

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>HSI SENSING</u></p> <p><u>3100 NORGE ROAD</u> <u>CHICKASHA, OK 73018-6169</u></p>	<p>1c Effective date of plan <u>01/01/2005</u></p> <p>2b Employer Identification Number (EIN) <u>73-0773942</u></p> <p>2c Plan Sponsor's telephone number <u>405-224-4046</u></p> <p>2d Business code (see instructions) <u>335900</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.	12/09/2025	MARY WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/09/2025	MARY WHITE
	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	280
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)	163
	6a(2)	169
	6b	57
	6c	60
	6d	286
	6e	5
	6f	291
	6g(1)	259
6g(2)	289	
6h	4	
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:
2I 2P 2Q 3I

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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 _____

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

A Name of plan HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HSI SENSING	D Employer Identification Number (EIN) 73-0773942	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HSI SENSING	D Employer Identification Number (EIN) 73-0773942

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 3218	19384
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 2557	2557
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 38450	38533
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)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	17331831	18323791
(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	17376056	18384265
Liabilities			
g Benefit claims payable.....	1g		23360
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2201824	1794906
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2201824	1818266
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15174232	16565999

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)	1579041	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1579041
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)	991962	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		82
d Total income. Add all income amounts in column (b) and enter total.....	2d		2571085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1093475	
(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)		1093475
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		85843
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1179318

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1391767
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: **TAMMIE S. MOORE, P.C**

(2) EIN: **73-1508586**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?	X		1045265
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan <u>HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HSI SENSING</u>	D Employer Identification Number (EIN) <u>73-0773942</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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 & 2023

BY

TAMMIE S. MOORE, P.C.

CERTIFIED PUBLIC ACCOUNTANT

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 & 2023

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TAMMIE S. MOORE, P.C.
Certified Public Accountant
2001 S. 6th Street, Suite 3
Chickasha, OK 73018

Tammie S. Moore, CPA

INDEPENDENT AUDITOR'S REPORT

Phone (405) 825-3119

Fax (405) 825-3214

To the Administrative Committee of
the HSI Sensing Employee Stock Ownership Plan

Opinion

I have audited the accompanying financial statements of the HSI Sensing Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the HSI Sensing Employee Stock Ownership Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of HSI Sensing Employee Stock Ownership Plan and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 HSI Sensing Employee Stock Ownership Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

My 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 issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the

override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- 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 HSI Sensing Employee Stock Ownership 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 my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about HSI Sensing Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.


I am 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 I identified during the audit.

Supplemental Schedules Required by ERISA

My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held For Investment Purposes at End of Year, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming my opinion on the supplemental schedule, I evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In my opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Tammie S. Moore, P.C.
Chickasha, OK 73023

November 26, 2025

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 & 2023

	2024			2023		
	<u>ALLOCATED</u>	<u>UNALLOCATED</u>	<u>TOTAL</u>	<u>ALLOCATED</u>	<u>UNALLOCATED</u>	<u>TOTAL</u>
ASSETS						
INVESTMENT IN SPONSOR COMPANY						
COMMON STOCK AT FAIR VALUE	\$16,980,186	\$1,343,605	\$18,323,791	\$15,759,938	\$1,571,893	\$17,331,831
CASH	19,384	—	19,384	3,218	—	3,218
RECEIVABLE	36,757	—	36,757	36,756	—	36,756
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL ASSETS	17,036,327	1,343,605	18,379,932	15,799,912	1,571,893	17,371,805
LIABILITIES	23,360	—	23,360	—	—	—
LOAN PAYABLE	—	1,794,906	1,794,906	—	2,201,824	2,201,824
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL LIABILITIES	23,360	1,794,906	1,818,266	0	2,201,824	2,201,824
NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS	<u>\$17,012,967</u>	<u>(\$451,301)</u>	<u>\$16,561,666</u>	<u>\$15,799,912</u>	<u>(\$629,931)</u>	<u>\$15,169,981</u>

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

	<u>ALLOCATED</u>	<u>UNALLOCATED</u>	<u>TOTAL</u>
ADDITIONS TO NET ASSETS			
INVESTMENT INCOME:			
NET APPRECIATION IN			
FAIR VALUE OF INVESTMENTS	\$880,174	\$111,787	\$991,961
DIVIDEND	<u> </u>	<u> </u>	0
EMPLOYER CONTRIBUTIONS	1,086,281	492,761	1,579,042
ALLOCATION OF 17,368 SHARES OF COMMON STOCK OF SPONSOR COMPANY, AT FAIR VALUE	<u> 340,075</u>	<u> </u>	<u> 340,075</u>
TOTAL ADDITIONS TO NET ASSET	<u>2,306,530</u>	<u>604,548</u>	<u>2,911,078</u>
DEDUCTIONS FROM NET ASSETS			
INTEREST EXPENSE	<u> </u>	85,843	85,843
DISTRIBUTIONS	1,093,475	<u> </u>	1,093,475
ALLOCATION OF 17,368 SHARES OF COMMON STOCK OF SPONSOR COMPANY, AT FAIR VALUE	<u> </u>	<u> 340,075</u>	<u> 340,075</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>1,093,475</u>	<u>425,918</u>	<u>1,519,393</u>
NET INCREASE (DECREASE)	1,213,055	178,630	1,391,685
NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS			
BEGINNING OF YEAR	<u>15,799,912</u>	<u>(629,931)</u>	<u>15,169,981</u>
END OF YEAR	<u>\$17,012,967</u>	<u>(\$451,301)</u>	<u>\$16,561,666</u>

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE A—PLAN DESCRIPTION

THE FOLLOWING BRIEF DESCRIPTION OF THE HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN (THE PLAN) IS PROVIDED FOR GENERAL INFORMATION PURPOSES ONLY. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT FOR COMPLETE INFORMATION.

HSI SENSING, FORMERLY HERMETIC SWITCH, (COMPANY) ESTABLISHED THE HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN (PLAN) EFFECTIVE AS OF JANUARY 1, 2005. THE PLAN OPERATES, IN RELEVANT PART, AS A LEVERAGED EMPLOYEE STOCK OWNERSHIP PLAN (ESOP), AND IS DESIGNED TO COMPLY WITH SECTION 4975(E)(7) AND THE REGULATIONS THEREUNDER OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (CODE) AND IS SUBJECT TO THE APPLICABLE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (ERISA). THE PLAN IS ADMINISTERED BY HSI SENSING. PRINCIPAL FINANCIAL GROUP IS THE 3RD PARTY ADMINISTRATOR. TODD R. OMER CPA IS THE PLAN'S TRUSTEE.

THE PLAN HAS TWICE PURCHASED COMPANY COMMON SHARES USING PROCEEDS OF BORROWINGS (NOTE E), AND HOLDS THE STOCK IN A TRUST ESTABLISHED UNDER THE PLAN. THE BORROWINGS WERE TO BE REPAID OVER A PERIOD OF TEN TO FIFTEEN YEARS BY FULLY DEDUCTIBLE COMPANY CONTRIBUTIONS AND NON-DEDUCTIBLE DISTRIBUTIONS TO THE TRUST FUND. AS THE PLAN MAKES PAYMENTS, AN APPROPRIATE PERCENTAGE OF STOCK WILL BE ALLOCATED TO ELIGIBLE EMPLOYEES' ACCOUNTS IN ACCORDANCE WITH APPLICABLE REGULATIONS UNDER THE CODE. SHARES VEST FULLY UPON ALLOCATION.

THE BORROWINGS ARE COLLATERALIZED BY THE UNALLOCATED SHARES OF STOCK. THE LENDERS HAVE NO RIGHTS AGAINST SHARES ONCE THEY ARE ALLOCATED UNDER THE ESOP. ACCORDINGLY, THE FINANCIAL STATEMENTS OF THE PLAN AS OF DECEMBER 31, 2024 & 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024 PRESENT SEPARATELY THE ASSETS AND LIABILITIES AND CHANGES THEREIN PERTAINING TO:

1. THE ACCOUNTS OF EMPLOYEES WITH VESTED RIGHTS IN ALLOCATED COMMON STOCK (ALLOCATED) AND
2. COMMON STOCK NOT YET ALLOCATED TO EMPLOYEES (UNALLOCATED).

ELIGIBILITY - EMPLOYEES OF THE COMPANY WHO ARE AT LEAST TWENTY ONE YEARS OF AGE ARE GENERALLY ELIGIBLE TO PARTICIPATE IN THE PLAN AFTER ONE YEAR OF SERVICE PROVIDING THEY WORKED AT LEAST 1,000 HOURS

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

DURING SUCH PLAN YEAR AND MEET THE NEXT ENTRY DATE OF JANUARY 1ST OR JULY 1ST. PARTICIPANTS WHO DO NOT HAVE AT LEAST 1,000 HOURS OF SERVICE DURING SUCH PLAN YEAR ARE GENERALLY NOT ELIGIBLE FOR AN ALLOCATION OF COMPANY CONTRIBUTIONS FOR SUCH YEAR.

CONTRIBUTIONS - THE COMPANY IS OBLIGATED TO MAKE CONTRIBUTIONS IN CASH TO THE PLAN WHICH, WHEN AGGREGATED WITH THE PLAN'S DIVIDENDS AND INTEREST EARNINGS, EQUAL THE AMOUNT NECESSARY TO ENABLE THE PLAN TO MAKE ITS REGULARLY SCHEDULED PAYMENTS OF PRINCIPAL AND INTEREST DUE ON ITS TERM LOANS. EMPLOYEES ARE NOT PERMITTED TO MAKE CONTRIBUTIONS.

PAYMENT OF BENEFITS - DISTRIBUTIONS ON ACCOUNT OF DEATH, DISABILITY, OR RETIREMENT ARE MADE IN A LUMP SUM PAYMENT. DISTRIBUTIONS ARE MADE IN THE FORM OF COMPANY COMMON SHARES PLUS CASH FOR ANY FRACTION SHARES OF COMMON STOCK.

UNDER THE PROVISIONS OF THE PLAN, THE COMPANY IS OBLIGATED TO REPURCHASE PARTICIPANT SHARES WHICH HAVE BEEN DISTRIBUTED ACCORDING TO THE TERMS OF THE PLAN AS LONG AS THE SHARES ARE NOT PUBLICLY TRADED OR IF THE SHARES ARE SUBJECT TO TRADING LIMITATIONS. DURING 2024, THE COMPANY REPURCHASED FROM PARTICIPANTS 58,814.7034 SHARES AT PRICES DETERMINED FROM THE INDEPENDENT APPRAISAL.

VOTING RIGHTS - EACH PARTICIPANT IS ENTITLED TO EXERCISE VOTING RIGHTS ATTRIBUTABLE TO THE SHARES ALLOCATED TO HIS OR HER ACCOUNT ONLY WITH RESPECT TO A MATERIAL CORPORATE EVENT OR SUCH OTHER MATTERS AS TREASURY REGULATIONS PRESCRIBE AND IS NOTIFIED BY THE TRUSTEE PRIOR TO THE TIME THAT SUCH RIGHTS ARE TO BE EXERCISED. OTHERWISE, THE TRUSTEE IS REQUIRED TO VOTE THE ALLOCATED AND UNALLOCATED SHARES ON BEHALF OF THE COLLECTIVE BEST INTEREST OF PLAN PARTICIPANTS AND BENEFICIARIES.

PLAN TERMINATION - THE EMPLOYER MAY TERMINATE THE PLAN AND MAY DIRECT AND REQUIRE THE TRUSTEE TO LIQUIDATE THE TRUST FUND. IN THE EVENT THE EMPLOYER SHALL CEASE TO EXIST FOR ANY REASON, THE PLAN SHALL TERMINATE AND THE TRUST FUND SHALL BE LIQUIDATED, UNLESS THE PLAN IS ADOPTED BY A SUCCESSOR. IN THE EVENT OF THE TERMINATION, PARTIAL TERMINATION, OR COMPLETE DISCONTINUANCE OF CONTRIBUTIONS, THE ACCOUNT BALANCES OF EACH PARTICIPANT WILL BECOME NONFORFEITABLE AND DISTRIBUTION SHALL BE MADE IN ACCORDANCE WITH THE PROVISIONS OF THE PLAN.

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

PARTICIPANT ACCOUNTS - THE PLAN IS A DEFINED CONTRIBUTION PLAN UNDER WHICH A SEPARATE INDIVIDUAL ACCOUNT IS ESTABLISHED FOR EACH PARTICIPANT. EACH PARTICIPANT'S ACCOUNT IS CREDITED AS OF THE LAST DAY OF EACH PLAN YEAR WITH AN ALLOCATION OF SHARES OF THE COMPANY'S COMMON STOCK RELEASED BY THE TRUSTEE FROM THE UNALLOCATED ACCOUNT AND FORFEITURES OF TERMINATED PARTICIPANTS' NON VESTED ACCOUNTS. ONLY THOSE PARTICIPANTS WHO ARE ELIGIBLE EMPLOYEES OF THE COMPANY AS OF THE LAST DAY OF THE PLAN YEAR WILL RECEIVE AN ALLOCATION. ALLOCATIONS ARE BASED ON A PARTICIPANT'S ELIGIBLE COMPENSATION, RELATIVE TO TOTAL ELIGIBLE COMPENSATION.

VESTING - IF A PARTICIPANT'S EMPLOYMENT WITH THE COMPANY ENDS FOR ANY REASON OTHER THAN RETIREMENT, PERMANENT DISABILITY OR DEATH, HE OR SHE WILL VEST IN THE BALANCES IN HIS OR HER ACCOUNTS BASED ON TOTAL YEARS OF SERVICE WITH THE COMPANY. PRIOR TO THE FIRST LOAN BEING PAID IN FULL, SHARES WILL VEST FULLY AFTER 5 YEARS OF SERVICE. AFTER SUCH TIME, VESTING IS BASED ON A GRADUATED SCHEDULE OF YEARS OF SERVICE WITH THE PARTICIPANT BECOMING 100% VESTED AFTER SIX YEARS OF CREDITED SERVICE.

PUT OPTION - UNDER FEDERAL INCOME TAX REGULATIONS, THE EMPLOYER STOCK THAT IS HELD BY THE PLAN AND ITS PARTICIPANTS AND IS NOT READILY TRADABLE ON AN ESTABLISHED MARKET, OR IS SUBJECT TO TRADING LIMITATIONS, INCLUDES A PUT OPTION. THE PUT OPTION IS A RIGHT TO DEMAND THAT THE COMPANY BUY ANY SHARES OF ITS STOCK DISTRIBUTED TO PARTICIPANTS FOR WHICH THERE IS NO MARKET. THE PUT PRICE IS REPRESENTATIVE OF THE CURRENT APPRAISED VALUE OF THE STOCK. THE COMPANY CAN PAY FOR THE PURCHASE WITH INTEREST OVER A PERIOD OF FIVE YEARS. THE PURPOSE OF THE PUT OPTION IS TO ENSURE THAT THE PARTICIPANT HAS THE ABILITY TO ULTIMATELY OBTAIN CASH.

DIVERSIFICATION - DIVERSIFICATION IS OFFERED TO PARTICIPANTS CLOSE TO RETIREMENT SO THAT THEY MAY HAVE THE OPPORTUNITY TO MOVE PART OF THE VALUE OF THEIR INVESTMENT IN COMPANY STOCK INTO INVESTMENTS WHICH ARE MORE DIVERSIFIED. PARTICIPANTS WHO ARE AT LEAST AGE 55 WITH AT LEAST 10 YEARS OF PARTICIPATION IN THE PLAN MAY ELECT TO DIVERSIFY A PORTION OF THEIR ACCOUNT. A QUALIFIED PARTICIPANT MAY CHOOSE A DIRECT TRANSFER OF THE PORTION OF THEIR ELIGIBLE ACCOUNT BALANCE COVERED BY THE ELECTION TO THE COMPANY'S 401(K) PLAN. THE AMOUNT SUBJECT TO THE DIVERSIFICATION ELECTION WILL EQUAL 25% (ON A CUMULATIVE BASIS) OF THE VALUE OF THEIR ACCOUNT HOLDING COMPANY STOCK DURING THE FIRST FIVE YEARS OF THE ELIGIBILITY PERIOD. IN THE LAST YEAR OCCURRING DURING THEIR QUALIFIED ELECTION PERIOD, THE PERCENTAGE CHANGES TO 50% (ON A CUMULATIVE BASIS).

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NOTES TO THE FINANCIAL STATEMENTS

FORFEITURES - EMPLOYER CONTRIBUTIONS AND PLAN FORFEITURES ARE ALLOCATED TO EACH PARTICIPANT'S ACCOUNT BASED UPON THE RELATION OF THE PARTICIPANT'S COMPENSATION TO TOTAL COMPENSATION FOR THE PLAN YEAR. FORFEITURES OF TERMINATED NON VESTED ACCOUNT BALANCES ALLOCATED TO REMAINING PARTICIPANTS AT DECEMBER 31, 2024 AND 2023 TOTALED \$ 64,148 AND \$ 12,605 RESPECTIVELY.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

THE FINANCIAL STATEMENTS OF THE PLAN ARE PREPARED USING THE ACCRUAL BASIS OF ACCOUNTING.

ESTIMATES

THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE PLAN ADMINISTRATOR TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT REPORTED AMOUNTS AND DISCLOSURES. ACCORDINGLY, ACTUAL RESULTS MAY DIFFER FROM THOSE ESTIMATES.

ALLOCATIONS

THE FINANCIAL STATEMENT OF THE PLAN PRESENT SEPARATELY THE ASSETS AND LIABILITIES AND CHANGES THEREIN PERTAINING TO (A) THE ACCOUNTS OF EMPLOYEES WITH RIGHTS IN ALLOCATED STOCK (ALLOCATED) AND (B) STOCK NOT YET ALLOCATED TO EMPLOYEES (UNALLOCATED), INCLUDING SHARES THAT ARE COMMITTED TO BE RELEASED. SHARES ARE RELEASED FROM COLLATERAL AND BECOME ALLOCATED GENERALLY IN THE PERIOD IN WHICH DEBT SERVICE IS ACTUALLY PAID.

INVESTMENT VALUATION AND INCOME RECOGNITION

THE COMMON SHARES OF THE COMPANY ARE VALUED AT FAIR VALUE. SEE NOTE H FOR DISCUSSION OF FAIR VALUE MEASUREMENTS.

OPERATING EXPENSES

ALL EXPENSES OF MAINTAINING THE PLAN ARE PAID BY THE COMPANY.

PAYMENT OF BENEFITS

BENEFITS ARE RECORDED WHEN PAID.

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NOTES TO THE FINANCIAL STATEMENTS

DATE OF MANAGEMENT'S REVIEW OF SUBSEQUENT EVENTS

SUBSEQUENT EVENTS WERE EVALUATED THROUGH NOVEMBER 26, 2025, WHICH IS THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED.

NOTE C—TAX STATUS

THE INTERNAL REVENUE SERVICE HAS DETERMINED AND INFORMED THE COMPANY BY A LETTER DATED SEPTEMBER 25, 2013, THAT THE PLAN IS QUALIFIED AND THE TRUST ESTABLISHED UNDER THE PLAN IS TAX-EXEMPT, UNDER THE APPROPRIATE SECTIONS OF THE INTERNAL REVENUE CODE (IRC).

THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS DESIGNED AND IS CURRENTLY BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX. THE PLAN'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

NOTE D—ADMINISTRATION OF PLAN ASSETS

THE PLAN'S ASSETS, WHICH CONSIST PRINCIPALLY OF SPONSOR COMPANY COMMON SHARES, ARE HELD BY THE TRUSTEE OF THE PLAN.

THE ESOP COMMITTEE ADMINISTERS THE PAYMENT OF INTEREST AND PRINCIPAL ON THE LOAN, WHICH IS REIMBURSED THROUGH CONTRIBUTIONS AS DETERMINED BY THE COMPANY.

CERTAIN ADMINISTRATIVE FUNCTIONS ARE PERFORMED BY OFFICERS OR EMPLOYEES OF THE COMPANY. NO SUCH OFFICER OR EMPLOYEE RECEIVES COMPENSATION FROM THE PLAN. ADMINISTRATIVE EXPENSES FOR THE TRUSTEE'S FEES ARE PAID DIRECTLY BY THE COMPANY.

NOTE E—LOAN PAYABLE/RELATED PARTY

IN 2005, THE PLAN ENTERED INTO AN \$6,500,000 TERM LOAN AGREEMENT WITH THE EMPLOYER. THE PROCEEDS OF THE LOAN WERE USED TO PURCHASE COMPANY'S COMMON STOCK. UNALLOCATED SHARES WERE COLLATERAL FOR THE LOAN. THE AGREEMENT PROVIDED FOR THE LOAN TO BE REPAID OVER TEN YEARS. THE LOANS INTEREST WAS THE LONG TERM AFR RATE. THE LOAN PAID OFF IN 2015.

IN 2007, THE PLAN ENTERED INTO AN \$10,877,200 TERM LOAN AGREEMENT WITH THE EMPLOYER. THE PROCEEDS OF THE LOAN WERE USED TO PURCHASE

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NOTES TO THE FINANCIAL STATEMENTS

COMPANY'S COMMON STOCK. UNALLOCATED SHARES ARE COLLATERAL FOR THE LOAN. THE AGREEMENT PROVIDES FOR THE LOAN TO BE REPAID OVER FIFTEEN YEARS. IN MAY 2017, BY CONSENT OF THE BOARD OF DIRECTORS, THE TERM OF THE LOAN WAS EXTENDED TO DECEMBER 2028. THE SCHEDULED AMORTIZATION OF THE LOAN FOR THE NEXT FIVE YEARS AND THEREAFTER IS AS FOLLOWS: 2025—422,144; 2026—\$441,776; 2027—\$462,716; AND 2028—\$468,270. THE LOAN BEARS INTEREST AT THE LONG TERM AFR RATE.

NOTE F—INVESTMENTS

THE PLAN'S INVESTMENTS IN SPONSOR COMPANY COMMON SHARES AT DECEMBER 31 ARE AS FOLLOWS:

	2024		2023	
	<u>ALLOCATED</u>	<u>UNALLOCATED</u>	<u>ALLOCATED</u>	<u>UNALLOCATED</u>
NUMBER				
OF SHARES	<u>867,220.9658</u>	<u>68,621.2918</u>	<u>849,852.4788</u>	<u>85,989.7788</u>
COST	<u>\$ 14,995,968</u>	<u>\$1,372,426</u>	<u>\$14,648,599</u>	<u>\$1,719,796</u>
FAIR VALUE	<u>\$ 16,980,186</u>	<u>\$1,343,605</u>	<u>\$15,759,938</u>	<u>\$1,571,893</u>

NOTE G--RISK AND UNCERTAINTIES

THE PLAN'S INVESTMENTS CONSIST PRIMARILY OF THE COMPANY'S COMMON STOCK, WHICH IS EXPOSED TO VARIOUS RISKS INCLUDING INTEREST RATE, MARKET, AND CREDIT RISKS, AS WELL AS VALUATION ASSUMPTIONS BASED ON EARNINGS AND CASH FLOWS. DUE TO THE LEVEL OF RISK ASSOCIATED WITH THE INVESTMENT IN THE COMMON STOCK AND TO UNCERTAINTIES INHERENT IN THE ESTIMATIONS AND ASSUMPTIONS PROCESS, IT IS AT LEAST REASONABLY POSSIBLE THAT CHANGES IN THE VALUES OF THE COMMON STOCK WILL OCCUR IN THE NEAR TERM AND THAT SUCH CHANGES COULD MATERIALLY AFFECT THE AMOUNTS REPORTED IN THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS.

NOTE H—FAIR VALUE MEASUREMENTS

THE PLAN'S INVESTMENTS ARE REPORTED AT FAIR VALUE IN THE ACCOMPANYING STATEMENT 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

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

INSTRUMENTS COULD RESULT IN A DIFFERENT FAIR VALUE MEASUREMENT AT THE REPORTING DATE.

THE FOLLOWING TABLES PRESENT FAIR VALUE MEASUREMENT INFORMATION FOR THE PLAN'S INVESTMENTS IN COMPANY COMMON STOCK. THE CARRYING VALUES OF RECEIVABLES AND CASH INCLUDED IN THE ACCOMPANYING STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS APPROXIMATED FAIR VALUE AT DECEMBER 31, 2024 AND 2023, AND ARE THUS NOT INCLUDED IN THE FOLLOWING TABLE.

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024

	LEVEL 3	TOTAL
COMPANY COMMON STOCK	<u>\$ 18,323,791</u>	<u>\$ 18,323,791</u>

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2023

	LEVEL 3	TOTAL
COMPANY COMMON STOCK	<u>\$ 17,331,831</u>	<u>\$ 17,331,831</u>

THE FAIR VALUE MEASUREMENT ACCOUNTING LITERATURE ESTABLISHES A FAIR VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR VALUE. THE HIERARCHY CONSISTS OF THREE BROAD LEVELS. LEVEL 1 INPUTS CONSIST OF UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS OR LIABILITIES 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. LEVEL 3 INPUTS WERE USED ONLY WHEN LEVEL 1 OR LEVEL 2 INPUTS WERE NOT AVAILABLE.

LEVEL 3 FAIR VALUE MEASUREMENTS

THE FAIR VALUE OF THE COMPANY COMMON STOCK HELD BY THE PLAN IS VALUED AT ESTIMATED FAIR VALUE BASED UPON AN INDEPENDENT APPRAISAL. THIS APPRAISAL WAS BASED UPON A COMBINATION OF THE MARKET AND INCOME VALUATION TECHNIQUES CONSISTENT WITH PRIOR YEARS. THE APPRAISER TOOK INTO ACCOUNT HISTORICAL AND PROJECTED CASH FLOW AND NET INCOME, RETURN ON ASSETS, RETURN ON EQUITY MARKET COMPARABLES AND ESTIMATED FAIR VALUE OF COMPANY ASSETS AND LIABILITIES.

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NOTES TO THE FINANCIAL STATEMENTS

THERE HAVE BEEN NO CHANGES IN THE METHODOLOGIES USED TO DETERMINE FAIR VALUES AT DECEMBER 31, 2024 AND 2023.

THE FOLLOWING TABLES PROVIDES DETAILS OF THIS LEVEL 3 FAIR VALUE MEASUREMENT FOR 2024 AND 2023.

DECEMBER 31, 2024

<u>DESCRIPTION</u>	<u>FAIR VALUE</u>	<u>VALUATION TECHNIQUES</u>	<u>UNOBSERVABLE INPUT</u>	<u>RELATIVE WEIGHT</u>
HSI SENSING	\$18,323,791	ASSET APPROACH	EQUITY	0.00
		MARKET APPROACH	GUIDELINE PUBLIC COMPANY	0.25
		INCOME APPROACH	CAPITALIZATION OF EARNINGS	0.75

DECEMBER 31, 2023

<u>DESCRIPTION</u>	<u>FAIR VALUE</u>	<u>VALUATION TECHNIQUES</u>	<u>UNOBSERVABLE INPUT</u>	<u>RELATIVE WEIGHT</u>
HSI SENSING	\$17,331,831	ASSET APPROACH	EQUITY	0.00
		MARKET APPROACH	GUIDELINE PUBLIC COMPANY	0.25
		INCOME APPROACH	CAPITALIZATION OF EARNINGS	0.75

THE FOLLOWING TABLES PROVIDE FURTHER DETAILS OF THIS LEVEL 3 FAIR VALUE MEASUREMENT.

YEAR ENDED DECEMBER 31, 2024

	<u>COMPANY COMMON STOCK</u>
BEGINNING BALANCE	\$ 17,331,831
NET UNREALIZED APPRECIATION (DEPRECIATION)	
INCLUDED IN NET ASSETS AVAILABLE FOR BENEFITS	991,960
PURCHASES, ISSUES, SALES, AND SETTLEMENTS:	
PURCHASES	-0-
SALES	-0-
ENDING BALANCE	<u>\$ 18,323,791</u>

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2023

	<u>COMPANY COMMON STOCK</u>
BEGINNING BALANCE	\$ 16,009,946
NET UNREALIZED APPRECIATION (DEPRECIATION) INCLUDED IN NET ASSETS AVAILABLE FOR BENEFITS	1,321,885
PURCHASES, ISSUES, SALES, AND SETTLEMENTS:	
PURCHASES	-0-
SALES	-0-
ENDING BALANCE	<u>\$ 17,331,831</u>

SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, (i) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

HSI SENSING EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2024

(A)	(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
	HSI SENSING	408,426 SHARES OF COMMON STOCK OF SPONSOR CO	\$5,820,074	\$7,996,986
	HSI SENSING	527,416 SHARES OF COMMON STOCK OF SPONSOR CO	\$10,548,320	<u>\$10,326,805</u>
		TOTAL		\$18,323,791

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.