

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1987
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 52-1237004
2c Plan Sponsor's telephone number: 703-860-7800
2d Business code (see instructions): 541512

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

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

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.

Form 5500 (2024) v. 240311

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	650
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	437
	6a(2)	448
	6b	0
	6c	233
	6d	681
	6e	1
	6f	682
	6g(1)	634
	6g(2)	629
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED INFORMATION SCIENCES, INC.</p>	<p>D Employer Identification Number (EIN) 52-1237004</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	89363700087	629	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">2905</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TBS AGENCY INC **1776 PLEASANT PLAIN ROAD**
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2905	SALES COMMISSIONS	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3025905
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	95759427

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 2780098

c Additions: (1) Contributions deposited during the year	7c(1)	314581
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	64095
(4) Transferred from separate account	7c(4)	846699
(5) Other (specify below).....	7c(5)	162516

▶ LOANS

(6) Total additions **7c(6)** 1387891

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4167989

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	110001
(2) Administration charge made by carrier.....	7e(2)	6661
(3) Transferred to separate account	7e(3)	866248
(4) Other (specify below).....	7e(4)	159173

▶ LOAN ISSUE FEES

(5) Total deductions **7e(5)** 1142083

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3025906

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED INFORMATION SCIENCES, INC.	D Employer Identification Number (EIN) 52-1237004	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

LINCOLN NATIONAL CORPORATION

PO BOX 7877
FORT WAYNE, IN 46802

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	200424	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)

PENNSYLVANIA PENSION PLANNERS

2090 LINGLESTOWN ROAD SUITE 201
HARRISBURG, PA 17110

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	TPA	53337	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

(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.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(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.	

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

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

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.	<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 APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED INFORMATION SCIENCES, INC.	D Employer Identification Number (EIN) 52-1237004

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	105396
(2) Participant contributions	1b(2)	207021
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	639353
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	82398892
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2780098
(15) Other	1c(15)	95759427
		3025905

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	86130760	99999279
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	3817
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	3817
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	86130760	99995462

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)	2850584	
(B) Participants.....	2a(1)(B)	5945511	
(C) Others (including rollovers).....	2a(1)(C)	953160	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9749255
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	54297	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54297
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3303931	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3303931
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(B) Other.....	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10233253
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		23340736

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9205667	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9205667
f Corrective distributions (see instructions)	2f		3817
g Certain deemed distributions of participant loans (see instructions).....	2g		59101
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	207449	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		207449
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9476034

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		13864702
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: GROSSBERG COMPANY LLP

(2) EIN: 52-0807134

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		500000
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.			

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.
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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 <u>APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLIED INFORMATION SCIENCES, INC.</u>	D Employer Identification Number (EIN) <u>52-1237004</u>	

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		0
----------	--	----------

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): 04-3157927

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	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... 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 Q702775A.

**APPLIED INFORMATION SCIENCES, INC.
EMPLOYEES' 401(k) RETIREMENT PLAN**

**Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Years Ended
December 31, 2024 and 2023**

CONTENTS

	<u>Page</u>
Independent auditor's report	2
Financial statements:	
Statements of net assets available for benefits	6
Statement of changes in net assets available for benefits	7
Notes to financial statements	8
Supplementary information:	
Schedule of assets (held at end of year)	17

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT

We have performed an audit of the financial statements of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2024 and 2023, and for the year then ended December 31, 2024, stating that the certified investment information, as described in Notes 3, 4, 5, and 6 to the financial statements, is complete and accurate.

OPINION

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

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

BASIS FOR OPINION

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

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for one year after the date of 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

OTHER MATTER - SUPPLEMENTARY SCHEDULES REQUIRED BY ERISA

The supplementary information are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, 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 supplementary schedules 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the

- form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- information in the supplementary schedules 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).

Grossberg Company LLP

Bethesda, MD
October 14, 2025

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments:		
Mutual fund, at fair value (Notes 3 and 5)	\$ 93,482,991	\$ 80,190,765
Collective investment funds, net asset value (NAV) (Notes 3 and 6)	2,276,436	2,208,127
Investment contract with insurance company, at contract value (Notes 3 and 4)	3,025,905	2,780,097
Total investments	98,785,332	85,178,989
Receivables:		
Employer contributions	106,457	105,396
Participant contributions	218,365	207,021
Participants' notes	954,394	645,522
Total receivables	1,279,216	957,939
Total assets	100,064,548	86,136,928
Liabilities:		
Distribution payable and accrued expenses	54,948	53,166
Net assets available for benefits	\$ 100,009,600	\$ 86,083,762

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:	
Contributions:	
Participant	\$ 6,898,672
Employer	2,850,583
<hr/>	
Total contributions	9,749,255
Net appreciation in fair value of investments (Note 3)	10,232,728
Dividend income (Note 3)	3,304,456
Interest income on notes receivable from participants	54,297
<hr/>	
Total additions to net assets	23,340,736
Deductions from net assets attributed to:	
Benefits paid to participants	9,214,184
Administrative expenses and transfers (Note 8)	200,714
<hr/>	
Total deductions from net assets	9,414,898
Net increase in net assets available for benefits	13,925,838
Net assets available for benefits, beginning of year	86,083,762
<hr/>	
Net assets available for benefits, end of year	\$ 100,009,600

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. *Description of plan*

The following description of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Applied Information Sciences, Inc. (the "Company") who elected to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Secure 2.0 Act of 2022 ("Act") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. Plan amendments required by the Act generally need not be made until the end of the first plan year beginning or after January 1, 2025, however, the plan must be operated in accordance with the effective dates of each provision. Plan management believes there is no material impact to the Plan's 2024 financial statements.

Eligibility - All Employees of the Company are eligible to participate on their first day of work with no minimum age or service requirements. Union and non-resident alien employees are excluded from participation.

Contributions - For the Plan year ended December 31, 2024, participants may contribute to the Plan up to 100% of pretax annual compensation, as defined, subject to the statutory maximum of \$23,000. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make a "catch up" contribution of up to \$7,500 for 2024. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers forty-five mutual funds, one common collective trust, and one insurance contract with Lincoln Financial as investment options for participants. The Plan Sponsor makes a safe harbor matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 5% of eligible Plan compensation. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each eligible participant's account is credited with (a) the participant's contribution, (b) the Plan Sponsor's safe harbor matching contributions, (c) Plan earnings, (d) forfeitures of terminated participants non-vested accounts, and (e) charged with Plan losses and/or administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. On January 1, 2015 the plan was amended; contributions become 100% vested after six years of credited service (20% per year after the first year of service). All employer contributions made to a participant's account are 100% vested if the participant was employed on December 31, 2014. On June 1, 2021, the plan was amended, all employer contributions made to a participant's account are 100% vested if the participant was employed after May 31, 2021.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. *Description of plan (continued)*

Forfeited accounts - Forfeitures during 2024 aggregated to \$35,163. During 2024, \$35,189 (\$18,630 for 2023) was used to reduce the Company's cash outlay for matching. No forfeiture amount was used to pay for administrative expenses during 2024 and 2023. Investment gain on such funds during 2024 aggregated \$26 (\$11 gain for 2023). There were no balance of non-vested forfeited accounts at December 31, 2024 and 2023.

Participant notes - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of: (a) \$50,000 (reduced by the excess of the highest outstanding balance of all loans on any day during the one year period ending on the day before the new loan is made, over the outstanding balance of loans on the date the new loan is made) or (b) the greater of 50% of their vested account balance or \$10,000. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term is to be determined by mutual agreement between the Plan and the participant, but in no case longer than 30 years. The notes are secured by the balance in the participant's account and incur interest at a rate determined by the Plan Administrator to be reasonable. At December 31, 2024 and 2023, the interest rate on participant loans ranges between 4.25% and 9.50%. Principal and interest are paid ratably through semi-monthly payroll deductions.

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are made in the form of a single lump sum payment or a paid-up annuity contract based on the life expectancy of the participant, and if married, his or her spouse. Upon termination of employment, participants whose vested account balance is less than \$5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is \$5,000 or greater, no distribution or any part thereof may be paid prior to the participant's attainment of age 59.5 without the participant's consent, or in the event of death, the participant's interest will be distributed to the designated beneficiary upon request.

2. *Accounting policies*

Basis of accounting - The financial statements of the Plan are prepared under the accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan (See Note 4).

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

2. *Accounting policies (continued)*

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Certain investments that are measured using the NAV per unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy (see Note 6).

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

Notes receivable from participants - The Plan reports notes receivable from participants at their unpaid principal balance plus accrued interest, if any. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits - Benefits are recognized when paid.

Administrative expenses - Expenses incurred in connection with the general administration of the Plan are shared by the Plan and the Plan Sponsor. (See Note 8)

Subsequent events - The Plan has evaluated subsequent events through October 14, 2025, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2024 have been incorporated into these statements.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

3. Investments (unaudited)

At December 31, 2024 and 2023, the Plan's investments were held by the custodians. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 93,482,991	\$ 80,190,765
Collective investment trusts	2,276,436	2,208,127
Investment contract	3,025,905	2,780,097
	<u>\$ 98,785,332</u>	<u>\$ 85,178,989</u>
Net appreciation in value	<u>\$ 10,232,728</u>	<u>\$ 11,031,292</u>
Dividends	<u>\$ 3,304,456</u>	<u>\$ 2,283,561</u>

4. Investment contract with insurance company (unaudited)

The Plan has a fixed contract issued by Lincoln National Life Insurance Company (Lincoln National), with a fixed guaranteed rate of interest. Lincoln National maintains contributions in a separate account that's segregated from the general assets of the issuer and are insulated from creditors or Lincoln National. This account is credited with earnings on the underlying investments and charged for participant withdrawals. Lincoln National is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 1%. Crediting rates are guaranteed for at least one calendar quarter.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Lincoln National.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

4. *Investment contract with insurance company (unaudited) (continued)*

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Lincoln's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Lincoln's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention to surrender its interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) the plan ceases to meet the requirements of the Internal Revenue Code for purchasers of Lincoln's contract, (b) Lincoln discontinues offering this contract form to the public, (c) a material misrepresentation, (d) no activity for twenty four consecutive month, or (e) unpaid fees by the plan.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

5. *Fair value measurements (unaudited)*

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for benefits. The Plan's investment in the guaranteed insurance option contract with Lincoln is reported at contract value (see Note 4) and the investment in collective investment trust is reported at NAV (see note 6). The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

5. Fair value measurements (unaudited) (continued)

	<u>Fair Value</u>	<u>Level 1</u>
<u>Assets at fair value as of December 31, 2024:</u>		
Mutual funds		
Domestic equity	\$ 39,894,198	\$ 39,894,198
Asset allocation	35,281,696	35,281,696
International/global equity	4,823,519	4,823,519
Balanced	4,948,497	4,948,497
Fixed income	6,183,002	6,183,002
Specialty	2,352,079	2,352,079
	\$ 93,482,991	\$ 93,482,991

	<u>Fair Value</u>	<u>Level 1</u>
<u>Assets at fair value as of December 31, 2023:</u>		
Mutual funds		
Domestic equity	\$ 34,447,352	\$ 34,447,352
Asset allocation	28,919,425	28,919,425
International/global equity	4,490,335	4,490,335
Balanced	4,981,189	4,981,189
Fixed income	5,135,304	5,135,304
Specialty	2,217,160	2,217,160
	\$ 80,190,765	\$ 80,190,765

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable.

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

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

6. *Collective investment trust funds (unaudited)*

The collective investment trust funds (MFS International Growth Fund II Fee Class R1) are valued at the net asset value (NAV) of units of the fund. The NAV as provided by the trustee as a practical expedient to estimate fair value.

The investment objectives of the collective investment trust funds is to seek capital appreciation by investing in the MFS International Growth CIT ("Underlying Fund") for which MFS Heritage Trust Co is trustee and MFS Investment Management is investment manager. The Underlying Fund seeks to invest in well-run non-US businesses capable of generating sustainable growth.

Table below summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

<u>December 31</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible</u>	<u>Redemption Notice Period</u>
2024	\$ 2,276,436	N/A	Daily	None
2023	\$ 2,208,127	N/A	Daily	None

The weighted average current yield earned by the trusts is 9.59% and 15.23% at December 31, 2024 and December 31, 2023, respectively.

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of mutual funds and an investment contract, investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments and the insurance contract which is payable from the separate asset account of the fund. The Plan has offered participants investment options in various investment vehicles as a means of reducing the effects of such risks.

8. *Related party transactions*

A substantial portion of the Plan's investments are funds managed by Lincoln National Life Insurance Company, the Plan's custodian. Under ERISA, such transactions qualify as party-in-interest transactions. The Company pays a portion of the Plan's administrative expenses. The Company absorbed \$35,000 of professional fees on behalf of the plan in 2024.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

9. Reconciliation of financial statements to Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 100,009,600	\$ 86,083,762
Add (deduct):		
Deemed distributions	(65,269)	(6,168)
Accrued plan expenses	51,131	53,166
Net assets available for benefits per the Form 5500	\$ 99,995,462	\$ 86,130,760

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

	<u>Per Financial Statement</u>	<u>Change in Accrual</u>	<u>Deemed Distribution</u>	<u>Adjustment to Income</u>	<u>Per 5500</u>
Contributions	\$ 9,749,255	\$ -	\$ -	\$ -	\$ 9,749,255
Investment income	13,537,184	-	-	-	13,537,184
Interest income on notes receivable	54,297	-	-	-	54,297
Distributions	(9,214,184)	-	(59,101)	4,700	(9,268,585)
Administrative fees and transfer	(200,714)	(2,035)	-	(4,700)	(207,449)
Net increase in net assets available for benefits	\$ 13,925,838	\$ (2,035)	\$ (59,101)	\$ -	\$ 13,864,702

10. Plan termination

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

11. Tax status

Effective June 1, 2021, the Plan was amended and restated in accordance with Pennsylvania Pension Planners, Inc.'s defined contribution prototype plan and trust. The prototype plan received its latest determination letter on June 30, 2020. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

11. Tax status (continued)

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment</u>	<u>Cost **</u>	<u>Current Value</u>	
Mutual funds:				
Fidelity	500 Index	\$ -	\$ 11,509,429	
T. Rowe Price	T. Rowe Price Retirement 2040 Class I	-	8,258,561	
Fidelity	Advisor Growth Opportunities Class Z	-	6,614,887	
JPMorgan	Large Cap Growth Class R6	-	6,249,486	
T. Rowe Price	T. Rowe Price Retirement 2030 Class I	-	5,449,524	
T. Rowe Price	T. Rowe Price Retirement 2045 Class I	-	5,100,334	
T. Rowe Price	T. Rowe Price Retirement 2035 Class I	-	4,611,229	
T. Rowe Price	T. Rowe Price Retirement 2050 Class I	-	4,533,608	
T. Rowe Price	T. Rowe Price Retirement 2055 Class I	-	4,192,788	
Fidelity	Small Cap Index	-	2,950,577	
American Funds	New Perspective Class R6	-	2,787,762	
Allspring	Core Bond	-	2,759,267	
Fidelity	Mid Cap Index	-	2,718,243	
Vanguard	Equity Income Admiral Shares	-	2,403,765	
Black Rock	60 40 Target Allocation Class K	-	2,386,932	
MFS International Management	Core Equity Class R6	-	2,108,996	
MFS International Management	Mid Cap Growth Class R6	-	2,009,036	
Black Rock	20 80 Target Allocation Class K	-	1,737,059	
T. Rowe Price	T. Rowe Price Retirement 2025 Class I	-	1,520,531	
Vanguard	Energy Index Admiral Shares	-	1,501,215	
Black Rock	Inflation Protected Bond Class K	-	1,365,716	
PGIM	High Yield Class R6	-	1,319,064	
Victory Sycamore Capital	Established Value Class R6	-	1,247,305	
Vanguard	Emerging Markets Stock Index Admiral Shares	-	989,820	
Black Rock	80 20 Target Allocation Class K	-	824,506	
MFS International Management	Mid Cap Value Fund Class R6	-	803,080	
Pimco	International Bond US Dollar Hedged Institutional Class	-	738,955	
T. Rowe Price	T. Rowe Price Retirement 2020 Class I	-	668,650	

See independent auditor's report.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
EIN 52-1237004 - PLAN 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>		<u>Description of Investment</u>	<u>Cost **</u>	<u>Current Value</u>
Mutual funds:				
T. Rowe Price		T. Rowe Price Retirement 2060 Class I	\$ -	\$ 658,783
JPMorgan		Small Cap Groth Class R6	-	567,302
MFS International Management		International Intrinsic Value Class R6	-	497,828
Principal		Global Real Estate Securities Class R6	-	438,738
PGIM		Jennison Utility Class R6	-	412,126
Franklin		Small Cap Value Class R6	-	376,754
Victory Sycamore Capital		Small Company Opportunity Class R6	-	335,338
DFA		International Small Company Institutional Class	-	289,647
John Hancock		Disciplined Value International Class R6	-	170,145
T. Rowe Price		T. Rowe Price Retirement 2065 Class I	-	135,531
DFA		International Small Cap Growth Portfolio	-	88,317
T. Rowe Price		T. Rowe Price Retirement 2015 Class I	-	84,760
T. Rowe Price		T. Rowe Price Retirement 2010 Class I	-	49,209
Black Rock		40 60 Target Allocation Class K	-	11,140
T. Rowe Price		T. Rowe Price Retirement 2005 Class I	-	7,048
Total mutual fund			-	93,482,991
MFS International Management		International Growth II Class R1	-	2,276,436
* Lincoln National Life Insurance Company		Stable value account - Z365	-	3,025,905
Total investments			-	98,785,332
* Individual participants		Participant notes; Interest rates of 4.25% to 9.50% collateralized by participants' account balances	-	954,394
			\$ -	\$ 99,739,726

* Party-in-interest

** Data not required - participant self-directed accounts

See independent auditor's report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): Applied Information Sciences, Inc.
2b Employer Identification Number (EIN): 52-1237004
2c Plan Sponsor's telephone number: 703-860-7800
2d Business code (see instructions): 541512

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Daniel Ehrmantraut, 10/15/2025. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

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	650
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	437
	6a(2)	448
	6b	0
	6c	233
	6d	681
	6e	1
	6f	682
	6g(1)	634
6g(2)	629	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 1
 - (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 Applied Information Sciences, Inc.</p>	<p>D Employer Identification Number (EIN) 52-1237004</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
Lincoln National Life Insurance Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	89363700087	629	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">2,905</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TBS Agency Inc
1776 Pleasant Plain Road
Fairfield IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2,905	sales commissions	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3,025,905
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	95,759,427

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 2,780,098

c Additions: (1) Contributions deposited during the year	7c(1)	314,581	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	64,095	
(4) Transferred from separate account.....	7c(4)	846,699	
(5) Other (specify below)	7c(5)	162,516	

▶Loans

(6) Total additions..... **7c(6)** 1,387,891

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4,167,989

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	110,001	
(2) Administration charge made by carrier	7e(2)	6,661	
(3) Transferred to separate account.....	7e(3)	866,248	
(4) Other (specify below)	7e(4)	159,173	

▶Loan issue fees

(5) Total deductions..... **7e(5)** 1,142,083

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3,025,906

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 Applied Information Sciences, Inc.	D Employer Identification Number (EIN) 52-1237004	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

Lincoln National Corporation 35-0472300
 PO Box 7877
 Fort Wayne IN 46802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13			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"/>
	Contract Administrator	200,424				

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

Pennsylvania Pension Planners 45-2712335
 2090 Linglestown Road Suite 201
 Harrisburg PA 17110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15			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"/>
	TPA	53,337				

(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"/>

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)

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

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

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

(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
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Applied Information Sciences, Inc.	D Employer Identification Number (EIN) 52-1237004

Part I	Asset and Liability Statement
---------------	--------------------------------------

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105,396	106,457
(2) Participant contributions	1b(2)	207,021	218,365
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	639,353	889,125
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	82,398,892	95,759,427
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2,780,098	3,025,905
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	86,130,760	99,999,279
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	3,817
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3,817
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	86,130,760	99,995,462

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)	2,850,584	
(B) Participants	2a(1)(B)	5,945,511	
(C) Others (including rollovers)	2a(1)(C)	953,160	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9,749,255
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	54,297	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54,297
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3,303,931	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3,303,931
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10,233,253
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		23,340,736

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9,205,667	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9,205,667
f Corrective distributions (see instructions).....	2f		3,817
g Certain deemed distributions of participant loans (see instructions)	2g		59,101
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	207,449	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		207,449
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9,476,034

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13,864,702
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: Grossberg Company LLP

(2) EIN: 52-0807134

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		500,000
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.			

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.
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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 <u>Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Applied Information Sciences, Inc.</u>	D Employer Identification Number (EIN) <u>52-1237004</u>	

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		0
----------	--	---

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): 04-3157927

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	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... 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 Q702775a.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number: ► 52-1237004

For plan year (beginning/ending): ► 1/1/2024-12/31/2024

Plan number: ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	DFA	INTL SML CO		289,647
	PRINCIPAL	GLBL REAL ESTAT SECRT		438,738
	AMERICAN FUNDS	EUPAC GRWTH		0
	AMERICAN FUNDS	NEW PRSPCT		2,787,762
	VANGUARD	EQTY INCM		2,403,766
	JPM	LRGCP GWTH		6,249,486
	MFS	INTL NEW DISC		0
	MFS	INTL INTRINSIC VALUE		497,828
	DFA	INTL SMCP GRWTH		88,317
	VANGUARD	EMRG MRKTS STCK INDX		989,820
	VANGUARD	ENGRY INDX		1,501,215
	ALLSPRING	CORE BOND		2,759,267
	PGIM	HIGH YLD		1,319,064
	BLKRRK	INFL PRTCT BOND		1,365,716
	VICTORY SYCMRE	ESTBLS VALUE		1,247,305
	PIMCO	INTL BOND US DLLR HDGD		738,955
	MFS	MIDCP VALUE		803,080
	T ROWE	RTRMT 2010		49,209
	T ROWE	RTRMT 2015		84,760
	T ROWE	RTRMT 2020		668,650
	T ROWE	RTRMT 2025		1,520,531
	T ROWE	RTRMT 2030		5,449,524
	T ROWE	RTRMT 2035		4,611,229
	T ROWE	RTRMT 2040		8,258,561
	T ROWE	RTRMT 2045		5,100,334
	T ROWE	RTRMT 2050		4,533,608
	T ROWE	RTRMT 2055		4,192,788
	T ROWE	RTRMT 2060		658,783
	MFS	MIDCP GRWTH		2,009,036
	VICTORY SYCMRE	SML CO OPP		335,338
	JHN HNK	DSCPD VALUE INTL		170,145
	BLKRRK	80 20 TRGT ALLOC		824,506
	BLKRRK	60 40 TRGT ALLOC		2,386,932
	BLKRRK	40 60 TRGT ALLOC		11,140
	BLKRRK	20 80 TRGT ALLOC		1,737,059
	JPM	SMCP GWTH		567,302
	T ROWE	RTRMT 2005		7,048
	FIDELITY	500 INDX		11,509,430
	FIDELITY	MIDCP INDX		2,718,243
	FIDELITY	SMCP INDX		2,950,577
	FIDELITY	ADV GRWTH OPP		6,614,887
	FRNKLN	SMCP VALUE		376,754
	MFS	CORE EQTY		2,108,995
*	LINCOLN	STABLE VALUE ACCOUNT		3,025,905
	T ROWE	RTRMT 2065		135,531
	PGIM	JENISN UTIL		412,126
*	LINCOLN	INTERNATIONAL GRWTH II		2,276,436
	PARTICIPANT LOANS	4.25% - 9.50%		954,394

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number: ► 52-1237004

For plan year (beginning/ending): ► 1/1/2024-12/31/2024

Plan number: ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	DFA	INTL SML CO		289,647
	PRINCIPAL	GLBL REAL ESTAT SECRT		438,738
	AMERICAN FUNDS	EUPAC GRWTH		0
	AMERICAN FUNDS	NEW PRSPCT		2,787,762
	VANGUARD	EQTY INCM		2,403,766
	JPM	LRGCP GWTH		6,249,486
	MFS	INTL NEW DISC		0
	MFS	INTL INTRINSIC VALUE		497,828
	VANGUARD	EMRG MRKTS STCK INDX		989,820
	MFS	MIDCP VALUE		803,080
	VANGUARD	ENGRY INDX		1,501,215
	ALLSPRING	CORE BOND		2,759,267
	PGIM	HIGH YLD		1,319,064
	BLKRRK	INFL PRCTCT BOND		1,365,716
	VICTORY SYCMRE	ESTBLS VALUE		1,247,305
	PIMCO	INTL BOND US DLLR HDGD		738,955
	MFS	MIDCP GRWTH		2,009,036
	VICTORY SYCMRE	SML CO OPP		335,338
	JHN HNK	DSCPD VALUE INTL		170,145
	BLKRRK	80 20 TRGT ALLOC		824,506
	BLKRRK	60 40 TRGT ALLOC		2,386,932
	BLKRRK	40 60 TRGT ALLOC		11,140
	BLKRRK	20 80 TRGT ALLOC		1,737,059
	JPM	SMCP GWTH		567,302
	FIDELITY	500 INDX		11,509,430
	FIDELITY	MIDCP INDX		2,718,243
	FIDELITY	SMCP INDX		2,950,577
	FIDELITY	ADV GRWTH OPP		6,614,887
	FRNKLN	SMCP VALUE		376,754
	MFS	CORE EQTY		2,108,995
*	LINCOLN	STABLE VALUE ACCOUNT		3,025,905
	PGIM	JENISN UTIL		412,126
*	LINCOLN	INTERNATIONAL GRWTH II		2,276,436
	T ROWE	RTRMT 2045		5,100,334
	T ROWE	RTRMT 2050		4,533,608
	T ROWE	RTRMT 2055		4,192,788
	T ROWE	RTRMT 2060		658,783
	T ROWE	RTRMT 2040		8,258,561
	T ROWE	RTRMT 2035		4,611,229
	T ROWE	RTRMT 2065		135,531
	T ROWE	RTRMT 2030		5,449,524
	T ROWE	RTRMT 2025		1,520,531
	T ROWE	RTRMT 2020		668,650
	T ROWE	RTRMT 2015		84,760
	T ROWE	RTRMT 2010		49,209
	T ROWE	RTRMT 2005		7,048
	DFA	INTL SMCP GRWTH		88,317
	PARTICIPANT LOANS	4.25% - 9.50%		954,394

**APPLIED INFORMATION SCIENCES, INC.
EMPLOYEES' 401(k) RETIREMENT PLAN**

**Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Years Ended
December 31, 2024 and 2023**

CONTENTS

	<u>Page</u>
Independent auditor's report	2
Financial statements:	
Statements of net assets available for benefits	6
Statement of changes in net assets available for benefits	7
Notes to financial statements	8
Supplementary information:	
Schedule of assets (held at end of year)	17

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT

We have performed an audit of the financial statements of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2024 and 2023, and for the year then ended December 31, 2024, stating that the certified investment information, as described in Notes 3, 4, 5, and 6 to the financial statements, is complete and accurate.

OPINION

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

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

BASIS FOR OPINION

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

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for one year after the date of 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

OTHER MATTER - SUPPLEMENTARY SCHEDULES REQUIRED BY ERISA

The supplementary information are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, 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 supplementary schedules 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the

- form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- information in the supplementary schedules 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).

Grossberg Company LLP

Bethesda, MD
October 14, 2025

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments:		
Mutual fund, at fair value (Notes 3 and 5)	\$ 93,482,991	\$ 80,190,765
Collective investment funds, net asset value (NAV) (Notes 3 and 6)	2,276,436	2,208,127
Investment contract with insurance company, at contract value (Notes 3 and 4)	3,025,905	2,780,097
Total investments	98,785,332	85,178,989
Receivables:		
Employer contributions	106,457	105,396
Participant contributions	218,365	207,021
Participants' notes	954,394	645,522
Total receivables	1,279,216	957,939
Total assets	100,064,548	86,136,928
Liabilities:		
Distribution payable and accrued expenses	54,948	53,166
Net assets available for benefits	\$ 100,009,600	\$ 86,083,762

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:	
Contributions:	
Participant	\$ 6,898,672
Employer	2,850,583
Total contributions	9,749,255
Net appreciation in fair value of investments (Note 3)	10,232,728
Dividend income (Note 3)	3,304,456
Interest income on notes receivable from participants	54,297
Total additions to net assets	23,340,736
Deductions from net assets attributed to:	
Benefits paid to participants	9,214,184
Administrative expenses and transfers (Note 8)	200,714
Total deductions from net assets	9,414,898
Net increase in net assets available for benefits	13,925,838
Net assets available for benefits, beginning of year	86,083,762
Net assets available for benefits, end of year	\$ 100,009,600

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. *Description of plan*

The following description of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Applied Information Sciences, Inc. (the "Company") who elected to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Secure 2.0 Act of 2022 ("Act") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. Plan amendments required by the Act generally need not be made until the end of the first plan year beginning or after January 1, 2025, however, the plan must be operated in accordance with the effective dates of each provision. Plan management believes there is no material impact to the Plan's 2024 financial statements.

Eligibility - All Employees of the Company are eligible to participate on their first day of work with no minimum age or service requirements. Union and non-resident alien employees are excluded from participation.

Contributions - For the Plan year ended December 31, 2024, participants may contribute to the Plan up to 100% of pretax annual compensation, as defined, subject to the statutory maximum of \$23,000. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make a "catch up" contribution of up to \$7,500 for 2024. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers forty-five mutual funds, one common collective trust, and one insurance contract with Lincoln Financial as investment options for participants. The Plan Sponsor makes a safe harbor matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 5% of eligible Plan compensation. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each eligible participant's account is credited with (a) the participant's contribution, (b) the Plan Sponsor's safe harbor matching contributions, (c) Plan earnings, (d) forfeitures of terminated participants non-vested accounts, and (e) charged with Plan losses and/or administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. On January 1, 2015 the plan was amended; contributions become 100% vested after six years of credited service (20% per year after the first year of service). All employer contributions made to a participant's account are 100% vested if the participant was employed on December 31, 2014. On June 1, 2021, the plan was amended, all employer contributions made to a participant's account are 100% vested if the participant was employed after May 31, 2021.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. *Description of plan (continued)*

Forfeited accounts - Forfeitures during 2024 aggregated to \$35,163. During 2024, \$35,189 (\$18,630 for 2023) was used to reduce the Company's cash outlay for matching. No forfeiture amount was used to pay for administrative expenses during 2024 and 2023. Investment gain on such funds during 2024 aggregated \$26 (\$11 gain for 2023). There were no balance of non-vested forfeited accounts at December 31, 2024 and 2023.

Participant notes - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of: (a) \$50,000 (reduced by the excess of the highest outstanding balance of all loans on any day during the one year period ending on the day before the new loan is made, over the outstanding balance of loans on the date the new loan is made) or (b) the greater of 50% of their vested account balance or \$10,000. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term is to be determined by mutual agreement between the Plan and the participant, but in no case longer than 30 years. The notes are secured by the balance in the participant's account and incur interest at a rate determined by the Plan Administrator to be reasonable. At December 31, 2024 and 2023, the interest rate on participant loans ranges between 4.25% and 9.50%. Principal and interest are paid ratably through semi-monthly payroll deductions.

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are made in the form of a single lump sum payment or a paid-up annuity contract based on the life expectancy of the participant, and if married, his or her spouse. Upon termination of employment, participants whose vested account balance is less than \$5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is \$5,000 or greater, no distribution or any part thereof may be paid prior to the participant's attainment of age 59.5 without the participant's consent, or in the event of death, the participant's interest will be distributed to the designated beneficiary upon request.

2. *Accounting policies*

Basis of accounting - The financial statements of the Plan are prepared under the accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan (See Note 4).

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

2. *Accounting policies (continued)*

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Certain investments that are measured using the NAV per unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy (see Note 6).

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

Notes receivable from participants - The Plan reports notes receivable from participants at their unpaid principal balance plus accrued interest, if any. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits - Benefits are recognized when paid.

Administrative expenses - Expenses incurred in connection with the general administration of the Plan are shared by the Plan and the Plan Sponsor. (See Note 8)

Subsequent events - The Plan has evaluated subsequent events through October 14, 2025, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2024 have been incorporated into these statements.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

3. Investments (unaudited)

At December 31, 2024 and 2023, the Plan's investments were held by the custodians. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 93,482,991	\$ 80,190,765
Collective investment trusts	2,276,436	2,208,127
Investment contract	3,025,905	2,780,097
	<u>\$ 98,785,332</u>	<u>\$ 85,178,989</u>
Net appreciation in value	<u>\$ 10,232,728</u>	<u>\$ 11,031,292</u>
Dividends	<u>\$ 3,304,456</u>	<u>\$ 2,283,561</u>

4. Investment contract with insurance company (unaudited)

The Plan has a fixed contract issued by Lincoln National Life Insurance Company (Lincoln National), with a fixed guaranteed rate of interest. Lincoln National maintains contributions in a separate account that's segregated from the general assets of the issuer and are insulated from creditors or Lincoln National. This account is credited with earnings on the underlying investments and charged for participant withdrawals. Lincoln National is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 1%. Crediting rates are guaranteed for at least one calendar quarter.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Lincoln National.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

4. *Investment contract with insurance company (unaudited) (continued)*

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Lincoln's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Lincoln's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention to surrender its interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) the plan ceases to meet the requirements of the Internal Revenue Code for purchasers of Lincoln's contract, (b) Lincoln discontinues offering this contract form to the public, (c) a material misrepresentation, (d) no activity for twenty four consecutive month, or (e) unpaid fees by the plan.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

5. *Fair value measurements (unaudited)*

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for benefits. The Plan's investment in the guaranteed insurance option contract with Lincoln is reported at contract value (see Note 4) and the investment in collective investment trust is reported at NAV (see note 6). The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

5. Fair value measurements (unaudited) (continued)

	<u>Fair Value</u>	<u>Level 1</u>
<u>Assets at fair value as of December 31, 2024:</u>		
Mutual funds		
Domestic equity	\$ 39,894,198	\$ 39,894,198
Asset allocation	35,281,696	35,281,696
International/global equity	4,823,519	4,823,519
Balanced	4,948,497	4,948,497
Fixed income	6,183,002	6,183,002
Specialty	2,352,079	2,352,079
	\$ 93,482,991	\$ 93,482,991

	<u>Fair Value</u>	<u>Level 1</u>
<u>Assets at fair value as of December 31, 2023:</u>		
Mutual funds		
Domestic equity	\$ 34,447,352	\$ 34,447,352
Asset allocation	28,919,425	28,919,425
International/global equity	4,490,335	4,490,335
Balanced	4,981,189	4,981,189
Fixed income	5,135,304	5,135,304
Specialty	2,217,160	2,217,160
	\$ 80,190,765	\$ 80,190,765

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable.

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

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

6. *Collective investment trust funds (unaudited)*

The collective investment trust funds (MFS International Growth Fund II Fee Class R1) are valued at the net asset value (NAV) of units of the fund. The NAV as provided by the trustee as a practical expedient to estimate fair value.

The investment objectives of the collective investment trust funds is to seek capital appreciation by investing in the MFS International Growth CIT ("Underlying Fund") for which MFS Heritage Trust Co is trustee and MFS Investment Management is investment manager. The Underlying Fund seeks to invest in well-run non-US businesses capable of generating sustainable growth.

Table below summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

<u>December 31</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible</u>	<u>Redemption Notice Period</u>
2024	\$ 2,276,436	N/A	Daily	None
2023	\$ 2,208,127	N/A	Daily	None

The weighted average current yield earned by the trusts is 9.59% and 15.23% at December 31, 2024 and December 31, 2023, respectively.

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of mutual funds and an investment contract, investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments and the insurance contract which is payable from the separate asset account of the fund. The Plan has offered participants investment options in various investment vehicles as a means of reducing the effects of such risks.

8. *Related party transactions*

A substantial portion of the Plan's investments are funds managed by Lincoln National Life Insurance Company, the Plan's custodian. Under ERISA, such transactions qualify as party-in-interest transactions. The Company pays a portion of the Plan's administrative expenses. The Company absorbed \$35,000 of professional fees on behalf of the plan in 2024.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

9. Reconciliation of financial statements to Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 100,009,600	\$ 86,083,762
Add (deduct):		
Deemed distributions	(65,269)	(6,168)
Accrued plan expenses	51,131	53,166
Net assets available for benefits per the Form 5500	\$ 99,995,462	\$ 86,130,760

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

	<u>Per Financial Statement</u>	<u>Change in Accrual</u>	<u>Deemed Distribution</u>	<u>Adjustment to Income</u>	<u>Per 5500</u>
Contributions	\$ 9,749,255	\$ -	\$ -	\$ -	\$ 9,749,255
Investment income	13,537,184	-	-	-	13,537,184
Interest income on notes receivable	54,297	-	-	-	54,297
Distributions	(9,214,184)	-	(59,101)	4,700	(9,268,585)
Administrative fees and transfer	(200,714)	(2,035)	-	(4,700)	(207,449)
Net increase in net assets available for benefits	\$ 13,925,838	\$ (2,035)	\$ (59,101)	\$ -	\$ 13,864,702

10. Plan termination

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

11. Tax status

Effective June 1, 2021, the Plan was amended and restated in accordance with Pennsylvania Pension Planners, Inc.'s defined contribution prototype plan and trust. The prototype plan received its latest determination letter on June 30, 2020. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

11. Tax status (continued)

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment</u>	<u>Cost **</u>	<u>Current Value</u>	
Mutual funds:				
Fidelity	500 Index	\$ -	\$ 11,509,429	
T. Rowe Price	T. Rowe Price Retirement 2040 Class I	-	8,258,561	
Fidelity	Advisor Growth Opportunities Class Z	-	6,614,887	
JPMorgan	Large Cap Growth Class R6	-	6,249,486	
T. Rowe Price	T. Rowe Price Retirement 2030 Class I	-	5,449,524	
T. Rowe Price	T. Rowe Price Retirement 2045 Class I	-	5,100,334	
T. Rowe Price	T. Rowe Price Retirement 2035 Class I	-	4,611,229	
T. Rowe Price	T. Rowe Price Retirement 2050 Class I	-	4,533,608	
T. Rowe Price	T. Rowe Price Retirement 2055 Class I	-	4,192,788	
Fidelity	Small Cap Index	-	2,950,577	
American Funds	New Perspective Class R6	-	2,787,762	
Allspring	Core Bond	-	2,759,267	
Fidelity	Mid Cap Index	-	2,718,243	
Vanguard	Equity Income Admiral Shares	-	2,403,765	
Black Rock	60 40 Target Allocation Class K	-	2,386,932	
MFS International Management	Core Equity Class R6	-	2,108,996	
MFS International Management	Mid Cap Growth Class R6	-	2,009,036	
Black Rock	20 80 Target Allocation Class K	-	1,737,059	
T. Rowe Price	T. Rowe Price Retirement 2025 Class I	-	1,520,531	
Vanguard	Energy Index Admiral Shares	-	1,501,215	
Black Rock	Inflation Protected Bond Class K	-	1,365,716	
PGIM	High Yield Class R6	-	1,319,064	
Victory Sycamore Capital	Established Value Class R6	-	1,247,305	
Vanguard	Emerging Markets Stock Index Admiral Shares	-	989,820	
Black Rock	80 20 Target Allocation Class K	-	824,506	
MFS International Management	Mid Cap Value Fund Class R6	-	803,080	
Pimco	International Bond US Dollar Hedged Institutional Class	-	738,955	
T. Rowe Price	T. Rowe Price Retirement 2020 Class I	-	668,650	

See independent auditor's report.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN
EIN 52-1237004 - PLAN 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>		<u>Description of Investment</u>	<u>Cost **</u>	<u>Current Value</u>
Mutual funds:				
T. Rowe Price		T. Rowe Price Retirement 2060 Class I	\$ -	\$ 658,783
JPMorgan		Small Cap Groth Class R6	-	567,302
MFS International Management		International Intrinsic Value Class R6	-	497,828
Principal		Global Real Estate Securities Class R6	-	438,738
PGIM		Jennison Utility Class R6	-	412,126
Franklin		Small Cap Value Class R6	-	376,754
Victory Sycamore Capital		Small Company Opportunity Class R6	-	335,338
DFA		International Small Company Institutional Class	-	289,647
John Hancock		Disciplined Value International Class R6	-	170,145
T. Rowe Price		T. Rowe Price Retirement 2065 Class I	-	135,531
DFA		International Small Cap Growth Portfolio	-	88,317
T. Rowe Price		T. Rowe Price Retirement 2015 Class I	-	84,760
T. Rowe Price		T. Rowe Price Retirement 2010 Class I	-	49,209
Black Rock		40 60 Target Allocation Class K	-	11,140
T. Rowe Price		T. Rowe Price Retirement 2005 Class I	-	7,048
Total mutual fund			-	93,482,991
MFS International Management		International Growth II Class R1	-	2,276,436
* Lincoln National Life Insurance Company		Stable value account - Z365	-	3,025,905
Total investments			-	98,785,332
* Individual participants		Participant notes; Interest rates of 4.25% to 9.50% collateralized by participants' account balances	-	954,394
			\$ -	\$ 99,739,726

* Party-in-interest

** Data not required - participant self-directed accounts

See independent auditor's report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number: ► 52-1237004

For plan year (beginning/ending): ► 1/1/2024-12/31/2024

Plan number: ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	DFA	INTL SML CO		289,647
	PRINCIPAL	GLBL REAL ESTAT SECRT		438,738
	AMERICAN FUNDS	EUPAC GRWTH		0
	AMERICAN FUNDS	NEW PRSPCT		2,787,762
	VANGUARD	EQTY INCM		2,403,766
	JPM	LRGCP GWTH		6,249,486
	MFS	INTL NEW DISC		0
	MFS	INTL INTRINSIC VALUE		497,828
	DFA	INTL SMCP GRWTH		88,317
	VANGUARD	EMRG MRKTS STCK INDX		989,820
	VANGUARD	ENGRY INDX		1,501,215
	ALLSPRING	CORE BOND		2,759,267
	PGIM	HIGH YLD		1,319,064
	BLKRRK	INFL PRTCT BOND		1,365,716
	VICTORY SYCMRE	ESTBLS VALUE		1,247,305
	PIMCO	INTL BOND US DLLR HDGD		738,955
	MFS	MIDCP VALUE		803,080
	T ROWE	RTRMT 2010		49,209
	T ROWE	RTRMT 2015		84,760
	T ROWE	RTRMT 2020		668,650
	T ROWE	RTRMT 2025		1,520,531
	T ROWE	RTRMT 2030		5,449,524
	T ROWE	RTRMT 2035		4,611,229
	T ROWE	RTRMT 2040		8,258,561
	T ROWE	RTRMT 2045		5,100,334
	T ROWE	RTRMT 2050		4,533,608
	T ROWE	RTRMT 2055		4,192,788
	T ROWE	RTRMT 2060		658,783
	MFS	MIDCP GRWTH		2,009,036
	VICTORY SYCMRE	SML CO OPP		335,338
	JHN HNK	DSCPD VALUE INTL		170,145
	BLKRRK	80 20 TRGT ALLOC		824,506
	BLKRRK	60 40 TRGT ALLOC		2,386,932
	BLKRRK	40 60 TRGT ALLOC		11,140
	BLKRRK	20 80 TRGT ALLOC		1,737,059
	JPM	SMCP GWTH		567,302
	T ROWE	RTRMT 2005		7,048
	FIDELITY	500 INDX		11,509,430
	FIDELITY	MIDCP INDX		2,718,243
	FIDELITY	SMCP INDX		2,950,577
	FIDELITY	ADV GRWTH OPP		6,614,887
	FRNKLN	SMCP VALUE		376,754
	MFS	CORE EQTY		2,108,995
*	LINCOLN	STABLE VALUE ACCOUNT		3,025,905
	T ROWE	RTRMT 2065		135,531
	PGIM	JENISN UTIL		412,126
*	LINCOLN	INTERNATIONAL GRWTH II		2,276,436
	PARTICIPANT LOANS	4.25% - 9.50%		954,394

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number: ► 52-1237004

For plan year (beginning/ending): ► 1/1/2024-12/31/2024

Plan number: ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
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	T ROWE	RTRMT 2025		1,520,531
	T ROWE	RTRMT 2020		668,650
	T ROWE	RTRMT 2015		84,760
	T ROWE	RTRMT 2010		49,209
	T ROWE	RTRMT 2005		7,048
	DFA	INTL SMCP GRWTH		88,317
	PARTICIPANT LOANS	4.25% - 9.50%		954,394