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|---|---|---|
| <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>RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST</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>RYZEN SOLUTIONS</u></p> <p><u>31 N 2ND ST STE 330</u> <u>SAN JOSE, CA 95113-1234</u></p> | <p>1c Effective date of plan <u>01/01/2007</u></p> <p>2b Employer Identification Number (EIN) <u>77-0523327</u></p> <p>2c Plan Sponsor's telephone number <u>408-993-1282</u></p> <p>2d Business code (see instructions) <u>561300</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. | 03/17/2026 | JOHN STAULO |
| | 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 | 693 |
| 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) | 500 |
| | 6a(2) | 562 |
| | 6b | 0 |
| | 6c | 200 |
| | 6d | 762 |
| | 6e | 0 |
| | 6f | 762 |
| | 6g(1) | 321 |
| 6g(2) | 365 | |
| 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 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 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

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

| | | |
|---|--|------------|
| A Name of plan RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 RYZEN SOLUTIONS | D Employer Identification Number (EIN) 77-0523327 | |

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

| | |
|---------------------------------------|--|
| PAYCHEX SECURITIES CORPORATION | 225 KENNETH DRIVE ROCHESTER, NY 14623 |
| 16-1486352 | |

(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)

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

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? |
|------------------------|---|--|--|--|---|--|
| 27 | INVESTMENT ADVISORY PLAN | 42188 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | |
|--------------------|---------------------|
| 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 |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 RYZEN SOLUTIONS | D Employer Identification Number (EIN) 77-0523327 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 0 | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 0 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 317132 | 243592 |
| (2) U.S. Government securities | 1c(2) | 0 | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | |
| (B) All other | 1c(3)(B) | 0 | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | |
| (B) Common | 1c(4)(B) | 0 | |
| (5) Partnership/joint venture interests | 1c(5) | 0 | |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | |
| (7) Loans (other than to participants) | 1c(7) | 0 | |
| (8) Participant loans | 1c(8) | 40991 | 82518 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7486808 | 9686858 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 0 | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | |
| (2) Employer real property..... | 1d(2) | 0 | |
| e Buildings and other property used in plan operation..... | 1e | 0 | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 7844931 | 10012968 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | |
| h Operating payables..... | 1h | 0 | |
| i Acquisition indebtedness..... | 1i | 0 | |
| j Other liabilities..... | 1j | 0 | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 7844931 | 10012968 |

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) | 0 | |
| (B) Participants..... | 2a(1)(B) | 1949564 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 81956 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2031520 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 15554 | |
| (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) | 4353 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 19907 |
| (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) | 258559 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 258559 |
| (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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 909506 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 3219492 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1002562 | |
| (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) | | 1002562 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 3339 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 3366 | |
| (3) Recordkeeping fees | 2i(3) | 0 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 42188 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (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) | 0 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 45554 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1051455 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2168037 |
| 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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

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

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

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

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

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

| | | |
|---|--|------------|
| A Name of plan <u>RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>RYZEN SOLUTIONS</u> | D Employer Identification Number (EIN) <u>77-0523327</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

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): 27-3169253

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 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

Ryzen Solutions 401(k) Profit Sharing Plan and Trust
Independent Auditor's Report and Financial Statements with
Supplemental Schedule
December 31, 2024 and 2023

EIN 77-0523327
Plan 001

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employment Retirement Income Security Act of 1974 have been omitted as they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Ryzen Solutions 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ryzen Solutions 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Merrill Lynch, Pierce, Fenner & Smith Incorporated (a Bank of America Company), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2024 and 2023, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule listed in the Table of Contents as of December 31, 2024 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hock Bratcher LLP

Morgan Hill, California
June 2, 2025

February 4, 2026

To Whom It May Concern,

I am writing to inform the Department of Labor regarding my Form 5500 filing.

At the time of submission, I believed the Form 5500 was complete. I uploaded both the accountant's opinion and the financial statements. I was later informed by my payroll team that certain required data had not been included. I am unsure how this occurred.

I became aware of the missing information on February 3, 2026, and immediately took action to amend the submission. The corrected files have now been uploaded.

This omission was unintentional, and I sincerely apologize for any inconvenience this may have caused.

Thank you for your understanding.

Sincerely,



John Staulo

President

Ryzen Solutions

Ryzen Solutions 401(k) Profit Sharing Plan and Trust

***Financial Statements with
Supplemental Schedule***

December 31, 2024 and 2023

**EIN 77-0523327
Plan 001**

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|---------------------|
| <i>Assets</i> | | |
| Investments at fair value: | | |
| Mutual funds | \$ 9,686,858 | \$ 7,486,808 |
| Money market funds | 243,592 | 317,132 |
| <i>Total investments</i> | <u>9,930,450</u> | <u>7,803,940</u> |
| Participant loans | <u>82,518</u> | <u>40,991</u> |
| <i>Total assets</i> | <u>10,012,968</u> | <u>7,844,931</u> |
| <i>Liabilities</i> | | |
| Corrective distributions payable | <u>-</u> | <u>-</u> |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | <u>\$ 10,012,968</u> | <u>\$ 7,844,931</u> |

See accompanying notes and independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31

| | 2024 | 2023 |
|---|----------------------|---------------------|
| ADDITIONS: | | |
| Contributions | \$ 2,031,004 | \$ 1,736,731 |
| Investment interest and dividend income | 274,113 | 193,181 |
| Interest income on participant loans | 4,189 | 3,427 |
| Net appreciation in fair value of investments | 914,385 | 946,236 |
| <i>Total additions</i> | 3,223,691 | 2,879,575 |
| DEDUCTIONS: | | |
| Distributions and benefits to participants | 1,013,339 | 563,732 |
| Net corrective distributions payable | - | 3,807 |
| Administrative expenses | 42,315 | 30,991 |
| <i>Total deductions</i> | 1,055,654 | 598,530 |
| INCREASE (DECREASE) IN NET ASSETS | 2,168,037 | 2,281,045 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 7,844,931 | 5,563,886 |
| End of year | \$ 10,012,968 | \$ 7,844,931 |

See accompanying notes and independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

General

The Ryzen Solutions 401(k) Profit Sharing Plan and Trust (the Plan), adopted January 1, 2007 and amended/restated effective May 20, 2022, is a defined contribution plan covering all eligible employees of Ryzen Solutions (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code (IRC). The Company has contracted with Merrill Lynch, Pierce, Fenner & Smith Incorporated (a Bank of America Company) to act as the custodian, and designated Paychex, Inc. to serve as third-party administrator to process and maintain the records of participant data.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan provisions.

Eligibility and Contributions

Employees 21-years or older are eligible to participate in the Plan unless they are (i) governed by a collective bargaining agreement, except when the collective bargaining agreement provides for participation as part of the agreement, (ii) a nonresident alien, or (iii) an independent contractor.

Participants may elect to contribute deferrals at the lesser of 100% of compensation or up to \$23,000 (\$30,500 for those 50 years and older) of their eligible pay as defined under the Plan (\$22,500 in 2023 regardless of age) and may make additional catch-up contributions of \$7,500 once they reach the age of 50 for both 2024 and 2023.

The Company may make discretionary contributions as determined by the Board of Directors. For the years ended December 31, 2024 and 2023, there were no discretionary contributions.

Participant Accounts and Allocations

The Plan maintains individual accounts for participants. Each participant's account is credited with the participant's contributions, allocations of (a) the Company's contributions and (b) plan earnings and losses. Allocations are based on participant earnings or account balances as defined by the Plan document. Distributions to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings (losses) thereon. Company contributions begin after the eligibility period of one year of service, and vest at a rate of 20 percent per year of service with 100 percent vesting after six years of service.

Investments

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

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Loans and In-Service Withdrawals

Active participants may borrow from their vested account balances an amount equal to a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Terms range from one to five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate established by the Plan administrator. At December 31, 2024, interest rates on outstanding loans were 7.25% - 9.50%. Principal and interest are repaid by payroll deductions.

Per the Plan document, in-service withdrawals to employees are limited to post-age 59.5 withdrawals.

Payment of Benefits

Following termination of employment, retirement, disability, or death, a distribution to a participant will be made in a lump-sum cash payment equal to the participant's vested balances except as otherwise provided in the Plan.

Forfeitures

Forfeitures from participants' non-vested accounts may be used by the Company to reduce future Company matching contributions and/or profit sharing contributions, or to pay administrative fees. There were no forfeitures for the years ended December 31, 2024 and 2023. There were no unapplied non-vested accounts at December 31, 2024 and 2023.

Administrative Expenses

Fees and expenses of the Plan for legal, accounting and other administrative services may be paid directly by the Company or, at the discretion of the Company, paid in whole or in part from Plan assets. Certain recordkeeping, investment management, transaction and loan administrative fees are paid by participants and offset against investment earnings.

Plan Termination

Although the Company intends to maintain the Plan indefinitely, the Company has the right to amend the Plan document at any time, including terminating the Plan, subject to the provisions of ERISA, which includes that no account can be credited with a reduction. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments Valuation and Income Recognition

The Plan’s investments are stated at fair value. Fair value of a financial instrument 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. Mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end. See Note 6 for additional discussion of fair value measurements.

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

Distributions to Participants

Distributions to participants are recorded when paid.

Income Tax Status

The Plan received a favorable determination letter that finds the Plan was designed in accordance with the applicable IRC requirements and, therefore, the related trust is not subject to tax under current tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its tax qualification. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, as a result, no provision for income taxes has been included in the Plan’s financial statements. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities.

On May 6, 2024, the Plan administrator received a notice of audit from the Employee Benefits Security Administration, U.S. Department of Labor, covering the period January 1, 2023 through the date of production (the DOL Audit). As of June 2, 2025, the financial statement issuance date, the Plan administrator has not received notification of any findings that are material to the accompanying financial statements.

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

See independent auditor’s report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

Management has evaluated subsequent events through June 2, 2025, the financial statement issuance date. Other than the DOL Audit previously mentioned, no material other events have occurred.

Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

3. INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, as included in the Plan's financial statements and supplemental schedule prepared or derived from information reported by the custodian of the Plan. The Plan administrator has obtained certifications from the custodian that such information is complete and accurate as of December 31, 2024 and 2023, for the years then ended, as follows:

| | 2024 | 2023 |
|---|--------------|--------------|
| Investments at fair value: | | |
| Mutual funds | \$ 9,686,858 | \$ 7,486,808 |
| Money market fund | 243,592 | 317,132 |
| Statement of changes in net assets available for for benefits - investment income: | | |
| Investment interest and dividend income | 274,113 | 193,181 |
| Net appreciation in fair value of investments | 914,385 | 946,236 |

Notes 4 and 6: The above applies to the investment information included in Notes 4 and 6 excluding the classification of investments by level.

Supplemental Schedule: The above applies to all investment balances and information included in the supplemental schedule of assets held at the end of the year.

4. INVESTMENTS

The Plan's investments are held in trust by the custodian. The Plan's trust agreement requires the custodian to invest the Plan's assets into various fund options as directed by each participant. During the year ended December 31, 2024, the Plan's net appreciation in investments (including gains and losses on investments bought and sold, as well as held during the year) was \$914,385 (\$946,239 for 2023), resulting primarily from mutual funds.

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are held in investments managed by the Plan custodian and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Participant loans also qualify as exempt party- in-interest transactions.

6. FAIR VALUE MEASUREMENTS

The Plan accounts for certain assets and liabilities at fair value. The hierarchy below lists three levels of fair value based on the extent to which inputs used in measuring fair value are observable in the market. The Plan categorizes each of the fair value measurements in one of these three levels based on the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1 – Unadjusted quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Observable inputs to the valuation methodology are other than Level 1 inputs, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The Plan’s policy is to recognize significant transfers between levels at the actual date of the event or circumstance that caused the transfer. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

The Plan’s financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels previously discussed were as follows as of December 31:

| | | 2024 | | | |
|----------------------------|-------------------|--------------|---------|---------|--------------|
| | | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | | |
| | Mutual funds | \$ 9,686,858 | \$ - | \$ - | \$ 9,686,858 |
| | Money market fund | 243,592 | - | - | 243,592 |
| | | \$ 9,930,450 | \$ - | \$ - | \$ 9,930,450 |
| | | 2023 | | | |
| | | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | | |
| | Mutual funds | \$ 7,486,808 | \$ - | \$ - | \$ 7,486,808 |
| | Money market fund | 317,132 | - | - | 317,132 |
| | | \$ 7,803,940 | \$ - | \$ - | \$ 7,803,940 |

See independent auditor’s report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

6. FAIR VALUE MEASUREMENTS (CONTINUED)

Shares of mutual funds are categorized as Level 1. They are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

| | <u>2024</u> | <u>2023</u> |
|--|-------------------|------------------|
| Net assets available for benefits per the financial statements | \$ 10,012,968 | \$ 7,844,931 |
| Net assets available for benefits per the Form 5500 | <u>10,012,968</u> | <u>7,844,931</u> |
| Reconciling differences | <u>\$ -</u> | <u>\$ -</u> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Increase in net assets per statement of changes in net assets available for plan benefits per the financial statements | \$ 2,168,037 | \$ 2,281,045 |
| Change in corrective distributions payable | <u>-</u> | <u>(3,807)</u> |
| Increase in net assets per statement of changes in net assets available for plan benefits per the Form 5500 | <u>\$ 2,168,037</u> | <u>\$ 2,277,238</u> |

8. CORRECTIVE DISTRIBUTIONS PAYABLE

In order to pass the Actual Deferral Percentage (ADP) Test, the Plan's management elected to refund excess elective deferrals and earnings thereon to certain highly-compensated employees. The calculated amounts for year ended December 31, 2022 was \$3,807. This amount has been included as a change in corrective distributions payable in Note 7.

See independent auditor's report

SUPPLEMENTAL SCHEDULE

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

SCHEDULE H, PART IV, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (e) Current Value |
|-----|---|--|-----------------------------------|
| * | BlackRock Liquidity Funds FedFund Institutional Shares <i>Total Money Market Funds</i> | Money Market Fund | \$ 243,592 <u>243,592</u> |
| | iShares S&P 500 Index | Mutual Fund | 1,597,011 |
| * | BlackRock LifePath® Index 2060 | Mutual Fund | 1,177,826 |
| * | BlackRock LifePath® Index 2055 | Mutual Fund | 1,300,005 |
| * | BlackRock LifePath® Index 2040 | Mutual Fund | 692,247 |
| * | BlackRock LifePath® Index 2035 | Mutual Fund | 712,864 |
| * | BlackRock LifePath® Index 2030 | Mutual Fund | 488,732 |
| * | BlackRock LifePath® Index Retirement | Mutual Fund | 833,663 |
| * | BlackRock LifePath® Index 2050 | Mutual Fund | 426,333 |
| * | BlackRock LifePath® Index 2045 | Mutual Fund | 570,720 |
| | ClearBridge Large Cap Growth | Mutual Fund | 375,535 |
| * | BlackRock LifePath® Index 2065 | Mutual Fund | 404,029 |
| | iShares Russell Mid-Cap Index | Mutual Fund | 230,612 |
| | ClearBridge Small Cap Growth | Mutual Fund | 105,237 |
| | American s Washington Mutual Investors | Mutual Fund | 200,520 |
| | iShares U.S. Aggregate Bond Index | Mutual Fund | 145,425 |
| | iShares MSCI EAFE International Index | Mutual Fund | 158,507 |
| | Metropolitan West Total Return Bond | Mutual Fund | 110,804 |
| | American Century Inflation Adjusted Bond | Mutual Fund | 61,736 |
| | Wells Fargo Special Small Cap Value | Mutual Fund | 63,586 |
| | Western Asset Core Bond <i>Total Mutual Funds</i> | Mutual Fund | <u>31,466</u> <u>9,686,858</u> |
| * | Participant Loans | Interest rate 4.5% - 9.5%, Maturity 2024 - 2027 | <u>82,518</u> |
| | | | <u>\$ 10,012,968</u> |

* **Exempt Party-in-Interest as defined by ERISA**

Column (d), cost, has been omitted as all investments are participant directed

EMPLOYER ID: 77-0523327

PLAN NUMBER: 001

See accompanying notes and independent auditor's report

Ryzen Solutions 401(k) Profit Sharing Plan and Trust
Independent Auditor's Report and Financial Statements with
Supplemental Schedule
December 31, 2024 and 2023

EIN 77-0523327
Plan 001

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS

DECEMBER 31, 2024 and 2023

| | |
|---|----|
| INDEPENDENT AUDITOR'S REPORT | 1 |
| STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS | 3 |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 4 |
| NOTES TO FINANCIAL STATEMENTS | 5 |
| SUPPLEMENTAL SCHEDULE – FORM 5500, SCHEDULE H, PART IV, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR) | 11 |

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employment Retirement Income Security Act of 1974 have been omitted as they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Ryzen Solutions 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ryzen Solutions 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Merrill Lynch, Pierce, Fenner & Smith Incorporated (a Bank of America Company), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2024 and 2023, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule listed in the Table of Contents as of December 31, 2024 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hock Bratcher LLP

Morgan Hill, California
June 2, 2025

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31

| | <u>2024</u> | <u>2023</u> |
|---|-----------------------------|----------------------------|
| <i>Assets</i> | | |
| Investments at fair value: | | |
| Mutual funds | \$ 9,686,858 | \$ 7,486,808 |
| Money market funds | 243,592 | 317,132 |
| <i>Total investments</i> | <u>9,930,450</u> | <u>7,803,940</u> |
| Participant loans | 82,518 | 40,991 |
| <i>Total assets</i> | <u>10,012,968</u> | <u>7,844,931</u> |
| <i>Liabilities</i> | | |
| Corrective distributions payable | <u>-</u> | <u>-</u> |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | <u><u>\$ 10,012,968</u></u> | <u><u>\$ 7,844,931</u></u> |

See accompanying notes and independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31

| | 2024 | 2023 |
|---|------------------|------------------|
| ADDITIONS: | | |
| Contributions | \$ 2,031,004 | \$ 1,736,731 |
| Investment interest and dividend income | 274,113 | 193,181 |
| Interest income on participant loans | 4,189 | 3,427 |
| Net appreciation in fair value of investments | 914,385 | 946,236 |
| <i>Total additions</i> | 3,223,691 | 2,879,575 |
| DEDUCTIONS: | | |
| Distributions and benefits to participants | 1,013,339 | 563,732 |
| Net corrective distributions payable | - | 3,807 |
| Administrative expenses | 42,315 | 30,991 |
| <i>Total deductions</i> | 1,055,654 | 598,530 |
| INCREASE (DECREASE) IN NET ASSETS | 2,168,037 | 2,281,045 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 7,844,931 | 5,563,886 |
| End of year | \$ 10,012,968 | \$ 7,844,931 |

See accompanying notes and independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

General

The Ryzen Solutions 401(k) Profit Sharing Plan and Trust (the Plan), adopted January 1, 2007 and amended/restated effective May 20, 2022, is a defined contribution plan covering all eligible employees of Ryzen Solutions (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code (IRC). The Company has contracted with Merrill Lynch, Pierce, Fenner & Smith Incorporated (a Bank of America Company) to act as the custodian, and designated Paychex, Inc. to serve as third-party administrator to process and maintain the records of participant data.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan provisions.

Eligibility and Contributions

Employees 21-years or older are eligible to participate in the Plan unless they are (i) governed by a collective bargaining agreement, except when the collective bargaining agreement provides for participation as part of the agreement, (ii) a nonresident alien, or (iii) an independent contractor.

Participants may elect to contribute deferrals at the lesser of 100% of compensation or up to \$23,000 (\$30,500 for those 50 years and older) of their eligible pay as defined under the Plan (\$22,500 in 2023 regardless of age) and may make additional catch-up contributions of \$7,500 once they reach the age of 50 for both 2024 and 2023.

The Company may make discretionary contributions as determined by the Board of Directors. For the years ended December 31, 2024 and 2023, there were no discretionary contributions.

Participant Accounts and Allocations

The Plan maintains individual accounts for participants. Each participant's account is credited with the participant's contributions, allocations of (a) the Company's contributions and (b) plan earnings and losses. Allocations are based on participant earnings or account balances as defined by the Plan document. Distributions to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings (losses) thereon. Company contributions begin after the eligibility period of one year of service, and vest at a rate of 20 percent per year of service with 100 percent vesting after six years of service.

Investments

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

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Loans and In-Service Withdrawals

Active participants may borrow from their vested account balances an amount equal to a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Terms range from one to five years. The loans are secured by the vested balance in the participant's account and bear interest at a rate established by the Plan administrator. At December 31, 2024, interest rates on outstanding loans were 7.25% - 9.50%. Principal and interest are repaid by payroll deductions.

Per the Plan document, in-service withdrawals to employees are limited to post-age 59.5 withdrawals.

Payment of Benefits

Following termination of employment, retirement, disability, or death, a distribution to a participant will be made in a lump-sum cash payment equal to the participant's vested balances except as otherwise provided in the Plan.

Forfeitures

Forfeitures from participants' non-vested accounts may be used by the Company to reduce future Company matching contributions and/or profit sharing contributions, or to pay administrative fees. There were no forfeitures for the years ended December 31, 2024 and 2023. There were no unapplied non-vested accounts at December 31, 2024 and 2023.

Administrative Expenses

Fees and expenses of the Plan for legal, accounting and other administrative services may be paid directly by the Company or, at the discretion of the Company, paid in whole or in part from Plan assets. Certain recordkeeping, investment management, transaction and loan administrative fees are paid by participants and offset against investment earnings.

Plan Termination

Although the Company intends to maintain the Plan indefinitely, the Company has the right to amend the Plan document at any time, including terminating the Plan, subject to the provisions of ERISA, which includes that no account can be credited with a reduction. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments Valuation and Income Recognition

The Plan’s investments are stated at fair value. Fair value of a financial instrument 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. Mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at year-end. See Note 6 for additional discussion of fair value measurements.

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

Distributions to Participants

Distributions to participants are recorded when paid.

Income Tax Status

The Plan received a favorable determination letter that finds the Plan was designed in accordance with the applicable IRC requirements and, therefore, the related trust is not subject to tax under current tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its tax qualification. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, as a result, no provision for income taxes has been included in the Plan’s financial statements. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities.

On May 6, 2024, the Plan administrator received a notice of audit from the Employee Benefits Security Administration, U.S. Department of Labor, covering the period January 1, 2023 through the date of production (the DOL Audit). As of June 2, 2025, the financial statement issuance date, the Plan administrator has not received notification of any findings that are material to the accompanying financial statements.

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

See independent auditor’s report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

Management has evaluated subsequent events through June 2, 2025, the financial statement issuance date. Other than the DOL Audit previously mentioned, no material other events have occurred.

Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

3. INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, as included in the Plan's financial statements and supplemental schedule prepared or derived from information reported by the custodian of the Plan. The Plan administrator has obtained certifications from the custodian that such information is complete and accurate as of December 31, 2024 and 2023, for the years then ended, as follows:

| | 2024 | 2023 |
|---|--------------|--------------|
| Investments at fair value: | | |
| Mutual funds | \$ 9,686,858 | \$ 7,486,808 |
| Money market fund | 243,592 | 317,132 |
| Statement of changes in net assets available for for benefits - investment income: | | |
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Notes 4 and 6: The above applies to the investment information included in Notes 4 and 6 excluding the classification of investments by level.

Supplemental Schedule: The above applies to all investment balances and information included in the supplemental schedule of assets held at the end of the year.

4. INVESTMENTS

The Plan's investments are held in trust by the custodian. The Plan's trust agreement requires the custodian to invest the Plan's assets into various fund options as directed by each participant. During the year ended December 31, 2024, the Plan's net appreciation in investments (including gains and losses on investments bought and sold, as well as held during the year) was \$914,385 (\$946,239 for 2023), resulting primarily from mutual funds.

See independent auditor's report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are held in investments managed by the Plan custodian and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Participant loans also qualify as exempt party- in-interest transactions.

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Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The Plan’s policy is to recognize significant transfers between levels at the actual date of the event or circumstance that caused the transfer. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

The Plan’s financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels previously discussed were as follows as of December 31:

| | | 2024 | | | |
|----------------------------|-------------------|--------------|---------|---------|--------------|
| | | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | | |
| | Mutual funds | \$ 9,686,858 | \$ - | \$ - | \$ 9,686,858 |
| | Money market fund | 243,592 | - | - | 243,592 |
| | | \$ 9,930,450 | \$ - | \$ - | \$ 9,930,450 |
| | | 2023 | | | |
| | | Level 1 | Level 2 | Level 3 | Total |
| Investments at fair value: | | | | | |
| | Mutual funds | \$ 7,486,808 | \$ - | \$ - | \$ 7,486,808 |
| | Money market fund | 317,132 | - | - | 317,132 |
| | | \$ 7,803,940 | \$ - | \$ - | \$ 7,803,940 |

See independent auditor’s report

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023

6. FAIR VALUE MEASUREMENTS (CONTINUED)

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| Reconciling differences | <u>\$ -</u> | <u>\$ -</u> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Increase in net assets per statement of changes in net assets available for plan benefits per the financial statements | \$ 2,168,037 | \$ 2,281,045 |
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In order to pass the Actual Deferral Percentage (ADP) Test, the Plan's management elected to refund excess elective deferrals and earnings thereon to certain highly-compensated employees. The calculated amounts for year ended December 31, 2022 was \$3,807. This amount has been included as a change in corrective distributions payable in Note 7.

See independent auditor's report

SUPPLEMENTAL SCHEDULE

RYZEN SOLUTIONS 401(K) PROFIT SHARING PLAN AND TRUST

SCHEDULE H, PART IV, LINE 41 - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (e) Current Value |
|-----|---|--|------------------------------|
| * | BlackRock Liquidity Funds FedFund Institutional Shares <i>Total Money Market Funds</i> | Money Market Fund | \$ 243,592 <u>243,592</u> |
| | iShares S&P 500 Index | Mutual Fund | 1,597,011 |
| * | BlackRock LifePath® Index 2060 | Mutual Fund | 1,177,826 |
| * | BlackRock LifePath® Index 2055 | Mutual Fund | 1,300,005 |
| * | BlackRock LifePath® Index 2040 | Mutual Fund | 692,247 |
| * | BlackRock LifePath® Index 2035 | Mutual Fund | 712,864 |
| * | BlackRock LifePath® Index 2030 | Mutual Fund | 488,732 |
| * | BlackRock LifePath® Index Retirement | Mutual Fund | 833,663 |
| * | BlackRock LifePath® Index 2050 | Mutual Fund | 426,333 |
| * | BlackRock LifePath® Index 2045 | Mutual Fund | 570,720 |
| | ClearBridge Large Cap Growth | Mutual Fund | 375,535 |
| * | BlackRock LifePath® Index 2065 | Mutual Fund | 404,029 |
| | iShares Russell Mid-Cap Index | Mutual Fund | 230,612 |
| | ClearBridge Small Cap Growth | Mutual Fund | 105,237 |
| | American s Washington Mutual Investors | Mutual Fund | 200,520 |
| | iShares U.S. Aggregate Bond Index | Mutual Fund | 145,425 |
| | iShares MSCI EAFE International Index | Mutual Fund | 158,507 |
| | Metropolitan West Total Return Bond | Mutual Fund | 110,804 |
| | American Century Inflation Adjusted Bond | Mutual Fund | 61,736 |
| | Wells Fargo Special Small Cap Value | Mutual Fund | 63,586 |
| | Western Asset Core Bond | Mutual Fund | 31,466 |
| | <i>Total Mutual Funds</i> | | <u>9,686,858</u> |
| * | Participant Loans | Interest rate 4.5% - 9.5%, Maturity 2024 - 2027 | 82,518 |
| | | | <u>\$ 10,012,968</u> |

* **Exempt Party-in-Interest as defined by ERISA**

Column (d), cost, has been omitted as all investments are participant directed

**EMPLOYER ID: 77-0523327
PLAN NUMBER: 001**

See accompanying notes and independent auditor's report