% interest	144,777	155,080
	San Diego CA Cmnty Clg	\$1,000; maturity 08/01/2043; 3.336% interest	106,703	81,182
	San Francisco CA Bay Area Rapi Txbl green	\$1,000; maturity 08/01/2037; 3.145% interest	211,398	174,661
	San Francisco City & Cnty	\$1,000; maturity 11/01/2039; 3.303% interest	267,570	218,450
	San Francisco City & Cnty Ca Txble-Social	\$1,000; maturity 06/15/2037; 2.600% interest	258,470	203,686
	San Jose CA Evergreen Cmnty Cl	\$1,000; maturity 08/01/2041; 3.137% interest	156,294	123,786
	San Marcos CA Unif Sch Dist. Txbl-Ref	\$1,000; maturity 08/01/2040; 3.377% interest	212,070	168,171
	San Mateo CA Foster City Sch D	\$1,000; maturity 08/01/2037; 2.731% interest	252,528	207,706
	San Mateo CA Foster City	\$1,000; maturity 08/01/2036; 2.631% interest	75,000	62,821
	Santa Cruz County CA Redevelopment	\$1,000; maturity 09/01/2036; 4.000% interest	156,728	137,262
	Santa Monica CA Cmnty Clg Txbl Ser B	\$1,000; maturity 08/01/2033; 4.161% interest	101,551	108,917
	Seattle WA	\$1,000; maturity 08/01/2030; 5.230% interest	229,070	211,264
	Somerset Cnty Nj Impt Auth Txbl Proj	\$1,000; maturity 09/01/2027; 5.944% interest	204,728	224,188
	Springfield OH Local School	\$1,000; maturity 09/01/2027; 5.250% interest	161,724	157,963
	Tacoma WA Wtr Revenue	\$1,000; maturity 12/01/2040; 5.621% interest	281,368	213,509
	Tarrytown Ny Txble-Ref-Ser C	\$1,000; maturity 10/15/2036; 2.600% interest	202,574	164,976

(continued)

**CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN**  
**SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Year Ended August 31, 2024**

Employer Identification Number: 87-0305158  
Plan: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
				(continued)
	Texas State A&M University	\$1,000; maturity 05/15/2039; 4.077% interest	214,634	187,793
	Texas St Build America Bonds Taxable	\$1,000; maturity 04-01-2039; 5.517% interest	102,725	114,620
	Texas St Txbl-Ref	\$1,000; maturity 10/01/2039; 3.228% interest	107,002	87,351
	Texas State Water Development Board	\$1,000; maturity 10/15/2033; 4.042% interest	307,047	305,616
	Umatilla Cnty OR Sch Dist.	\$1,000; maturity 06/15/2033; 2.903% interest	79,277	67,265
	Univ of Arkansas Ar Univ Fayetteville Ser a	\$1,000; maturity 11/01/2043; 5.309% interest	190,972	208,853
	Univ of Cincinnati OH Recepts	\$1,000; maturity 06/01/2039; 3.254% interest	170,134	136,973
	University of Hawaii	\$1,000; maturity 10/01/2038; 3.850% interest	246,921	214,904
	Univ of Houston Tx Txbl Ser B	\$1,000; maturity 02/15/2042; 4.813% interest	132,363	147,993
	University Tex Perm Build America Bonds	\$1,000; maturity 07/01/2039; 5.262% interest	197,724	207,170
	Utah State Board of Rights	\$1,000; maturity 08/01/2030; 6.241% interest	417,417	369,086
	Utah State University	\$1,000; maturity 12/01/2035; 4.575% interest	262,813	253,742
	Virginia St Resources Auth Inf Txbl-Ref	\$1,000; maturity 11/01/2039; 2.736% interest	199,040	158,861
	Walnut CA Energy Center	\$1,000; maturity 01/01/2029; 6.230% interest	148,096	136,623
		<b>Corporate Bonds:</b>		
	Albemarle Corp	\$1,000; maturity 06/01/2032; 5.050% interest	180,549	195,298
	Amegen Inc	\$1,000; maturity 11/02/2027; 3.200% interest	142,242	146,616
	Anadarko Petroleum Corp	\$1,000; maturity 03/15/2026; 5.550% interest	128,113	124,069
	ANR Pipeline Co	\$1,000; maturity 06/01/2025; 7.000% interest	111,048	103,126
	Apache Corp	\$1,000; maturity 12/15/2029; 7.750% interest	217,152	196,383
	Arrow Electronics Inc	\$1,000; maturity 09/08/2024; 3.250% interest	142,415	152,267
	Autodesk Inc	\$1,000; maturity 06/15/2027; 3.5% interest	149,590	157,534
	Automation Inc.	\$1,000; maturity 10/01/2025; 4.500% interest	99,621	101,266
	Ball Corp.	\$1,000; maturity 08/15/2030; 2.875% interest	172,338	150,682
	BankUnited Inc	\$1,000; maturity 06-11-30; 5.125% interest	172,464	147,621
	Becton Dickinson	\$1,000; maturity 08/01/2027; 7.000% interest	205,188	187,391
	Canadian Natl Resources	\$1,000; maturity 01/15/2032; 7.200% interest	160,019	170,819
	Centene Corp	\$1,000; maturity 12/15/2029; 4.625% interest	165,294	147,796
	Cigna Corp	\$1,000; maturity 05/15/2027; 7.875% interest	250,250	221,200
	Comcast Corp	\$1,000; maturity 10/15/2028; 4.150% interest	153,546	151,023
	Dell Int. LLC / EMC Corp	\$1,000; maturity 7/15/2046; 8.350% interest	123,497	133,591
	Eaton Corp	\$1,000; maturity 11/02/2032; 4.000% interest	132,417	142,332
	El Paso Natural Gas	\$1,000; maturity 11/15/2026; 7.500% interest	212,886	193,848
	Electronic Arts Inc	\$1,000; maturity 03/01/2026; 4.800% interest	105,386	102,618
	Fairfax Final Holdings LTD	\$1,000; maturity 04/29/2030; 4.625% interest	218,750	201,693
	General Electric Co	\$1,000; maturity 02/15/2033; 4.650% interest	265,411	268,846
	General Motors Final Co.	\$1,000; maturity 01/17/2027; 4.350% interest	173,619	179,517
	Gilead Sciences Inc	\$1,000; maturity 03/01/2027; 2.950% interest	140,475	147,602
	Global Payments Inc	\$1,000; maturity 08/15/2032; 5.400% interest	142,158	153,276
	Halliburton Company	\$1,000; maturity 02/01/2027; 6.750% interest	174,000	155,743
	HCA Inc	\$1,000; maturity 01/01/2030; 3.500% interest	57,599	52,249
	Hollyfrontier Corp	\$1,000; maturity 04/01/2026; 5.875% interest	186,461	180,691
	Hubbell Inc.	\$1,000; maturity 02/15/2028; 3.500% interest	167,993	169,587
	Jefferies Fin Group Inc.	\$1,000; maturity 11/17/2033; 7.375% interest	149,625	151,640
	Jefferies Group Inc.	\$1,000; maturity 06/08/2027; 6.450% interest	215,744	212,216
	Keycorp	\$1,000; maturity 04/30/2028; 4.100% interest	199,996	198,069
	Kinder Morgan Inc.	\$1,000; maturity 02/01/2033; 4.800% interest	149,625	172,351
	Kinder Morgan Inc. / Delaware	\$1,000; maturity 10/15/2030; 8.050% interest	121,284	118,341
	Lennar Corp.	\$1,000; maturity 06/15/2027; 5.000% interest	217,750	204,103
	Lowe's Cos Inc	\$1,000; maturity 04/15/2033; 5.000% interest	135,734	145,550
	Marathon Oil Corp	\$1,000; maturity 07/15/2027; 4.400% interest	114,738	115,276
	Marathon Petroleum Corp	\$1,000; maturity 04/01/2028; 3.800% interest	191,014	174,259
	Marvell Technology Inc	\$1,000; maturity 09/15/2033; 5.950% interest	147,915	163,519
	McDonald's Corp	\$1,000; maturity 04/01/2028; 3.80% interest	197,326	200,053
	Micron Technology Inc.	\$1,000; maturity 02/06/2029; 5.327% interest	190,316	185,128
	Morgan Stanley	\$1,000; maturity 08/09/2026; 6.250% interest	163,324	150,149
	Motorola Inc	\$1,000; maturity 11/15/2028; 6.500% interest	221,025	186,801
	National Fuel Gas Co	\$1,000; maturity 09/15/2027; 3.950% interest	139,113	148,942
	Norfolk Southern Corp	\$1,000; maturity 05/17/2025; 5.590% interest	163,850	152,934

(continued)

**CAMPBELL SCIENTIFIC, INC. PROFIT SHARING PLAN**  
**SCHEDULE H, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**Year Ended August 31, 2024**

Employer Identification Number: 87-0305158  
Plan: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
				(continued)
	Northrop Grumman Systems	\$1,000; maturity 03/01/2026; 7.875% interest	196,291	174,594
	Olin Corp	\$1,000; maturity 02/01/2030; 5.000% interest	168,300	160,542
	Pioneer Natural Resource	\$1,000; maturity 01/15/2028; 7.200% interest	179,972	164,384
	Radian Group Inc	\$1,000; maturity 03/15/2027; 4.875% interest	158,822	152,728
	Roper Technologies Inc	\$1,000; maturity 06/30/2030; 2.000% interest	173,924	148,433
	Stryker Corp	\$1,000; maturity 03/07/2028; 3.650% interest	145,899	149,342
	TCI Communications Inc.	\$1,000; maturity 02/15/2028; 7.125% interest	211,400	190,938
	Torchmark Corp	\$1,000; maturity 09/15/2028; 4.550% interest	200,468	202,476
	Tyson Foods Inc	\$1,000; maturity 06/02/2027; 3.550% interest	122,821	128,837
	United Rentals North Am	\$1,000; maturity 01/15/2028; 4.875% interest	161,513	149,200
	United Technologies Corp.	\$1,000; maturity 09/15/2029; 7.500% interest	263,436	234,407
	University of Chicago	\$1,000; maturity 10/01/2026; 5.060% interest	101,227	98,021
	Valero Energy Partners	\$1,000; maturity 12/15/2026; 4.375% interest	167,768	171,342
	Walgreens Boots Alliance	\$1,000; maturity 11/18/2034; 4.500% interest	231,219	159,039
	Washington Reit	\$1,000; maturity 02/25/2028; 7.250% interest	127,463	113,564
	Yum! Brands Inc	\$1,000; maturity 03-15-31; 3.625% interest	147,750	140,270
		<b>Government Bonds:</b>		
	Federal Government	\$1,000 US Treasury; maturity date 11/15/2040; 0% interest	489,316	518,081
		<b>CMOS / REMIC:</b>		
	Spirit Air	Due 10/01/2029; 4.100% interest	58,885	51,150
		<b>Note Receivable from Participants:</b>		
*	Participant Loans	Loan to a participant, bearing interest at 5.25% with a maturity of March 2028	-	8,372
	Total assets held for investment purposes			\$ <u>100,197,249</u>

\* - Denotes a party-in-interest