

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (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
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1a Name of plan <u>KITWARE 401K PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>KITWARE INC</u> <u>1712 ROUTE 9</u> <u>CLIFTON PARK, NY 12065</u>	1c Effective date of plan <u>04/01/2001</u> 2b Employer Identification Number (EIN) <u>14-1802694</u> 2c Plan Sponsor's telephone number <u>518-371-3971</u> 2d Business code (see instructions) <u>541511</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/09/2025</u>	<u>JEFF HALL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	252
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	178
a(2) Total number of active participants at the end of the plan year	6a(2)	167
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	79
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	246
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	246
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	251
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	237
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2F 2J 2K 2T 3D 2R

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	10170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	1700	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMCENT INFL-ADJBD IV - AMERICAN CE 44-0619208	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL DIVIDEND INC I2 - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SEL MIDCP GR I - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SEL MIDCP GR S - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIF SMALL CAP R5 - PRINCIPAL SHARE 711 HIGH STREET DES MOINES, IA 50392	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIM TOTAL RETURN I2 - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
1919 SOCIALLY RESPONBALANCED CL 2020 E. FINANCIAL WAY STE 100 GLENDORA, CA 91741	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALGER RESPONSIBLE INVESTING FD CL 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN CORE PLUS BOND FD C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$19.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS MID CAP 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQUITY INVT 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IMPAX ELLEVATE GLBL WOMENS LDRSP 1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KITWARE 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KITWARE INC	D Employer Identification Number (EIN) 14-1802694

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1270877	1860545
(2) U.S. Government securities	1c(2)	1994	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	120876	95821
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	176382	256229
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44941548	53161971
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	46511677	55374566
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	46511677	55374566

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1240480	
(B) Participants.....	2a(1)(B)	2625945	
(C) Others (including rollovers).....	2a(1)(C)	22813	
(2) Noncash contributions.....	2a(2)	0	3889238
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	66455	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	14117	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		80572
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	484	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1376173	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1376657
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	83397	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	77398	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	28185	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7514574
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		12895225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4020466	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4020466
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	1700	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	10170	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11870
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4032336

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8862889
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

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

Part I	Distributions
---------------	----------------------

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

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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.



Kitware 401(k) Plan

Financial Statements
December 31, 2024 and 2023

Kitware 401(k) Plan

Financial Statements
December 31, 2024 and 2023

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Independent Auditor's Report

Board of Directors
Kitware, Inc.

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

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

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BST + Co. CPAs, LLP

Latham, New York
July 28, 2025



Kitware 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value	\$ 55,118,335	\$ 46,335,294
Notes receivable from participants	256,229	176,382
	<u>55,374,564</u>	<u>46,511,676</u>
Employer contribution receivable	551,402	590,185
	<u>55,925,966</u>	<u>47,101,861</u>
Net assets available for benefits	\$ 55,925,966	\$ 47,101,861

Kitware 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
ADDITIONS		
Net appreciation in fair value of investments	\$ 7,570,384	\$ 7,885,161
Interest and dividends	1,421,485	889,053
	8,991,869	8,774,214
Interest income from participant notes receivable	14,117	8,557
Contributions		
Employer	1,201,697	1,233,528
Participants	2,625,945	2,594,972
Rollovers	22,813	50,431
	3,850,455	3,878,931
Total additions	12,856,441	12,661,702
DEDUCTIONS		
Benefits paid	4,020,466	1,130,382
Administrative expenses	11,870	9,077
Total deductions	4,032,336	1,139,459
Net increase in net assets available for benefits	8,824,105	11,522,243
NET ASSETS AVAILABLE FOR BENEFITS, <i>beginning of year</i>	47,101,861	35,579,618
NET ASSETS AVAILABLE FOR BENEFITS, <i>end of year</i>	\$ 55,925,966	\$ 47,101,861

See Independent Auditor's Report and accompanying Notes to Financial Statements.

Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Summary of Plan Provisions

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

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

a. General

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

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

b. Contributions

Each year, participants contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). In addition, participants may contribute after-tax Roth elective contributions to the Plan. The maximum participant contribution to the Plan was \$23,000 and \$22,500 for the years ended December 31, 2024 and 2023, respectively. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions up to a maximum of \$7,500 for the years ended December 31, 2024 and 2023. Participants may also contribute rollover amounts representing distributions from other qualified plans.

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

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

c. Plan Eligibility

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

d. Participant Accounts

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

See Independent Auditor's Report.

Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Summary of Plan Provisions (Continued)

e. *Vesting*

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

f. *Notes Receivable From Participants*

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

g. *Payment of Benefits*

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

Note 2. Summary of Significant Accounting Policies

a. *Basis of Accounting*

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

b. *Estimates*

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

c. *Investment Valuation and Income Recognition*

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

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

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Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies (Continued)

d. Contributions

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

e. Notes Receivable From Participants

Notes receivable from participants are stated at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

f. Payment of Benefits

Benefits are recorded when paid.

g. Administrative Expenses

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

h. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through July 28, 2025, the date the financial statements were available to be issued.

Note 3. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on participant notes receivable for the years then ended, was obtained by management and agreed to, or derived from, information certified as complete and accurate by the Trustee of the Plan.

Note 4. Investments and Fair Value Measurements

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

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

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

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Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Investments and Fair Value Measurements (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 or 2023.

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

Common stock: Valued at the closing price reported on the active market on which the individual security is traded. Common stock is held within the self-directed brokerage accounts.

Self-directed brokerage accounts: Accounts consist of cash, mutual funds, and common stock.

U.S. Treasury obligations: Valued based on observable prices for the particular security or, when prices are not observable, on prices of comparable bonds or the present value of expected future cash flows.

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

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 52,649,156	\$ -	\$ -	\$ 52,649,156
Money market funds	1,704,165	-	-	1,704,165
Self-directed brokerage accounts	765,014	-	-	765,014
Total	<u>\$ 55,118,335</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 55,118,335</u>

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Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Investments and Fair Value Measurements (Continued)

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

Note 5. Tax Status

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since adopting the pre-approved plan document, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes 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 an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

Note 7. Related-Party and Party-in-Interest Transactions

Administrative expenses incurred and paid by the Company totaled \$11,202 and 9,750 for the years ended December 31, 2024 and 2023, respectively. Certain administrative functions are performed by employees of the Company who do not receive compensation from the Plan for such functions.

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

Kitware 401(k) Plan

Notes to Financial Statements
December 31, 2024 and 2023

Note 8. Risks and Uncertainties

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

Note 9. Reconciliation of Financial Statements to Form 5500

Form 5500 was prepared on the cash basis of accounting for the years ended December 31, 2024 and 2023.

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

	December 31,	
	2024	2023
Net assets available for benefits per financial statements	\$ 55,925,966	\$ 47,101,861
Less employer contributions receivable, end of current Plan year	(551,402)	(590,185)
Net assets per Form 5500	<u>\$ 55,374,564</u>	<u>\$ 46,511,676</u>

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

	Years Ended December 31,	
	2024	2023
Net increase in net assets available for benefits per financial statements	\$ 8,824,105	\$ 11,522,243
Less employer contributions receivable, end of current Plan year	(551,402)	(590,185)
Plus employer contributions receivable, end of prior Plan year	590,185	560,410
Net income per Form 5500	<u>\$ 8,862,888</u>	<u>\$ 11,492,468</u>

Kitware 401(k) Plan

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	Fidelity Government Market	Money Market Fund		\$ 1,704,165
*	Fidelity Cash Reserves	Cash		52,284
	Bankprov Amesbury Mass CD	Cash		100,070
	MORGAN STANLEY BK N A CD	Cash		1,010
	Security BK Kansas City Kansas CD	Cash		1,000
	American National Bank Terrell Tex CD	Cash		1,012
	First Horizon BK Memphis Tenn CD	Cash		1,004
	1919 Socially Respon Balanced A	Mutual Fund		337
	Alger Green Fund A	Mutual Fund		2,207
	AMCENT Inflation-Adjs Bd Iv	Mutual Fund		245,880
	Columbia Dividend Income Fund	Mutual Fund		836,501
	Columbia Mid Cap Growth Fund	Mutual Fund		257,930
	FAM Equity Income	Mutual Fund		11
	Hartford Schroders Intl Stock Fund	Mutual Fund		195,256
	Invesco Exchange Traded FD TR II	Mutual Fund		181
	Ishares INC MSCI EM ESG OPZ	Mutual Fund		501
	ISHARES TR Conv Bd Etf	Mutual Fund		66,125
	Ishares TR MSCI Ireland Capped	Mutual Fund		247
	Ishares TR S&P Global Clean Energy	Mutual Fund		226
	Ishares Trust MSCI USA EGS optimized	Mutual Fund		542
	KraneShares TR MSCI China ENV	Mutual Fund		117
	Pamassus Equity Income Portfolio	Mutual Fund		434
	Pamassus Mid Cap	Mutual Fund		222
	PAX Ellevate Global Womens Index Ind Inv	Mutual Fund		36
	PIMCO Total Return Fund	Mutual Fund		548,134
	Principal Small Cap R5	Mutual Fund		269,217
*	Fidelity Puritan	Mutual Fund		248,691
*	Fidelity Contrafund	Mutual Fund		3,029,802
*	Fidelity Growth Company	Mutual Fund		3,772,989
*	Fidelity Invest Growth BD	Mutual Fund		415,914
*	Fidelity OTC Portfolio	Mutual Fund		2,611,056
*	Fidelity Overseas	Mutual Fund		337,544
*	Fidelity Real Estate Investment	Mutual Fund		390,632
*	Fidelity Blue Chip Growth	Mutual Fund		4,456,489
*	Fidelity Low Priced Stock	Mutual Fund		2,291,996
*	Fidelity Diversified International Fund	Mutual Fund		1,121,854
*	Fidelity Disruptive Automomation ETF	Mutual Fund		10,379
*	Fidelity Disruptive Communications ETF	Mutual Fund		6,946
*	Fidelity Disruptive Fin ETF	Mutual Fund		5,069
*	Fidelity Disruptive Medicine ETF	Mutual Fund		3,099
*	Fidelity Disruptive Tech ETF	Mutual Fund		7,821
*	Fidelity Disruptive ETF	Mutual Fund		6,491
*	Fidelity Water Sustainability Fund	Mutual Fund		6,416
*	Fidelity Select Chemicals	Mutual Fund		88
*	Fidelity Select Computers	Mutual Fund		12,085
*	FIDELITY SELECT GOLD	Mutual Fund		8
*	FIDELITY SELECT CONSTRUCTN & HOUSING	Mutual Fund		19

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Supplemental Schedule Required Under ERISA
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December 31, 2024

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	FIDELITY SELECT UTILITIES GROWTH	Mutual Fund	\$	22
*	FIDELITY DIVIDEND GROWTH	Mutual Fund		22
*	FID MID CAP INDEX INSTITUTIONAL PREM	Mutual Fund		1,168
*	FIDELITY EQUITY INCOME	Mutual Fund		14
*	FIDELITY UTILITIES	Mutual Fund		14
*	FIDELITY 500 INDEX INSTITUTIONAL PREM	Mutual Fund		6,408
*	FIDELITY CANADA	Mutual Fund		6
*	FIDELITY DIVERSIFIED INTERNATIONAL	Mutual Fund		14
*	FIDELITY INTERNATL INDEX INSTL PREMIUM	Mutual Fund		988
*	Fidelity Women's Leadership Fund	Mutual Fund		4,783
*	Fid Sustainability Bond Index Fd Instl	Mutual Fund		2,086
*	Fid Intl Sustainability Index Fd Instl	Mutual Fund		9,847
*	Fid US Sustainability Index Fd Instl CL	Mutual Fund		11,542
*	Fidelity Sustainability US	Mutual Fund		112
*	Fidelity Select Technology	Mutual Fund		11,179
*	Fidelity Select Environmental Svcs	Mutual Fund		12,495
*	Fidelity Select Electronics	Mutual Fund		89,105
*	Fidelity Mid Cap Stock	Mutual Fund		1,027,286
*	Fidelity Freedom 2030	Mutual Fund		372,246
*	Fidelity Freedom 2065	Mutual Fund		509,601
*	Fidelity Freedom 2040	Mutual Fund		3,278,564
*	Fidelity Freedom 2025	Mutual Fund		533,139
*	Fidelity Freedom 2035	Mutual Fund		3,555,549
*	Fidelity Freedom 2045	Mutual Fund		2,689,821
*	Fidelity Freedom Index 2050 Fund	Mutual Fund		150,816
*	Fidelity Small Cap Value	Mutual Fund		390,194
*	Fidelity Total Market Index Premium	Mutual Fund		7,821,992
*	Fidelity Extended Market Index Premium	Mutual Fund		2,035,384
*	Fidelity International Index Premium	Mutual Fund		1,314,644
*	Fidelity Freedom 2050	Mutual Fund		5,384,528
*	Fidelity Freedom 2055	Mutual Fund		1,774,853
*	Fidelity Freedom 2060	Mutual Fund		894,640
*	Fidelity Total Bond	Mutual Fund		36,830
*	FIDELITY WISE ORIGIN BITCOIN FUND	Mutual Fund		1,224
	REALTY INCOME CORP (MARYLAND)	Mutual Fund		160
	Vanguard Fd Index Fd Inc Total Bd Market	Mutual Fund		521
	Vanguard Index Fds Formerly Vanguard	Mutual Fund		2,067
	Vanguard Growth Index Admiral	Mutual Fund		78,615
	3M Company	Common Stock		649
	Abbvie Inc	Common Stock		512
	Accenture	Common Stock		598
	Advanced Micro Devices Inc	Common Stock		2,657
	Alliant	Common Stock		302
	Alphabet Inc Cap Stk Class A	Common Stock		3,799
	Amazon.com Inc NFS LLC	Common Stock		351
	Annovis Bio Inc Com	Common Stock		40

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December 31, 2024

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Apple Computer Inc. NFS LLC	Common Stock	\$	1,805
	AT&T Inc	Common Stock		153
	Berkshire Hathaway	Common Stock		301
	Beyond Meat Inc Com	Common Stock		38
	Bioxcel Therapeutics Inc Com	Common Stock		16
	Boston Scientific Corp	Common Stock		221
	Camping World Holdings Inc Class A	Common Stock		257
	Chemours Co Com	Common Stock		39
	Costco Wholesale Corp	Common Stock		388
	Crowdstrike	Common Stock		1,026
	Danaher	Common Stock		460
	DocuSign Inc Com	Common Stock		282
	Dominion Resources	Common Stock		285
	Duke Energy	Common Stock		491
	Ecolab Inc	Common Stock		738
	Emcor Group Inc	Common Stock		923
	Eos Energy Enterprises Inc Com	Common Stock		24
	Equifax Inc	Common Stock		259
	Facebook Inc Com	Common Stock		2,954
	Ford Motor Company	Common Stock		312
	Gamestop Crop New Class A	Common Stock		49,768
	General Motors Company	Common Stock		335
	Gilead Sciences Inc	Common Stock		224
	Home Depot Inc	Common Stock		871
	Intel Corp NFS LLC	Common Stock		4,027
	Johnson and Johnson	Common Stock		495
	Marketaxcess	Common Stock		177
	Microsoft Corp NFS LLC	Common Stock		2,648
	Moderna Inc Com	Common Stock		123
	National Grid	Common Stock		177
	Netflix Com Inc Com	Common Stock		2,228
	Nextera Energy Inc Com	Common Stock		798
	Nike Inc Class B NFS	Common Stock		80
	NRV Inc.	Common Stock		172
	NVIDIA Corp NFS	Common Stock		4,808
	Paypal Hldgs Inc Com	Common Stock		256
	Pfizer Inc	Common Stock		833
	Plug Pwr Inc Com	Common Stock		579
	Proctor and Gamble	Common Stock		168
	Qualcomm Inc.	Common Stock		1,999
	Reddit Inc	Common Stock		327
	Regeneron Pharmaceuticals	Common Stock		183
	Renesola LTD Sponsored ADS	Common Stock		47
	Taiwan Semiconductor Manufacturing	Common Stock		1,237
	Teladoc Inc Com	Common Stock		45
	Tesla Motors Inc.com	Common Stock		404

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Verizon Communications	Common Stock		\$ 259
	Visa Inc Com Class A	Common Stock		1,959
	Warner Bros Discovery Inc	Common Stock		11
	Workday Inc Com	Common Stock		456
	Zoom Video Communications Inc	Common Stock		245
*	Notes receivable from participants (2)	4.25%-9.50%		256,229
				\$ 55,374,564

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

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

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

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA and Department of Labor Regulations Schedule H December 31, 2024

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

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*	Fidelity Government Market	Money Market Fund		\$ 1,704,165
*	Fidelity Cash Reserves	Cash		52,284
	Bankprov Amesbury Mass CD	Cash		100,070
	MORGAN STANLEY BK N A CD	Cash		1,010
	Security BK Kansas City Kansas CD	Cash		1,000
	American National Bank Terrell Tex CD	Cash		1,012
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	ISHARES TR Conv Bd Etf	Mutual Fund		66,125
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	Ishares Trust MSCI USA EGS optimized	Mutual Fund		542
	KraneShares TR MSCI China ENV	Mutual Fund		117
	Pamassus Equity Income Portfolio	Mutual Fund		434
	Pamassus Mid Cap	Mutual Fund		222
	PAX Ellevate Global Womens Index Ind Inv	Mutual Fund		36
	PIMCO Total Return Fund	Mutual Fund		548,134
	Principal Small Cap R5	Mutual Fund		269,217
*	Fidelity Puritan	Mutual Fund		248,691
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*	Fidelity Water Sustainability Fund	Mutual Fund		6,416
*	Fidelity Select Chemicals	Mutual Fund		88
*	Fidelity Select Computers	Mutual Fund		12,085
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*	FIDELITY SELECT CONSTRUCTN & HOUSING	Mutual Fund		19

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December 31, 2024

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*	FIDELITY DIVIDEND GROWTH	Mutual Fund		22
*	FID MID CAP INDEX INSTITUTIONAL PREM	Mutual Fund		1,168
*	FIDELITY EQUITY INCOME	Mutual Fund		14
*	FIDELITY UTILITIES	Mutual Fund		14
*	FIDELITY 500 INDEX INSTITUTIONAL PREM	Mutual Fund		6,408
*	FIDELITY CANADA	Mutual Fund		6
*	FIDELITY DIVERSIFIED INTERNATIONAL	Mutual Fund		14
*	FIDELITY INTERNATL INDEX INSTL PREMIUM	Mutual Fund		988
*	Fidelity Women's Leadership Fund	Mutual Fund		4,783
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*	Fid US Sustainability Index Fd Instl CL	Mutual Fund		11,542
*	Fidelity Sustainability US	Mutual Fund		112
*	Fidelity Select Technology	Mutual Fund		11,179
*	Fidelity Select Environmental Svcs	Mutual Fund		12,495
*	Fidelity Select Electronics	Mutual Fund		89,105
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*	Fidelity Freedom 2030	Mutual Fund		372,246
*	Fidelity Freedom 2065	Mutual Fund		509,601
*	Fidelity Freedom 2040	Mutual Fund		3,278,564
*	Fidelity Freedom 2025	Mutual Fund		533,139
*	Fidelity Freedom 2035	Mutual Fund		3,555,549
*	Fidelity Freedom 2045	Mutual Fund		2,689,821
*	Fidelity Freedom Index 2050 Fund	Mutual Fund		150,816
*	Fidelity Small Cap Value	Mutual Fund		390,194
*	Fidelity Total Market Index Premium	Mutual Fund		7,821,992
*	Fidelity Extended Market Index Premium	Mutual Fund		2,035,384
*	Fidelity International Index Premium	Mutual Fund		1,314,644
*	Fidelity Freedom 2050	Mutual Fund		5,384,528
*	Fidelity Freedom 2055	Mutual Fund		1,774,853
*	Fidelity Freedom 2060	Mutual Fund		894,640
*	Fidelity Total Bond	Mutual Fund		36,830
*	FIDELITY WISE ORIGIN BITCOIN FUND	Mutual Fund		1,224
	REALTY INCOME CORP (MARYLAND)	Mutual Fund		160
	Vanguard Fd Index Fd Inc Total Bd Market	Mutual Fund		521
	Vanguard Index Fds Formerly Vanguard	Mutual Fund		2,067
	Vanguard Growth Index Admiral	Mutual Fund		78,615
	3M Company	Common Stock		649
	Abbvie Inc	Common Stock		512
	Accenture	Common Stock		598
	Advanced Micro Devices Inc	Common Stock		2,657
	Alliant	Common Stock		302
	Alphabet Inc Cap Stk Class A	Common Stock		3,799
	Amazon.com Inc NFS LLC	Common Stock		351
	Annovis Bio Inc Com	Common Stock		40

See Independent Auditor's Report.

Kitware 401(k) Plan

Supplemental Schedule Required Under ERISA
and Department of Labor Regulations
Schedule H
December 31, 2024

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Apple Computer Inc. NFS LLC	Common Stock	\$	1,805
	AT&T Inc	Common Stock		153
	Berkshire Hathaway	Common Stock		301
	Beyond Meat Inc Com	Common Stock		38
	Bioxcel Therapeutics Inc Com	Common Stock		16
	Boston Scientific Corp	Common Stock		221
	Camping World Holdings Inc Class A	Common Stock		257
	Chemours Co Com	Common Stock		39
	Costco Wholesale Corp	Common Stock		388
	Crowdstrike	Common Stock		1,026
	Danaher	Common Stock		460
	DocuSign Inc Com	Common Stock		282
	Dominion Resources	Common Stock		285
	Duke Energy	Common Stock		491
	Ecolab Inc	Common Stock		738
	Emcor Group Inc	Common Stock		923
	Eos Energy Enterprises Inc Com	Common Stock		24
	Equifax Inc	Common Stock		259
	Facebook Inc Com	Common Stock		2,954
	Ford Motor Company	Common Stock		312
	Gamestop Crop New Class A	Common Stock		49,768
	General Motors Company	Common Stock		335
	Gilead Sciences Inc	Common Stock		224
	Home Depot Inc	Common Stock		871
	Intel Corp NFS LLC	Common Stock		4,027
	Johnson and Johnson	Common Stock		495
	Marketaxcess	Common Stock		177
	Microsoft Corp NFS LLC	Common Stock		2,648
	Moderna Inc Com	Common Stock		123
	National Grid	Common Stock		177
	Netflix Com Inc Com	Common Stock		2,228
	Nextera Energy Inc Com	Common Stock		798
	Nike Inc Class B NFS	Common Stock		80
	NRV Inc.	Common Stock		172
	NVIDIA Corp NFS	Common Stock		4,808
	Paypal Hldgs Inc Com	Common Stock		256
	Pfizer Inc	Common Stock		833
	Plug Pwr Inc Com	Common Stock		579
	Proctor and Gamble	Common Stock		168
	Qualcomm Inc.	Common Stock		1,999
	Reddit Inc	Common Stock		327
	Regeneron Pharmaceuticals	Common Stock		183
	Renesola LTD Sponsored ADS	Common Stock		47
	Taiwan Semiconductor Manufacturing	Common Stock		1,237
	Teladoc Inc Com	Common Stock		45
	Tesla Motors Inc.com	Common Stock		404

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Kitware 401(k) Plan

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

(a) Identity of Party	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
	Verizon Communications	Common Stock		\$ 259
	Visa Inc Com Class A	Common Stock		1,959
	Warner Bros Discovery Inc	Common Stock		11
	Workday Inc Com	Common Stock		456
	Zoom Video Communications Inc	Common Stock		245
*	Notes receivable from participants (2)	4.25%-9.50%		256,229
				\$ 55,374,564

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

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

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