

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOCIAL SOLUTIONS INTERNATIONAL, INC</u></p> <p><u>6153 EXECUTIVE BLVD</u> <u>ROCKVILLE, MD 20852-3901</u></p>	<p>1c Effective date of plan <u>10/01/2005</u></p> <p>2b Employer Identification Number (EIN) <u>84-1663710</u></p> <p>2c Plan Sponsor's telephone number <u>866-901-6583</u></p> <p>2d Business code (see instructions) <u>541700</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JENNY KARP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	347
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)	49
	6a(2)	39
	6b	0
	6c	230
	6d	269
	6e	0
	6f	269
	6g(1)	347
6g(2)	269	
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:
2E 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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>
---	--	--

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

<p>A Name of plan SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOCIAL SOLUTIONS INTERNATIONAL, INC</p>	<p>D Employer Identification Number (EIN) 84-1663710</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
PRINCIPAL 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
42-0127290	61271	613953	269	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

(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	

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1845209

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. **6d**
 Specify nature of costs ▶

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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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.
--	--	---

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

A Name of plan SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIAL SOLUTIONS INTERNATIONAL, INC	D Employer Identification Number (EIN) 84-1663710	

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

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

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

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

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

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

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

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

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

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

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

(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)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
17 27 50	CONSULTANT	69335	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	58011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ASCENSUS

82-3719843

(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 50 49 99	CONTRACT ADMINISTRATOR	2138	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8915	Yes <input type="checkbox"/> No <input checked="" 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
ASCENSUS	13 50 49 99	8915
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE	
(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)

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.
---	--	---

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

A Name of plan <u>SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOCIAL SOLUTIONS INTERNATIONAL, INC</u>	D Employer Identification Number (EIN) <u>84-1663710</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S7P 500 INDIX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1169402</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGE CAP GROWTH I SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>381524</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFE TIME HYBR 2010 CIT Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFE TIME HYBR 2015 CIT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CIT-Z</u>		
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>439003</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIME HYBR 2020 CIT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>585025</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINLIFETIMEHYBR 2025 CIT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>399465</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIFETIMEHYBR 2030 CIT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1349087</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBR 2035 CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1716610
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBR 2040 CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2891635
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBR 2045 CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4334176
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBR 2050 CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2271916
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBR 2055 CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1164851
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIMEHYBRINC CIT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189210
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO		
c EIN-PN 42-0127290-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103205
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO		
c EIN-PN 42-0127290-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191078
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CITZ		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 604362
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CITZ		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103831

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIAL SOLUTIONS INTERNATIONAL, INC	D Employer Identification Number (EIN) 84-1663710

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.

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)	
(2) Participant contributions	1b(2)	
(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)	106616
(9) Value of interest in common/collective trusts	1c(9)	17527972
(10) Value of interest in pooled separate accounts	1c(10)	0
(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)	1695105
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	143654

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	19329693	20233897
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19329693	20233897

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)	232910	
(B) Participants.....	2a(1)(B)	487947	
(C) Others (including rollovers).....	2a(1)(C)	356070	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1076927
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)		
(E) Participant loans.....	2b(1)(E)	9888	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		9888
(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)	47619	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		47619
(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)		2346851
(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)		200062
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3681347

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2647608	
(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)		2647608
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	124958	
(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)	4577	
(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)		129535
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2777143

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		904204
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: **PENAN & SCOTT, P.C.**

(2) EIN: **52-1706780**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	749957
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

A Name of plan <u>SOCIAL SOLUTIONS INTERNATIONAL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOCIAL SOLUTIONS INTERNATIONAL, INC</u>	D Employer Identification Number (EIN) <u>84-1663710</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): 42-0127290

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 Q702814A.

**SOCIAL SOLUTIONS INTERNATIONAL, INC.
401(K) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEAR ENDED DECEMBER 31, 2024

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1 – 5
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 – 18
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4a - Schedule of Participants Delinquent Contributions.....	20
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	21 – 24

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Social Solutions International, Inc. 401(k) Plan
Rockville, MD

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the accompanying financial statements of , 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 statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of '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 a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2024 financial statements referred to above, related to assets held by and certified to by a qualified institution, agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C)).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 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 2024 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 's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 it is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Social Solutions International, Inc. 401(k) 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 Social Solutions International, Inc. 401(k) 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, we do not express an opinion on the financial statements as a whole but rather expresses an ERISA Section 103(a)(3)(C) audit opinion as described above, 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

2024 Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 supplemental 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 generally accepted auditing standards. For information included in the supplemental 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 supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Auditor's Report on the 2023 Financial Statements

The financial statements of Social Solutions International, Inc. 401(k) Plan as of **December 31, 2023** were audited by other auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 15, 2024 indicated that in their opinion (a) the amounts and disclosures in the **2023** financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the **2023** 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). Their report also indicated that the form and content of the **2023** supplemental schedules, other than the information in the **2023** supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the **2023** supplemental 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).

Platform CPAs, LLP

Holladay, Utah
October 15, 2025

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

	2024	2023
Assets		
Investments, at fair value	\$ 20,090,243	\$ 19,223,077
Notes receivable from participants	143,654	106,616
NET ASSETS AVAILABLE FOR BENEFITS	\$ 20,233,897	\$ 19,329,693

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

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 2,546,913
Dividends	47,619
Interest income	<u>9,888</u>

Total investment activity	2,604,420
---------------------------	-----------

Contributions:

Employer	232,910
Participants	487,947
Rollover	<u>356,070</u>

Total contributions	<u>1,076,927</u>
---------------------	------------------

Total additions	3,681,347
-----------------	-----------

Deductions from net assets attributed to:

Benefits paid to participants	2,647,608
Investment management services	<u>129,535</u>

Total deductions	<u>2,777,143</u>
------------------	------------------

Net Increase	904,204
---------------------	---------

Balance - beginning of year	<u>19,329,693</u>
------------------------------------	-------------------

Balance - end of year	<u><u>\$ 20,233,897</u></u>
------------------------------	-----------------------------

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

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN

The following description of the (“the Plan”) provides only general information. Participants should refer to the Plan agreement and the amendments thereto for a more complete description of the Plan’s provisions.

General

Effective October 1, 2005, Social Solutions International, Inc. (“the Company”) established the Plan to provide deferred compensation benefits to its eligible employees. The Plan is a defined contribution Plan with 401(k) salary deferral provisions covering substantially all employees of the Company other than union employees, nonresident aliens, and leased employees. Eligible employees are automatically enrolled in the Plan after satisfying a three-months service eligibility requirement. Participants may elect to change their deferral rate or opt out at any time. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan qualifies under the Internal Revenue Code (“IRC”) as a 401(k) Plan.

Plan Governance and Custodian

The Plan’s Trustees are the individuals designated in the Plan’s governance documents. Principal Life Insurance Company serves as the Plan’s custodian and recordkeeper. The auditor relied upon information prepared and certified by Principal Life Insurance Company pursuant to ERISA Section 103(a)(3)(C).

Auto Enrollment and Contributions

The Plan provides for automatic enrollment of eligible employees. Employees who meet the Plan’s eligibility requirements are automatically enrolled at the default elective deferral percentage established by the Plan unless they elect otherwise. Participants may change their elective deferral rate or opt out of participation at any time in accordance with the Plan’s administrative procedures.

Contributions to the Plan include employee salary deferrals, which may be made on a pre-tax or Roth after-tax basis, subject to Internal Revenue Code limitations. The Employer makes a Safe Harbor matching contribution equal to 100 percent of the first four percent of eligible compensation deferred by participants. In addition, the Employer may make discretionary matching and profit-sharing contributions as determined from time to time. For employees covered under the GHSI contract, the Employer provides a ten percent safe harbor non-elective contribution based on eligible Compensation, regardless of whether the employee elects to make salary deferrals. Prevailing wage contributions may also be made for employees whose work is subject to prevailing wage requirements.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Contributions

Each year, participants may contribute up to 100% of eligible salary on a pre-tax deferral with a maximum contribution of \$23,000 for 2024. However, participants who are over the age of 50 may make catch-up contributions of \$7,500 for 2024. Participants may also transfer funds from a former employer's qualified retirement Plan, as defined in the Plan's provisions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer makes a Safe Harbor match equal to 100 percent of the first 4 percent of eligible compensation deferred by participants. For employees covered under the GHSI contract, the Employer makes a 10-percent Safe Harbor non-elective contribution regardless of participant deferrals. Safe Harbor matching contributions for the year ended December 31, 2024, were \$232,910.

Eligible employees may also rollover funds from a former employer's qualified retirement Plan into the Plan. The Company may also make discretionary matching contributions at the option of the Company's Board of Directors. There were no discretionary employer matching contributions for the year ended December 31, 2024.

Participant Accounts

Plan assets are held by Principal Life Insurance Company and administered by the Company. Each participant's account is credited with the participant's contribution, including amounts rolled over from other qualified Plans, and allocations of the Company's discretionary matching and non-elective contributions, if any, and Plan earnings and losses, less any charges, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Employer contributions vest under a six-year graded schedule (20% after 2 years, 30% after 3, 40% after 4, 60% after 5, and 100% after 6 years). Participants are always fully vested in salary deferrals, rollovers, and Safe Harbor contributions.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

A participant may have three loans outstanding. The maximum loan amount available is \$50,000 or one-half of their vested balance in the Plan, whichever is less. The minimum loan amount is \$500. The notes are secured by the vested account balance in the participant's account, have a five-year permissible term, and bear interest at the prime rate as specified by the Wall Street Journal plus two percent. With the approval of the Plan Administrator, loans obtained to secure the acquisition of the participant's principal residence may be extended beyond a five-year term. Principal and interest are paid ratably through payroll deductions, not less frequently than quarterly. The participant also has the option to make additional repayments directly to the Plan.

Payment of Benefits

Benefits are generally paid in a lump sum. Distributions must begin no later than April 1 following the later end of the year in which the participant retires or reaches age 70½ or except for individuals who own five percent or more of the Company. Such individuals must begin distributions at age 70½ regardless of retirement status. If a participant's vested account balance is less than \$5,000, the Plan may make a cash-out or automatic rollover distribution as described in the Plan document.

Forfeited Accounts

Forfeitures resulting from terminated participants can be applied towards Plan expenses or to reduce amounts otherwise required to be contributed to the Plan.

Forfeitures are used to pay Plan administrative expenses or to reduce future employer contributions, in accordance with Plan provisions. As of December 31, 2024, there were no forfeited non-vested accounts.

Investment Options

Contributions to the Plan are invested by the trustee in various investment funds, according to participant instructions. The Plan Administrator provides participants with current copies of the prospectus describing each investment option.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents represent funds deposited with the Plan trustee which, at year-end, were unallocated to investments accounts.

Notes Receivable from Participants

Loans to participants are reported on their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account. As of December 31, 2024, no allowance for credit losses has been recorded. If a participant does not make loan payments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan documents. As of December 31, 2024, notes receivable from participant loans was \$143,654 and \$106,616, respectively. Management believes the notes receivable from participant loans to be fully collectible.

Investment Valuation and Income Recognition

The Plan’s investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note H for further discussion of fair value measurements.

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

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Party-in-Interest Transactions

Transactions with Principal Life Insurance Company, the trustee and custodian of the Plan, qualify as party-in-interest transactions under ERISA. See Note I – Related Parties for further disclosure.

ERISA Section 103(a)(3)(C) Audit Election

As permitted by ERISA Section 103(a)(3)(C), the Plan's financial statements are presented in conformity with an audit performed pursuant to this section. Accordingly, investments held and certified by Principal Life Insurance Company, a qualified bank and custodian, have not been audited by the Plan's independent auditor. The auditor's procedures were limited to information that is not so certified.

Risks and Uncertainties

Investment securities are exposed to various risks, including market, interest rate, and credit risk. Further information about investment risks and concentrations is presented in Note F – Risks and Uncertainties.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Administrative expenses, including trustee and recordkeeping fees, may be paid by the Plan or the employer, as determined by the Plan Administrator. Investment-related expenses are included in net depreciation of the fair value of investments.

NOTE C – INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee, Principal Life Insurance Company, as of December 31:

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

**NOTE C – INFORMATION PREPARED AND CERTIFIED BY TRUSTEES
(CONTINUED)**

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Common / collective trusts	\$ 16,049,171	\$ 15,760,862
Registered investment funds	2,141,095	1,574,651
Pooled separate accounts	1,845,209	1,767,111
General account (unallocated contract)	54,768	120,453
Dividend and interest income	9,888	
Net appreciation in fair value of investments	2,546,913	

Management has reviewed the certification from Principal Life Insurance Company and determined that the institution meets the requirements of ERISA Section 103(a)(3)(C).

NOTE D – TAX STATUS

The Plan, which is a prototype non-standardized profit-sharing Plan with Cash or Deferred Arrangement (CODA), has received a favorable determination letter from the Internal Revenue Service dated April 2, 2012. The Internal Revenue Service has determined and informed the Company that the Plan is designed in accordance with applicable regulations of the Internal Revenue Code (IRC) and is exempt from income taxes.

The Plan's information return filings are subject to examination by the Internal Revenue Service and the Department of Labor for a period of three years after the date of filing. Returns filed for plan years prior to 2022 are no longer subject to examination.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE E – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for plan benefits per the financial statements	\$ 20,233,897	\$ 19,329,693
Net assets available for Plan benefits per the Form 5500	\$ 20,233,897	\$ 19,329,693

The following is a reconciliation of contributions per the financial statements to Form 5500 for the year ended December 31:

	<u>2024</u>
Total contributions per the financial statements	\$ 1,076,927
Total contributions per the Form 5500	\$ 1,076,927

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term, and that such changes could materially affect participants’ account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE G – PLAN TERMINATION

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

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair value of mutual funds in registered investment accounts is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value measurements are inputs other than quoted price included in Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. These inputs may also include insignificant adjustments to market observable inputs.

Level 3 Fair Value Measurements

The fair value of general insurance contracts is based on unobservable inputs used for valuing the assets. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 3 Inputs</u>
Registered investments	\$ 2,141,095	\$ 2,141,095	\$ -
Common/collective trust	16,049,171	16,049,171	-
Pooled separate accounts	1,845,209	1,845,209	-
General insurance accounts	<u>54,768</u>	<u>-</u>	<u>54,768</u>
Total assets at fair value	<u>\$ 20,090,243</u>	<u>\$ 20,035,475</u>	<u>\$ 54,768</u>

Level 3 activities for the year ended December 31, 2024 are stated below:

	<u>Level 3 Inputs</u>
Beginning balance	\$ 120,453
Total gains or losses (realized & unrealized) included in changes in net assets	1,666
Purchases	35,409
Sales	(84,067)
Transfers out of Level 3	<u>(18,693)</u>
Ending balance	<u>\$ 54,768</u>

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of **December 31, 2023**:

	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 3 Inputs</u>
Registered investments	\$ 1,574,651	\$ 1,574,651	\$ -
Common/collective trust	15,760,862	15,760,862	-
Pooled separate accounts	1,767,111	1,767,111	-
General insurance accounts	<u>120,453</u>	<u>-</u>	<u>120,453</u>
Total assets at fair value	<u>\$ 19,223,077</u>	<u>\$ 19,102,624</u>	<u>\$ 120,453</u>

Level 3 activities for the year ended **December 31, 2023** are stated below:

	<u>Level 3 Inputs</u>
Beginning balance	\$ 331,020
Total gains or losses (realized & unrealized) included in changes in net assets	2,342
Purchases	52,553
Sales	(205,813)
Transfers in and out of Level 3	<u>(59,649)</u>
Ending balance	<u>\$ 120,453</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2024, is reported in net appreciation in fair value of investments.

**SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE I – RELATED PARTY AND PARTY-IN-INTEREST

Principal Life Insurance Company manages all funds of the Plan. As a result, Principal Life Insurance Company qualifies as a party-in-interest to the Plan with respect to transactions related to these funds. The fair market value of the funds managed by Principal Life Insurance Company totaled \$20,090,243 and \$19,223,077 as of December 31, 2024, respectively. Fees paid by the Plan for the investment management services amounted to \$129,535 for the year ended December 31, 2024.

NOTE J – CORRECTION OF DELINQUENT CONTRIBUTIONS AND LOST EARNINGS

During the plan year ended December 31, 2024, the Plan Sponsor identified instances where employee contributions and participant loan repayments were remitted to the plan’s trust after the Department of Labor’s prescribed time frame. The delays ranged from 2 to 20 business days after the applicable payroll dates.

The Plan Sponsor voluntarily corrected these late remittances under the Department of Labor’s Voluntary Fiduciary Correction Program (VFCP). In accordance with VFCP requirements, the Plan Sponsor calculated and remitted lost earnings associated with the late deposits using the DOL’s online VFCP calculator.

Description	Period of Late Deposits	Principal Amount	Lost Earnings	Total Restored to Plan
Employee Contributions and Loan Repayments	February 5, 2024 through January 20, 2025	\$ 749,956.66	\$ 3,902.87	\$ 753,859.53

The lost earnings of \$3,902.87 exceeded any restoration of profits, and therefore represent the total correction amount due to the Plan. The Plan Sponsor remitted the correction to the in full compliance with VFCP requirements.

Management has evaluated the impact of these late remittances on plan operations and determined that the delayed deposits were not material to the plan’s financial statements and were fully corrected prior to issuance of the auditor’s report.

NOTE K – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN

EIN: 84-1663710

PLAN NUMBER: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

Total that Constitute Nonexempt Prohibited Transactions

Check here if late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		\$ 749,957		

The amount relates to 2024 participant contributions.

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Prinl Life Insurance Company	Equity Income Separate Account	**	\$ 191,078
*	Prinl Life Insurance Company	Core Fixed Income Sep Account	**	103,205
*	Prinl Life Insurance Company	LgCap S&P 500 Index Sep Acct+	**	1,169,402
*	Prinl Life Insurance Company	LargeCap Growth I Sep Acct	**	<u>381,524</u>
		Total Pooled Separate Accounts		1,845,209
Common Collective Trusts				
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2015 CIT Z	**	439,003
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2020 CIT Z	**	585,025
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2025 CIT Z	**	399,465
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2030 CIT Z	**	1,349,087
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2035 CIT Z	**	1,716,610
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2040 CIT Z	**	2,891,635
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2045 CIT Z	**	4,334,176
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2050 CIT Z	**	2,271,916
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2055 CIT Z	**	1,164,851
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2060 CIT Z	**	604,362
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2065 CIT Z	**	103,831
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid INC CIT Z	**	<u>189,210</u>
		Total Common Collective Trusts		16,049,171
Insurance Company General Account				
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	54,768

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Funds				
*	MFS Investment Management	MFS Government Secs R6 Fund	**	9,147
*	PIMCO Funds	PIMCO Income Institutional Fd	**	291,231
*	Vanguard Group	FTSE Soc Idx Adm Fd	**	669,493
*	Macquarie Investments	Macquarie Small Cap Value R6 Fur	**	36,345
*	Hartford Mutual Funds	Hartford MidCap R6 Fund	**	18,839
*	Janus International Holding, LLC	JanusHenderson Triton N	**	99,472
*	Vanguard Group	MidCap Val Idx Adm Fd	**	729,823
*	The American Funds	American Funds NewsPrsp R6 Funct	**	103,017
*	Vanguard Group	Vgd Ttl Intl Stk Idx Adm Fd	**	<u>183,728</u>
		Total Registered Investment Funds		2,141,095
Notes Receivable from Participants				
*	Participant' Loans	Interest at 5.25% - 10.50%	**	<u>143,654</u>
		Total		<u>\$ 20,233,897</u>

* Party-in-interest to the Plan

** Not required, as all investments are participant' directed

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Prinl Life Insurance Company	Equity Income Separate Account	**	\$ 163,451
*	Prinl Life Insurance Company	Core Fixed Income Sep Account	**	96,035
*	Prinl Life Insurance Company	LgCap S&P 500 Index Sep Acct+	**	1,192,954
*	Prinl Life Insurance Company	LargeCap Growth I Sep Acct	**	<u>314,671</u>
		Total Pooled Separate Accounts		1,767,111
Common Collective Trusts				
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2015 CIT Z	**	866,460
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2020 CIT Z	**	521,466
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2025 CIT Z	**	534,146
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2030 CIT Z	**	1,362,604
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2035 CIT Z	**	1,650,772
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2040 CIT Z	**	3,052,148
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2045 CIT Z	**	3,657,623
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2050 CIT Z	**	2,191,409
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2055 CIT Z	**	1,102,318
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2060 CIT Z	**	547,472
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2065 CIT Z	**	96,994
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid INC CIT Z	**	<u>177,450</u>
		Total Common Collective Trusts		15,760,862
Insurance Company General Account				
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	120,453

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Funds				
*	MFS Investment Management	MFS Government Secs R6 Fund	**	14,632
*	PIMCO Funds	PIMCO Income Institutional Fd	**	293,758
*	Vanguard Group	FTSE Soc Idx Adm Fd	**	201,119
*	Delaware Investments	Delaware Small Cap Value R6 Func	**	55,954
*	Hartford Mutual Funds	Hartford MidCap R6 Fund	**	11,574
*	Janus International Holding, LLC	JanusHenderson Triton N	**	79,002
*	Vanguard Group	MidCap Val Idx Adm Fd	**	664,288
*	The American Funds	American Funds NewsPrsp R6 Func	**	98,644
*	Vanguard Group	Vgd Ttl Intl Stk Idx Adm Fd	**	<u>155,680</u>
		Total Registered Investment Funds		1,574,651
Notes Receivable from Participants				
*	Participants' Loans	Interest at 5.25% - 7.25%	**	<u>106,616</u>
		Total		<u>\$ 19,329,693</u>

* Party-in-interest to the Plan

** Not required, as all investments are participants' directed

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Prinl Life Insurance Company	Equity Income Separate Account	**	\$ 191,078
*	Prinl Life Insurance Company	Core Fixed Income Sep Account	**	103,205
*	Prinl Life Insurance Company	LgCap S&P 500 Index Sep Acct+	**	1,169,402
*	Prinl Life Insurance Company	LargeCap Growth I Sep Acct	**	<u>381,524</u>
		Total Pooled Separate Accounts		1,845,209
Common Collective Trusts				
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2015 CIT Z	**	439,003
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2020 CIT Z	**	585,025
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2025 CIT Z	**	399,465
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2030 CIT Z	**	1,349,087
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2035 CIT Z	**	1,716,610
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2040 CIT Z	**	2,891,635
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2045 CIT Z	**	4,334,176
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2050 CIT Z	**	2,271,916
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2055 CIT Z	**	1,164,851
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2060 CIT Z	**	604,362
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2065 CIT Z	**	103,831
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid INC CIT Z	**	<u>189,210</u>
		Total Common Collective Trusts		16,049,171
Insurance Company General Account				
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	54,768

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Funds				
*	MFS Investment Management	MFS Government Secs R6 Fund	**	9,147
*	PIMCO Funds	PIMCO Income Institutional Fd	**	291,231
*	Vanguard Group	FTSE Soc Idx Adm Fd	**	669,493
*	Macquarie Investments	Macquarie Small Cap Value R6 Fur	**	36,345
*	Hartford Mutual Funds	Hartford MidCap R6 Fund	**	18,839
*	Janus International Holding, LLC	JanusHenderson Triton N	**	99,472
*	Vanguard Group	MidCap Val Idx Adm Fd	**	729,823
*	The American Funds	American Funds NewsPrsp R6 Func	**	103,017
*	Vanguard Group	Vgd Ttl Intl Stk Idx Adm Fd	**	<u>183,728</u>
		Total Registered Investment Funds		2,141,095
Notes Receivable from Participants				
*	Participant' Loans	Interest at 5.25% - 10.50%	**	<u>143,654</u>
		Total		<u>\$ 20,233,897</u>

* Party-in-interest to the Plan

** Not required, as all investments are participant' directed

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Prinl Life Insurance Company	Equity Income Separate Account	**	\$ 163,451
*	Prinl Life Insurance Company	Core Fixed Income Sep Account	**	96,035
*	Prinl Life Insurance Company	LgCap S&P 500 Index Sep Acct+	**	1,192,954
*	Prinl Life Insurance Company	LargeCap Growth I Sep Acct	**	<u>314,671</u>
		Total Pooled Separate Accounts		1,767,111
Common Collective Trusts				
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2015 CIT Z	**	866,460
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2020 CIT Z	**	521,466
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2025 CIT Z	**	534,146
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2030 CIT Z	**	1,362,604
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2035 CIT Z	**	1,650,772
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2040 CIT Z	**	3,052,148
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2045 CIT Z	**	3,657,623
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2050 CIT Z	**	2,191,409
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2055 CIT Z	**	1,102,318
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2060 CIT Z	**	547,472
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid 2065 CIT Z	**	96,994
*	Prinl Globa Investors Trust Co.	Prin LifeTime Hybrid INC CIT Z	**	<u>177,450</u>
		Total Common Collective Trusts		15,760,862
Insurance Company General Account				
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	120,453

SOCIAL SOLUTIONS INTERNATIONAL, INC. 401(K) PLAN
EIN: 84-1663710
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Funds				
*	MFS Investment Management	MFS Government Secs R6 Fund	**	14,632
*	PIMCO Funds	PIMCO Income Institutional Fd	**	293,758
*	Vanguard Group	FTSE Soc Idx Adm Fd	**	201,119
*	Delaware Investments	Delaware Small Cap Value R6 Func	**	55,954
*	Hartford Mutual Funds	Hartford MidCap R6 Fund	**	11,574
*	Janus International Holding, LLC	JanusHenderson Triton N	**	79,002
*	Vanguard Group	MidCap Val Idx Adm Fd	**	664,288
*	The American Funds	American Funds NewsPrsp R6 Func	**	98,644
*	Vanguard Group	Vgd Ttl Intl Stk Idx Adm Fd	**	<u>155,680</u>
		Total Registered Investment Funds		1,574,651
Notes Receivable from Participants				
*	Participants' Loans	Interest at 5.25% - 7.25%	**	<u>106,616</u>
		Total		<u><u>\$ 19,329,693</u></u>

* Party-in-interest to the Plan

** Not required, as all investments are participants' directed