

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: DIGITAL PROTOTYPE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1996
2a Plan sponsor's name, mailing address, city, state, and ZIP: DIGITAL PROTOTYPE SYSTEMS, INC., 4955 EAST YALE AVENUE, FRESNO, CA 93727
2b Employer Identification Number (EIN): 77-0269867
2c Plan Sponsor's telephone number: 559-454-1600
2d Business code (see instructions): 335900

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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	41
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	28
	<b>6a(2)</b>	34
	<b>6b</b>	0
	<b>6c</b>	13
	<b>6d</b>	47
	<b>6e</b>	0
	<b>6f</b>	47
	<b>6g(1)</b>	40
<b>6g(2)</b>	46	
<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:  
 2A 2E 2F 2G 2J 2K 2T 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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 I</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information—Small Plan</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>DIGITAL PROTOTYPE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DIGITAL PROTOTYPE SYSTEMS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0269867</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>	7274087	8262634
<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>	7274087	8262634
<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>	262609	
(2) Participants .....	<b>2a(2)</b>	94353	
(3) Others (including rollovers) .....	<b>2a(3)</b>	0	
<b>b</b> Noncash contributions .....	<b>2b</b>	0	
<b>c</b> Other income .....	<b>2c</b>	709923	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		1066885
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	63267	
<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>	14883	
<b>h</b> Administrative service providers (salaries, fees, and commissions) .....	<b>2h</b>	188	
<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>		78338
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>2k</b>		988547
<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	0
<b>b</b> Employer real property .....	<b>3b</b>		X	0
<b>c</b> Real estate (other than employer real property) .....	<b>3c</b>		X	0
<b>d</b> Employer securities .....	<b>3d</b>		X	0
<b>e</b> Participant loans .....	<b>3e</b>	X		30411
<b>f</b> Loans (other than to participants) .....	<b>3f</b>		X	0
<b>g</b> Tangible personal property .....	<b>3g</b>		X	0

**Part II Compliance Questions**

	Yes	No	Amount
<b>4 During the plan year:</b>			
<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.) .....	4a	X	0
<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. ....	4b	X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....	4c	X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....	4d	X	
<b>e</b> Was the plan covered by a fidelity bond? .....	4e	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? .....	4f	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? .....	4g	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? .....	4h	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? .....	4i	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? .....	4j	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.) .....	4k	X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	4l	X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	4m	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 .....	4n		

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>DIGITAL PROTOTYPE SYSTEMS, INC. 401(K) PROFIT SHARING 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 <u>DIGITAL PROTOTYPE SYSTEMS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>77-0269867</u>	

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

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

1	
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**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	
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<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.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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



**PERSONAL & CONFIDENTIAL**

September 4, 2025

Richard Martinez  
**Digital Prototype Systems, Inc.**  
4955 E. Yale Avenue  
Fresno, CA 93727

**RE: DIGITAL PROTOTYPE SYSTEMS, INC.  
401(k) PROFIT SHARING & DEFINED BENEFIT PLANS**

Dear Richard,

Based on the census information provided, the employer contributions for the plan year ended December 31, 2024 are as follows:

<b>Defined Benefit Plan</b>	Required Contribution	\$0.00
	<b>Recommended Contribution</b>	\$0.00
	Maximum Contribution	\$1,300,000.00 *

\* A contribution of the Maximum allowable is not recommended and would severely overfund the plan.

<b>401(k) Plan</b>	Safe Harbor Match Contribution	\$ 65,016.69 **
	Profit Sharing Contribution	<u>\$163,535.10</u>
	Total Employer Contribution	\$228,551.79

\*\* This is our calculation of the Safe Harbor Match for illustration purposes. Fidelity should provide you with the official calculation for 2024. The Profit Sharing percentage for the employees is 6.70% for 2024. This is the amount needed for the plans to pass non-discrimination testing when tested together. Please see attached Contribution Report for a breakdown per participant.

The due date for making deposits to the Trust is the deadline for filing the business tax return, including extensions, **but no later than September 15, 2025 for any Cash Balance Plan deposit**. Once the deposits have been made, please notify our office by completing the Contribution Confirmation Form (Page 2). Upon receipt of the confirmation of deposit, we will proceed with the annual administration.

Sincerely,

*Marty Ramseier*

Marty Ramseier, ERPA, APA

cc w/enclosures: Rhiannon Oaks, CPA



**CONTRIBUTION CONFIRMATION FORM  
 DIGITAL PROTOTYPE SYSTEMS, INC.  
 401(k) PROFIT SHARING PLAN AND DEFINED BENEFIT PLAN  
 FOR THE PLAN YEAR ENDED: DECEMBER 31, 2024**

Defined Benefit Plan (Cash Balance)	
Required Contribution	\$0.00
Recommended Contribution	\$0.00
Maximum Contribution	\$1,300,000.00

401(k) Plan	
Safe Harbor Match Contribution	\$ 65,016.69
Profit Sharing Contribution	<u>\$163,535.10</u>
Total Employer Contribution	\$228,551.79

	Amount	Date of deposit
Defined Benefit Contribution	_____	_____
Safe Harbor Match Contribution	_____	_____
Profit Sharing Contribution	_____	_____
_____	_____	_____
Trustee		Date

**Cash Balance Plan Contribution Options**

The rules regarding the minimum contribution, maximum contribution, maximum distribution and excise taxes are very complicated and the following descriptions are for general information purposes only. When deciding on the level of contribution, you should consult with your accountant, to the extent you feel appropriate.

**Required Minimum** is the amount that must be funded within 8-1/2 months following the Plan Year to avoid a 10% excise tax on failure to satisfy the minimum funding requirements.

**Recommended Contribution** is the amount that is estimated to equate plan assets to liabilities and make the plan well-funded.

**Maximum Allowable Contribution** is the maximum allowable contribution based on the funding rules in the Internal Revenue Code. Depending on the plan's existing assets and liabilities, funding at this level may not be recommended, as it could result in assets far exceeding the liabilities. Upon plan termination, if all of the plan assets cannot be distributed, due to distribution maximums, excise taxes will apply.

# Contribution Deposited/Due

## Digital Prototype Systems, Inc. Defined Benefit Plan

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

<b>A. Reconciliation of Unpaid Minimum Required Contribution for Prior Years</b>	
1. Unpaid Minimum Required Contribution for Prior Years	0
2. Discounted Contributions Applied to Unpaid MRC from Prior Years	0
3. Remaining Amount of Unpaid MRC from Prior Years (A1-A2)	<u>\$0</u>
<b>B. Contribution for Current Year at Valuation Date</b>	
1. Target Normal Cost (adjusted for excess assets)	0
2. Shortfall Amortization Installment	0
3. Waiver Amortization Installment	0
4. Less Waiver	0
5. Minimum Required Contribution (MRC) at Valuation Date (B1+B2+B3-B4)	<u>\$0</u>
6. Contributions Applied to MRC Adjusted to Valuation Date	0
7. Carryover Balance (COB) Used to Offset MRC	0
8. Prefunding Balance (PFB) Used to Offset MRC	0
9. Unpaid MRC for Current Year (B5-B6-B7-B8, not less than zero)	<u>\$0</u>
<b>C. Additional Contribution Due at Proposed Deposit Date: 09/15/2025</b>	
1. Unpaid MRC on Proposed Deposit Date	0
2. Unpaid MRC from Prior Years on Proposed Deposit Date	0
<b>3. Additional Deposit Required if Paid on Proposed Deposit Date (C1+C2)</b>	<b><u>\$0</u></b>
<b>D. Excess Contribution</b>	
1. Contributions Applied to MRC Adjusted to Valuation Date (B6)	0
2. Minimum Required Contribution at Valuation Date (B5)	0
3. Excess Contribution for Possible Addition to Next Year's Prefunding Balance (D1-D2)	<u>\$0</u>
<b>E. Carryover and Prefunding Balances at Proposed Deposit Date: 09/15/2025</b>	
1. Remaining Unpaid MRC (C1)	0
2. Remaining Carryover Balance	0
3. Remaining Prefunding Balance	55
4. Remaining MRC with Balances Applied (E1-E2-E3, not less than zero) (Balances may not be used when Prior Year Funding Percentage is less than 80%) Prior Year Funding Percentage (Assets reduced by PFB)/FT: 107.59%	<u>\$0</u>
5. Remaining Unpaid Contribution from Prior Years (C2)	0
<b>6. Additional Contribution with Balances Applied (E4+E5)</b> (Election must be made to Apply Balances)	<b><u>\$0</u></b>
<b>F. Maximum Contribution at Valuation Date</b>	
1. Maximum Contribution (IRC 404(o))	1,353,305
2. Prior Year Undeducted Contributions	0
3. 404 Deposited Contributions	0
4. Contributions Deposited to Avoid Restrictions	0
5. Adjustment to Maximum Contribution if MRC Plus Paid Interest Exceeds Regular 404(o) Maximum	0
<b>6. Maximum Additional Contribution (F1-F2-F3-F4+F5)</b> (Maximum contribution is never less than MRC adjusted to deposit date)	<b><u>\$1,353,305</u></b>

# CONTRIBUTION REPORT

## Digital Prototype Systems, Inc. 401(k) Profit Sharing Plan

For the plan year 1/1/2024 through 12/31/2024

<b>Employer</b>	<b>Salary Reduction</b>	<b>Safe Harbor Match</b>	<b>Total</b>
<b>Galen Balcom</b>			
Compensation: \$57,018.44			
\$3,820.24	\$5,201.85	\$2,280.74	\$11,302.83
<b>Robert A. Berry</b>			
Compensation: \$345,000.00			
\$25,000.00	\$21,577.08	\$13,800.00	\$60,377.08
<b>Robert II Berry</b>			
Compensation: \$73,670.34			
\$4,935.91	\$0.00	\$0.00	\$4,935.91
<b>Ernesto De La Torre</b>			
Compensation: \$93,591.58			
\$6,270.64	\$8,759.18	\$3,743.66	\$18,773.48
<b>Marshall W. Denhartog</b>			
Compensation: \$168,790.12			
\$8,439.51	\$6,271.66	\$6,271.66	\$20,982.83
<b>John Ebury</b>			
Compensation: \$31,705.37			
\$2,124.26	\$0.00	\$0.00	\$2,124.26
<b>Andrew Erickson</b>			
Compensation: \$108,520.50			
\$7,270.87	\$7,641.63	\$4,340.82	\$19,253.32
<b>Colin T. Evans</b>			
Compensation: \$66,422.70			
\$4,450.32	\$9,711.23	\$2,656.91	\$16,818.46
<b>Maria Gutierrez -- new participant - terminated 8/9/2024 no BIS, with min hours, forfeit 12/31/2029 - not yet paid</b>			
Compensation: \$26,616.68			
\$450.47	\$0.00	\$0.00	\$450.47
<b>Jo-Ann Hernandez</b>			
Compensation: \$84,346.30			
\$5,651.20	\$3,917.31	\$3,373.85	\$12,942.36
<b>Richard Howell -- terminated 7/3/2024 no BIS, with min hours - not yet paid</b>			
Compensation: \$49,217.10			
\$3,297.55	\$1,304.49	\$1,304.49	\$5,906.53
<b>Bennie Johnson -- terminated 6/21/2024 no BIS, with min hours - not yet paid</b>			
Compensation: \$44,220.18			
\$2,962.75	\$0.00	\$0.00	\$2,962.75

# CONTRIBUTION REPORT

## Digital Prototype Systems, Inc. 401(k) Profit Sharing Plan

For the plan year 1/1/2024 through 12/31/2024

Employer	Salary Reduction	Safe Harbor Match	Total
<b>Rayu Johnson --</b> terminated 5/24/2024 no BIS, with min hours, forfeit 12/31/2029 - not yet paid			
Compensation: \$22,804.35			
\$1,527.89	\$3,543.23	\$912.17	\$5,983.29
<b>Dustin Jurado</b>			
Compensation: \$59,806.63			
\$4,007.04	\$0.00	\$0.00	\$4,007.04
<b>Vu V Lam</b>			
Compensation: \$52,350.28			
\$3,507.47	\$0.00	\$0.00	\$3,507.47
<b>Chue Neng Lee</b>			
Compensation: \$65,826.55			
\$4,410.38	\$3,091.33	\$2,633.06	\$10,134.77
<b>Jenny Lao Lee</b>			
Compensation: \$65,216.15			
\$4,369.48	\$4,897.28	\$2,608.65	\$11,875.41
<b>Leonel Maravilla</b>			
Compensation: \$83,650.00			
\$5,604.55	\$0.00	\$0.00	\$5,604.55
<b>Maria Maravilla</b>			
Compensation: \$76,417.50			
\$5,119.97	\$5,633.40	\$3,056.70	\$13,810.07
<b>Richard Martinez</b>			
Compensation: \$120,158.80			
\$8,050.64	\$6,489.49	\$4,806.35	\$19,346.48
<b>Francisco Renteria</b>			
Compensation: \$67,305.19			
\$4,509.45	\$2,755.61	\$2,692.21	\$9,957.27
<b>Patrick K Smith</b>			
Compensation: \$67,605.63			
\$4,529.58	\$0.00	\$0.00	\$4,529.58
<b>Ronald E. Stover</b>			
Compensation: \$286,570.07			
\$14,328.50	\$0.00	\$0.00	\$14,328.50
<b>Christian Surbatovich --</b> terminated 5/17/2024 no BIS, with min hours, forfeit 12/31/2029 - not yet paid			
Compensation: \$20,090.22			
\$0.00	\$2,745.82	\$803.61	\$3,549.43

# CONTRIBUTION REPORT

## Digital Prototype Systems, Inc. 401(k) Profit Sharing Plan

For the plan year 1/1/2024 through 12/31/2024

Employer	Salary Reduction	Safe Harbor Match	Total
<b>Baladitya Swaika -- new participant</b>			
Compensation: \$92,909.74			
\$2,463.26	\$0.00	\$0.00	\$2,463.26
<b>Phonesamay Tasavanh</b>			
Compensation: \$68,321.26			
\$4,577.52	\$2,066.21	\$2,066.21	\$8,709.94
<b>Julia Vang</b>			
Compensation: \$67,001.50			
\$4,489.10	\$2,040.00	\$2,040.00	\$8,569.10
<b>Nhoua Vang</b>			
Compensation: \$67,814.90			
\$4,543.60	\$3,190.74	\$2,712.60	\$10,446.94
<b>Sandy Vang</b>			
Compensation: \$55,501.13			
\$3,718.58	\$2,625.05	\$2,220.05	\$8,563.68
<b>Selena Vega -- terminated 10/23/2024 no BIS, with min hours, forfeit 12/31/2029 - not yet paid</b>			
Compensation: \$45,002.06			
\$3,015.14	\$692.95	\$692.95	\$4,401.04
<b>Ker Xiong -- new participant</b>			
Compensation: \$52,477.28			
\$2,189.38	\$0.00	\$0.00	\$2,189.38
<b>Haley Zeigler</b>			
Compensation: \$58,206.73			
\$3,899.85	\$0.00	\$0.00	\$3,899.85
<b>Grand Total:</b>			
\$163,535.10	\$104,155.54	\$65,016.69	\$332,707.33