

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan SEISMIC EXCHANGE, INC. 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 10/21/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SEISMIC EXCHANGE, INC. 4805 WESTWAY PARK BLVD. HOUSTON, TX 77041-0000
2b Employer Identification Number (EIN) 72-0765775
2c Plan Sponsor's telephone number 832-590-5100
2d Business code (see instructions) 213110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|   |  |     |
|---|--|-----|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 92  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 49  |
|   | <b>6a(2)</b>                               | 81  |
|   | <b>6b</b>                                  | 1   |
|   | <b>6c</b>                                  | 43  |
|   | <b>6d</b>                                  | 125 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 125 |
|   | <b>6g(1)</b>                               | 89  |
| <b>6g(2)</b>  | 116  |     |
| <b>6h</b>   | 0  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3F 3H 3D 2R

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

|   |   |
|---|---|
| <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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>SEISMIC EXCHANGE, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SEISMIC EXCHANGE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>72-0765775</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT GROWTH D</u>                         |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>         |                               |  |
| <b>c</b> EIN-PN <u>47-6649174-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT CONSERVATIVE D</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>         |                               |  |
| <b>c</b> EIN-PN <u>47-6658632-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>700</u>     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT BALANCED D</u>                       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>         |                               |  |
| <b>c</b> EIN-PN <u>47-6652256-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>211220</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT AGGRESSIVE D</u>                     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>         |                               |  |
| <b>c</b> EIN-PN <u>47-6646422-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1068634</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT MOD CONSRV D</u>                     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>         |                               |  |
| <b>c</b> EIN-PN <u>47-6655437-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>322975</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 1</u>                             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u> |                               |  |
| <b>c</b> EIN-PN <u>04-3022712-024</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1292369</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |





|  |   |  |
|--|---|--|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|---|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>SEISMIC EXCHANGE, INC. 401(K) 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<br><b>SEISMIC EXCHANGE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>72-0765775</b> |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                 |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 43826226              | 48129868        |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    | 0                     | 0               |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 43826226              | 48129868        |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| (1) Employers .....   | <b>2a(1)</b> | 695013                |                 |
| (2) Participants .....  | <b>2a(2)</b> | 957785                |                 |
| (3) Others (including rollovers) .....  | <b>2a(3)</b> | 5551120               |                 |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    | 0                     |                 |
| <b>c</b> Other income .....   | <b>2c</b>    | 5988257               |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 13192175        |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 8888945               |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    | 0                     |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    | 0                     |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | -412                  |                 |
| <b>i</b> Other expenses .....   | <b>2i</b>    | 0                     |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 8888533         |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 4303642         |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       | 0               |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> | X   |    | 135718 |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |        |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>4</b> During the plan year:   |           |     |    |        |
| <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.) ..... | <b>4a</b> |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  | <b>4b</b> |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  | <b>4c</b> |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  | <b>4d</b> |     | X  |        |
| <b>e</b> Was the plan covered by a fidelity bond? .....  | <b>4e</b> | 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? .....  | <b>4f</b> |     | 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? .....   | <b>4g</b> |     | 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? .....   | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....   | <b>4i</b> |     | X  |        |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  | <b>4j</b> |     | X  |        |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   | <b>4m</b> |     | 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 .....   | <b>4n</b> |     | X  |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>SEISMIC EXCHANGE, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SEISMIC EXCHANGE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>72-0765775</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-6568107

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |   |
|----------------|---|
| <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> |
|-----------------|-------------------|

**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 Q702438A.

**SEISMIC EXCHANGE, INC. 401(K) PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**HARPER** | PEARSON

**ONE RIVERWAY DRIVE, SUITE 1900**  
**HOUSTON, TX 77056**

## **C O N T E N T S**

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of  
Seismic Exchange, Inc. 401(k) Plan  
Houston, Texas

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

We have performed audits of the accompanying financial statements of Seismic Exchange, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Seismic Exchange, Inc. 401(k) Plan's (the Plan) 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, 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.

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.

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.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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).



HARPER & PEARSON COMPANY, P.C.

Houston, Texas  
July 11, 2025

**SEISMIC EXCHANGE, INC. 401(K) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
DECEMBER 31, 2024 AND 2023**

---

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| ASSETS                                 |                      |                      |
| Investments, at fair value             |                      |                      |
| Registered investment companies        | \$ 37,353,336        | \$ 38,304,330        |
| Common collective trusts               | 2,895,898            | 3,421,803            |
| Self-directed brokerage accounts       | 3,164,382            | 183,081              |
| Interest-bearing cash                  | <u>3,885,521</u>     | <u>1,335,950</u>     |
| Total investments                      | <u>47,299,137</u>    | <u>43,245,164</u>    |
| Receivables                            |                      |                      |
| Participant loans                      | 135,718              | 30,425               |
| Employer contribution receivable       | <u>695,013</u>       | <u>550,637</u>       |
| Total Receivables                      | <u>830,731</u>       | <u>581,062</u>       |
| TOTAL ASSETS                           | <u>48,129,868</u>    | <u>43,826,226</u>    |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | <u>\$ 48,129,868</u> | <u>\$ 43,826,226</u> |

**SEISMIC EXCHANGE, INC. 401(K) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

---

ADDITIONS ATTRIBUTED TO:

INVESTMENT INCOME

|  |                  |
|--|------------------|
| Net investment gain in registered investment companies | \$ 4,439,728     |
| Net investment gain in common collective trusts        | 182,820          |
| Interest income from interest-bearing cash             | 131,081          |
| Dividend income from registered investment companies   | <u>1,229,537</u> |

TOTAL INVESTMENT INCOME 5,983,166

Interest income from participant loans 5,091

CONTRIBUTIONS

|                                    |                  |
|------------------------------------|------------------|
| Employer matching contributions    | 695,013          |
| Participant contributions          | 957,785          |
| Participant rollover contributions | <u>5,551,120</u> |

TOTAL CONTRIBUTIONS 7,203,918

TOTAL ADDITIONS 13,192,175

DEDUCTIONS ATTRIBUTED TO:

|                               |             |
|-------------------------------|-------------|
| Benefits paid to participants | (8,888,945) |
| Administrative fees           | <u>412</u>  |

TOTAL DEDUCTIONS (8,888,533)

NET INCREASE 4,303,642

NET ASSETS AVAILABLE FOR PLAN BENEFITS

Beginning of Year 43,826,226

End of Year \$ 48,129,868

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General - The Seismic Exchange, Inc. 401(k) Plan (the Plan) was adopted effective October 21, 1976 to establish a savings and investment plan for the exclusive benefit of the employees of Seismic Exchange, Inc., SEIMAX Technologies, LP., and Seitel, Inc. (the Employer and Plan Sponsor) and their beneficiaries. The Plan was restated effective January 1, 2016 to comply with the Pension Protection Act of 2006. The restatement resulted in no significant changes to the Plan. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Presentation - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States (GAAP). Interest income from participant loans is recognized when earned. Dividend income is recognized on the ex-dividend date.

Estimates - The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for several investment options which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Valuation of Investments - 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. In accordance with the policy of stating investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for plan benefits and the changes in the net investment gain or loss are reflected in the statement of changes in net assets available for plan benefits.

Participant Loans Receivable - Loans to participants are reported as notes receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

Subsequent Events - The Plan has evaluated subsequent events through July 11, 2025, the date the financial statements were available to be issued. Effective January 1, 2025, the Plan was amended to exclude anniversary awards from eligible compensation. No other subsequent events occurred which require adjustment or disclosure to the financial statements at December 31, 2024.

NOTE B            PLAN DESCRIPTION

The following description of the Plan provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation - An employee is eligible to become a participant in the Plan upon completing two months of service and attaining age 21.

Contributions - Participants may elect to make pre-tax or ROTH contributions to the Plan in an annual amount from 1% to 75% of their compensation. These contributions by individual participants are limited by federal income tax laws to \$23,000 in 2024 (\$30,500 for participants who have attained age 50 by the end of the calendar year). These limitations are adjusted periodically to reflect cost-of-living increases.

For each Plan year, the employer may contribute a discretionary matching contribution. For the year ended December 31, 2024, the employer matched 75% of eligible employee contributions for a total discretionary matching contribution of \$695,013.

Vesting - A participant is immediately fully vested in all participant, employer matching, and non-elective employer contributions and related earnings. Accordingly, there are no forfeitures of account balances.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of (a) employer's matching contribution and discretionary non-elective contribution, if any, and (b) earnings and losses of the participant's investment selections. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant Loans - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, less the balance of any existing loans. The loans are secured by the balance in the participant's account. Loan transactions are treated as a transfer between the investment fund and participant loans receivable. Loan terms are only allowed to exceed five years for the purchase of a principal residence. The loans bear interest at a rate commensurate with prevailing rates at the inception of the loan. Interest rates on loans outstanding at December 31, 2024 range from 4.25% to 9.50%. The asset custodian charges a fee for the loan origination which is deducted from the participant's account.

Form of Benefits - Benefits are recorded when paid. Benefits may be paid either in a lump sum, partial payments, or in installment payments. If the amount payable is \$1,000 or less as of the last day of the month in which the participant's service terminates, the participant will receive a lump sum distribution, net of 20% federal income tax withholding, in the next month. If the amount payable is greater than \$1,000 and less than \$5,000, the participant balance will be rolled into an Individual Retirement Account or Annuity (IRA). The Plan Administrator will select the IRA Trustee or Custodian, establish the IRA, and make the initial investment election. If the amount payable is greater than \$5,000, the terminated participant will receive the benefit when requested by the participant, but not later than April 1 of the calendar year following the calendar year in which the participant attains age 73. In-service withdrawals may be made to participants who have attained age 59-1/2.

NOTE B PLAN DESCRIPTION (CONTINUED)

Investments - Each participant directs the investment of their account into any of the investment options designated by the Plan administrator.

Administration - The Plan is administered by the Employer. As the Plan Administrator, the Employer pays most of the Plan's administrative expenses.

Plan Termination - Although the Employer has not expressed any intent to fully terminate the Plan, it may fully terminate the Plan at any time, subject to the terms of ERISA.

NOTE C INVESTMENTS AND CERTIFIED INFORMATION

The following investments are recorded at fair value as determined and certified by Fidelity Management Trust Company at December 31, 2024 and 2023:

|                                  | <u>2024</u>              | <u>2023</u>              |
|----------------------------------|--------------------------|--------------------------|
| Investments, at fair value       |                          |                          |
| Registered investment companies  | \$ 37,353,336            | \$ 38,304,330            |
| Common collective trusts         | 2,895,898                | 3,421,803                |
| Self-directed brokerage accounts | 3,164,382                | 183,081                  |
| Interest-bearing cash            | <u>3,885,521</u>         | <u>1,335,950</u>         |
| <br>Total investments            | <br><u>\$ 47,299,137</u> | <br><u>\$ 43,245,164</u> |

Fidelity Management Trust Company also certified participant loans receivable at December 31, 2024 and 2023.

2024 income as certified by Fidelity Management Trust Company is as follows:

|  |              |
|--|--------------|
| Net investment gain in registered investment companies | \$ 4,439,728 |
| Net investment gain in common collective trusts        | \$ 182,820   |
| Interest income from interest-bearing cash             | \$ 131,081   |
| Dividend income from registered investment companies   | \$ 1,229,537 |
| Interest income from participant loans                 | \$ 5,091     |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instrument'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. These inputs are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical financial instruments in active markets that the Plan has the ability to access.

Level 2 – Other significant observable inputs (including quoted prices in active or inactive markets for similar assets or liabilities), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. Level 3 assets and liabilities include financial instruments whose fair value is determined using significant management judgment or estimation.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used during 2024 and 2023.

Registered investment companies and interest bearing cash are valued at the net asset value of shares held by the Plan at year end and quoted market prices.

Common collective trusts are valued by the trustee of the funds based upon the net asset value provided by the issuer, calculated as the value of the underlying assets owned by the funds, less its liabilities divided by the number of shares outstanding.

Self-directed brokerage accounts include corporate common stocks, registered investment companies, and interest-bearing cash. Common stocks and registered investment companies are valued at the closing price reported by the active market on which the securities are traded.

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

**SEISMIC EXCHANGE, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

The table below sets forth by level within the fair value hierarchy the fair value of the investments held at December 31, 2024 and 2023:

|                                  | 2024                 |                     |             | Total                |
|----------------------------------|----------------------|---------------------|-------------|----------------------|
|                                  | Level 1              | Level 2             | Level 3     |                      |
| Registered Investment Companies  | \$ 37,353,336        | \$ -                | \$ -        | \$ 37,353,336        |
| Common Collective Trusts         | -                    | 2,895,898           | -           | 2,895,898            |
| Self-Directed Brokerage Accounts | 3,164,382            | -                   | -           | 3,164,382            |
| Interest-Bearing Cash            | <u>3,885,521</u>     | <u>-</u>            | <u>-</u>    | <u>3,885,521</u>     |
|                                  | <u>\$ 44,403,239</u> | <u>\$ 2,895,898</u> | <u>\$ -</u> | <u>\$ 47,299,137</u> |
|                                  |                      |                     |             |                      |
|                                  | 2023                 |                     |             | Total                |
|                                  | Level 1              | Level 2             | Level 3     |                      |
| Registered Investment Companies  | \$ 38,304,330        | \$ -                | \$ -        | \$ 38,304,330        |
| Common Collective Trusts         | -                    | 3,421,803           | -           | 3,421,803            |
| Self-Directed Brokerage Accounts | 183,081              | -                   | -           | 183,081              |
| Interest-Bearing Cash            | <u>1,335,950</u>     | <u>-</u>            | <u>-</u>    | <u>1,335,950</u>     |
|                                  | <u>\$ 39,823,361</u> | <u>\$ 3,421,803</u> | <u>\$ -</u> | <u>\$ 43,245,164</u> |

There were no significant transfers in and/or out of the fair value categories during 2024 and 2023.

NOTE E INCOME TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan (the "Volume Submitter Plan") with deferral arrangements. The Volume Submitter Plan received a favorable opinion letter from the Internal Revenue Service on March 31, 2014, which stated that the Volume Submitter Plan and related trust constitutes a qualified trust under Section 401(b) of the Internal Revenue Code and is therefore, exempt from federal income taxes. Effective August 30, 2021, the Plan was formally amended to comply with the latest applicable tax laws and regulations. The Company adopted a non-standardized pre-approved profit sharing plan with CODA (the Non-Standardized Pre-Approved Plan), which did not change the significant provisions of the former Plan. The prototype Non-Standardized Pre-Approved Plan received a favorable opinion letter from the Internal Revenue Service on June 30, 2020, which stated that the Non-Standardized Pre-Approved Plan constitutes a qualified plan under Section 401(a) of the Internal Revenue Code (Code) and is therefore exempt from federal income taxes.

NOTE E INCOME TAX STATUS (CONTINUED)

The Plan has been amended since receiving the favorable opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of December 31, 2024 and 2023.

The Plan believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2024, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2021 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

NOTE F PARTY-IN-INTEREST

The Plan invests in various funds offered by Fidelity Management Trust Company. These investments are considered party-in-interest transactions because they serve as the asset custodian of the Plan. The Plan Administrator has approved of these investment options.

**SEISMIC EXCHANGE, INC. 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2023**

Plan Number 001 EIN 72-0765775

| (a) | (b)<br>Identity of<br>Issue, Borrower,<br>Lessor or<br>Similar Party | (c)<br>Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--|--|-------------|-------------------------|
| *   | (A)  | Institutional Fund   | **          | \$ 3,164,382            |
| *   | (A)  | Managed Income Portfolio Class Fund  | **          | 1,292,369               |
| *   | (A)  | Fidelity U.S. Bond Index Fund  | **          | 474,831                 |
| *   | (A)  | Fidelity 500 Index Institutional Fund  | **          | 9,903,809               |
| *   | (A)  | Fidelity Global Ex U.S. Index Fund   | **          | 479,324                 |
| *   | (A)  | Fidelity Mid Cap Index Fund  | **          | 2,470,210               |
| *   | (A)  | Fidelity Small Cap Index Fund  | **          | 2,058,107               |
| *   | (A)  | Fidelity International Index Fund  | **          | 108,214                 |
| *   | (A)  | Fidelity Large Cap Growth Index Fund   | **          | 437,634                 |
| *   | (A)  | Fidelity Large Cap Value Index Fund  | **          | 254,937                 |
| *   | (A)  | Fidelity Total Bond Fund   | **          | 2,276,159               |
| *   | (A)  | Fidelity Small Cap Growth Fund   | **          | 345,701                 |
| *   | (A)  | Fidelity Freedom Inc Fund  | **          | 33,395                  |
| *   | (A)  | Fidelity Freedom 2015 Fund Class   | **          | 1,538,968               |
| *   | (A)  | Fidelity Freedom 2020 Fund Class   | **          | 572,599                 |
| *   | (A)  | Fidelity Freedom 2025 Fund Class   | **          | 2,181,033               |
| *   | (A)  | Fidelity Freedom 2030 Fund Class   | **          | 910,577                 |
| *   | (A)  | Fidelity Freedom 2035 Fund Class   | **          | 2,350,908               |
| *   | (A)  | Fidelity Freedom 2040 Fund Class   | **          | 1,186,311               |
| *   | (A)  | Fidelity Freedom 2045 Fund Class   | **          | 1,356,025               |
| *   | (A)  | Fidelity Freedom 2050 Fund Class   | **          | 1,160,292               |

See independent auditor's report.

**SEISMIC EXCHANGE, INC. 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2023**

Plan Number 001 EIN 72-0765775

| (a) | (b)<br>Identity of<br>Issue, Borrower,<br>Lessor or<br>Similar Party | (c)<br>Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--|--|-------------|-------------------------|
| *   | (A)  | Fidelity Freedom 2055 Fund Class   | **          | 506,436                 |
| *   | (A)  | Fidelity Freedom 2060 Fund Class   | **          | 51,499                  |
| *   | (A)  | Fidelity Freedom 2065 Fund Class   | **          | 23,545                  |
| *   | (A)  | Self-directed Brokerage Accounts   | **          | 3,885,521               |
|     | (H)  | JPMorgan Chase & Co. US Value Fund   | **          | 264,734                 |
|     | (B)  | T. Rowe Price Dividend Growth Fund   | **          | 333,085                 |
|     | (G)  | COL Small Cap Value II I3 Fund   | **          | 213,772                 |
|     | (C)  | Goldman Sachs Large Cap Growth Insights Fund   | **          | 728,835                 |
|     | (D)  | Vanguard Value Index Fund  | **          | 291,373                 |
|     | (D)  | Vanguard Growth Index Fund   | **          | 581,012                 |
|     | (D)  | Vanguard High-Yield Corporate Fund   | **          | 330,257                 |
|     | (D)  | Vanguard Equity Income Fund  | **          | 469,203                 |
|     | (D)  | Vanguard Developed Markets Index Fund  | **          | 386,034                 |
|     | (E)  | MFS Growth Fund  | **          | 1,444,332               |
|     | (E)  | MFS MidCap Growth Fund   | **          | 700,839                 |
|     | (D)  | Vanguard Small-Cap Growth Index Fund   | **          | 194,765                 |
|     | (D)  | Vanguard Small Cap Value Index Fund  | **          | 265,029                 |
|     | (D)  | Vanguard Mid-Cap Value Index Fund  | **          | 469,552                 |
|     | (F)  | FIT Aggressive Fund  | **          | 1,068,634               |
|     | (F)  | FIT Balanced Fund  | **          | 211,220                 |
|     | (F)  | FIT Conservative Fund  | **          | 700                     |

See independent auditor's report.

**SEISMIC EXCHANGE, INC. 401(K) PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023**

Plan Number 001 EIN 72-0765775

| (a) | (b)<br>Identity of<br>Issue, Borrower,<br>Lessor or<br>Similar Party | (c)<br>Description of Investment,<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|--|--|-------------|-------------------------|
|     | (F)  | FIT Mod Conservative Fund  | **          | 322,975                 |
| *   | Participant<br>Loans   | Loans to Participants at interest rates range from<br>4.25% to 9.50%.  |             | <u>135,718</u>          |
|     |  |  |             | <u>\$ 47,434,855</u>    |

\* Represents a party-in-interest.

\*\* Cost omitted for participant directed investments.

(A) All transactions were with Fidelity Management Trust Company

(B) All transactions were with T. Rowe Price Group, Inc.

(C) All transactions were with Goldman Sachs Group, Inc.

(D) All transactions were with The Vanguard Group

(E) All transactions were with MFS Investment Management

(F) All transactions were with Fiduciary Investment Trusts

(G) All transactions were with Columbia Threadneedle

(H) All transactions were with JPMorgan Chase & Co.