

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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	
1a	Name of plan MANAGEMENT SCIENCE ASSOCIATES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/30/1972
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) MANAGEMENT SCIENCE ASSOCIATES, INC. 400 MSA DRIVE TARENTUM, PA 15084	2b Employer Identification Number (EIN) 25-1126415
		2c Plan Sponsor's telephone number 412-924-3000
		2d Business code (see instructions) 541519

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.	07/02/2026	SUSAN MCCLEAN
	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 ☒ 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	5 783
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) 511 6a(2) 507 6b 4 6c 264 6d 775 6e 2 6f 777 6g(1) 784 6g(2) 777 6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2S 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 10/01/2024 and ending 09/30/2025		
A Name of plan MANAGEMENT SCIENCE ASSOCIATES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT SCIENCE ASSOCIATES, INC.	D Employer Identification Number (EIN) 25-1126415	

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

(a) Name of insurance carrier STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	808026	777	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	22643792
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ N/A

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
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e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	20830556
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c Additions: (1) Contributions deposited during the year	7c(1)	1014438	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	659332	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below).....	7c(5)	3304749	

▶ TRANSFER FROM TRUST LOAN PAYMENTS MISC

(6) Total additions	7c(6)	4978519
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d Total of balance and additions (add lines 7b and 7c(6))	7d	25809075
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1469713	
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(2) Administration charge made by carrier.....	7e(2)	27712
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(3) Transferred to separate account	7e(3)	
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(4) Other (specify below).....	7e(4)	1667858
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▶ TRANSFER TO TRUST LOAN ISSUES MISC/ROUNDING

(5) Total deductions	7e(5)	3165283
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	22643792
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan MANAGEMENT SCIENCE ASSOCIATES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT SCIENCE ASSOCIATES, INC.	D Employer Identification Number (EIN) 25-1126415	

Part I	Service Provider Information (see instructions)
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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
STANCORP FINANCIAL GROUP
93-1253576

(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)

STANCORP FINANCIAL GROUP

93-1253576

(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?
12 15 18 50	NONE	137046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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 70	ADVISOR	59913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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:	HERBEIN & COMPANY, INC.	b EIN:	23-2415973
c Position:			
d Address:	2763 CENTURY BOULEVARD READING, PA 19610	e Telephone:	

Explanation: HERBEIN & COMPANY, INC. WAS ACQUIRED BY CHERRY BEKAERT LLP

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan MANAGEMENT SCIENCE ASSOCIATES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT SCIENCE ASSOCIATES, INC.	D Employer Identification Number (EIN) 25-1126415	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	25	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2500000	2500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	836164	939697
(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)	142914009	152801284
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	20830556	22643792
(15) Other	1c(15)	2892592	4219509

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	169973346	183104282
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	169973346	183104282

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)	2706060	
(B) Participants	2a(1)(B)	5168797	
(C) Others (including rollovers)	2a(1)(C)	17546	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		7892403
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)	61025	
(F) Other	2b(1)(F)	659332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		720357
(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)	6257376	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6257376
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10428990
c Other income	2c		711687
d Total income. Add all income amounts in column (b) and enter total	2d		26010813

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12681526	
(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)		12681526
f Corrective distributions (see instructions)	2f		1386
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	137052	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	59913	
(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)		196965
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12879877

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13130936
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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan MANAGEMENT SCIENCE ASSOCIATES, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT SCIENCE ASSOCIATES, INC.				D Employer Identification Number (EIN) 25-1126415	
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): 58-1428634					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702884A.

**MANAGEMENT SCIENCE
ASSOCIATES, INC.
EMPLOYEE SAVINGS AND
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

***As of September 30, 2025 and 2024 and
For the Year Ended September 30, 2025***

And Report of Independent Auditor

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
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Report of Independent Auditor

To the Board of Trustees
Management Science Associates, Inc.
Employee Savings and Profit Sharing Plan
Tarentum, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of Management Science Associates, Inc. Employee Savings and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2025, and the related statement of changes in net assets available for benefits for the year ended September 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the September 30, 2025 Management Science Associates, Inc. Employee Savings and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations ("DOL") for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended September 30, 2025, stating that the certified investment information (see Note 7) is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section:

- The amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report. We are required to be independent of Management Science Associates, Inc. Employee Savings and Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Management Science Associates, Inc. Employee Savings and Profit Sharing 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 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material, if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Management Science Associates, Inc. Employee Savings and Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Management Science Associates, Inc. Employee Savings and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) Schedule H, Part IV, Line 4i - as of September 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

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

Prior Period Financial Statements (ERISA Section 103(a)(3)(C))

The financial statements as of September 30, 2024, were audited by other auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated July 10, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Cherry Bekaert LLP

Warrendale, Pennsylvania

July 1, 2026

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Cash, noninterest bearing	\$ -	\$ 25
Investments:		
Investments at fair value	157,020,793	145,806,601
Investment contract at contract value	<u>22,643,792</u>	<u>20,830,556</u>
Total Investments	<u>179,664,585</u>	<u>166,637,157</u>
Receivables:		
Employer profit sharing contribution	2,500,000	2,500,000
Notes receivable from participants	<u>939,697</u>	<u>836,164</u>
Total Receivables	<u>3,439,697</u>	<u>3,336,164</u>
Net Assets Available for Benefits	<u><u>\$ 183,104,282</u></u>	<u><u>\$ 169,973,346</u></u>

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

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED SEPTEMBER 30, 2025

Additions:

Investment Income:

Net appreciation in fair value of investments	\$ 11,140,677
Dividends	6,257,376
Interest	<u>659,332</u>
Net Investment Income	<u>18,057,385</u>

Interest income on notes receivable from participants	<u>61,025</u>
---	---------------

Contributions:

Rollovers	17,546
Participants	5,168,797
Employer	206,060
Employer - profit sharing	<u>2,500,000</u>
Total Contributions	<u>7,892,403</u>
Total Additions	<u>26,010,813</u>

Deductions:

Benefits paid to participants	12,682,912
Administrative expenses	<u>196,965</u>
Total Deductions	<u>12,879,877</u>

Net increase in net assets available for benefits	13,130,936
Net assets available for benefits, beginning of year	<u>169,973,346</u>
Net assets available for benefits, end of year	<u><u>\$ 183,104,282</u></u>

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

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 1—Description of the Plan

The following description of Management Science Associates, Inc. Employee Savings and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan with a 401(k) feature and is subject to the provisions of Employee Retirement Income Security Act of 1974 ("ERISA"). There are no age or service eligibility requirements to participants for all contribution types. However, there are certain employees that are not eligible for the Plan. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Contributions – Employees may enter the Plan at any time during a Plan year and may contribute to the Plan based on a percentage of their annual earnings, as defined in the Plan. Participants may also contribute to the Roth option of the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment policy. Under this policy, an eligible employee's deferral rate is initially set at 2% of their eligible compensation, unless the eligible employee elects a different percentage or elects to cease making deferral contributions, with no escalation feature. For eligible employees, Management Science Associates, Inc. ("MSA" or the "Company") must contribute 100% of the first \$100 of employee contributions and 50% of the next \$600 of employee contributions. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

MSA may also elect to make a discretionary profit sharing contribution. This contribution is allocated to participants based on their compensation and earnings integration level as set forth in the Plan document. To be eligible for the allocation, participants must be employed on the last day of the Plan year and have 1,000 hours of service during the Plan year. MSA made a discretionary profit sharing contribution of \$2,500,000 for the year ended September 30, 2025.

Participant Accounts – Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participant contributions, MSA matching contributions, and rollover contributions are 100% vested at all times plus earnings thereon. The employer discretionary profit sharing contributions are vested according to vesting years of service. A participant is 100% vested in the employer discretionary profit sharing after six years of credited service. Participants automatically become fully vested with respect to discretionary profit sharing contributions upon attaining age 65, death, or permanent disability.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or one-half of their vested account balance, reduced by all outstanding borrowings. The loans are secured by the balance in the participant's account. Repayment terms may not exceed five years unless the note receivable is for the purchase of a participant's residence. The trustees determine the repayment terms. The notes bear interest at the prevailing rate at the time of the loan. Principal and interest is paid ratably through payroll deductions, subject to rule permitting prepayment.

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 1—Description of the Plan (continued)

Repayments of principal are allocated first to the participant's after-tax account, and then to the participant's tax-deferred account. Payments of interest are allocated to the participant's after-tax account and tax-deferred account, respectively, in the same proportion that the outstanding principal was attributable to such accounts at the end of the month preceding the payment. Payments of principal and interest are re-invested in the investment funds in accordance with the participant's investment elections in effect at the time such interest or principal repayment is received by the custodian.

Payment of Benefits – On termination of service due to retirement, death, or other reasons, the participant's vested benefit is to be distributed in a manner, as defined in the Plan document, chosen by the participant or beneficiary. If the participant's vested account balance is \$5,000 or less, the participant's vested balance may be distributed to an Individual Retirement Account without requiring participant consent. The Plan allows required minimum distributions to be suspended and the distribution can be rolled over into another retirement plan or an individual retirement account. Hardship distributions are permitted from a participant's fully vested elective deferral account. In-service distributions are also permitted for participants that have attained age 59½ from accounts that are fully vested.

Forfeitures – The Plan had a forfeiture account balance of \$89,695 and \$16,897 for the years ended September 30, 2025 and 2024, respectively. Participant forfeitures are allocated to the remaining participants based on their earnings for the year. Non-vested accounts are forfeited upon participants' terminations and are allocated to participants eligible to share in the allocation of profit sharing contributions. Forfeitures in the amount of \$16,897 were allocated to participant accounts during the Plan year ended September 30, 2025.

Note 2—Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value except for the fully benefit-responsive investment contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and insurance company (see Note 3).

Purchases and sales of securities are recorded on a settlement date basis. Unsettled trades were \$110,735 at September 30, 2025. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment Concentrations – The Plan holds certain investments that represent 10% or more of the Plan's investments at September 30:

	2025	2024
Fidelity 500 Index Fund	\$ 26,711,695	\$ 24,592,519
Metropolitan West Total Return Bond Plan	30,384,537	28,283,899
MFS International Diversification Fund Class R6	19,132,535	18,215,846
Standard Stable Asset Fund A	22,643,792	20,830,556

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 2—Summary of significant accounting policies (continued)

Contributions – Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation. The discretionary profit sharing contribution is funded subsequent to the year end.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events – The Plan has evaluated subsequent events through July 1, 2026, the date the financial statements were available to be issued.

Note 3—Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board and Accounting Standards Codification 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 3—Fair value measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Accounts – The following types of the self-directed brokerage accounts are valued as follows:

Common Stock and Exchange-Traded Fund (“ETF”) – Valued at the closing price reported on the active market on which the individual securities are traded.

Money Market and Certificates of Deposits – Value approximates fair value due to short-term of this investment.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30:

Assets at Fair Value as of September 30, 2025				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 152,801,284	\$ -	\$ -	\$ 152,801,284
Self-directed brokerage accounts:				
Common stocks and ETF's	3,356,488	-	-	3,356,488
Money market	618,647	-	-	618,647
Certificates of deposit	173,033	-	-	173,033
Mutual funds	71,341	-	-	71,341
Total assets at fair value	<u>\$ 157,020,793</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 157,020,793</u>

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 3—Fair value measurements (continued)

	Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 142,914,009	\$ -	\$ -	\$ 142,914,009
Self-directed brokerage accounts:				
Common stocks and ETF's	1,822,298	-	-	1,822,298
Money market	850,722	-	-	850,722
Certificates of deposit	167,335	-	-	167,335
Mutual funds	52,237	-	-	52,237
Total assets at fair value	\$ 145,806,601	\$ -	\$ -	\$ 145,806,601

Note 4—Related party and parties-in-interest transactions

The Plan invests in a guaranteed investment contract with Standard (see Note 9). The guaranteed investment fund is sponsored and advised by Standard. Standard is the third-party administrator for the years ended September 30, 2025 and 2024 as defined by the Plan and, therefore, this transaction qualifies as a party-in-interest transaction.

Certain investments are managed by Charles Schwab (see Note 7). Charles Schwab is the custodian of these investments as of September 30, 2025 and 2024 as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Additionally, the Plan paid certain administrative fees to the custodians, third-party administrator, and various investment managers. These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA obligations.

Certain administrative functions are performed by officers or employees of MSA at no cost to the Plan.

Notes receivable from participants are considered parties-in-interest.

Note 5—Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer discretionary profit sharing contributions.

Note 6—Tax status

The Company has a Non-Standardized Pre-Approved Profit Sharing Plan with CODA sponsored by Standard Retirement Services Inc. The pre-approved profit sharing plan has received an opinion letter from the Internal Revenue Code ("IRC") dated June 30, 2020, as to the pre-approved profit sharing plan's qualified status. Although the Plan has been amended since receiving the opinion letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 6—Tax status (continued)

U.S. GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7—Certified information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at September 30, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended September 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Reliance Trust Company (a qualified institution) except for investments that are held by Charles Schwab and the related investment income earned on those investments during the plan year. Charles Schwab is the custodian of \$3,356,488 of common stocks and ETFs, \$618,647 of money markets, \$173,033 of certificates of deposit, and \$71,341 of mutual funds included in the statement of net assets available for benefits at September 30, 2025. Charles Schwab is the custodian of \$1,822,298 of common stocks and ETFs, \$850,722 of money markets, \$167,335 of certificates of deposit, and \$52,237 of mutual funds included in the statement of net assets available for benefits at September 30, 2024. The investments held by Charles Schwab earned \$711,687 of investment income which is included in the statement of changes in net assets available for benefits as of September 30, 2025.

Note 8—Risks and uncertainties

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

Note 9—Guaranteed investment contract

The Plan has a guaranteed investment contract with Standard Insurance Company ("Standard") totaling \$22,643,792 and \$20,830,556 as of September 30, 2025 and 2024, respectively. The guaranteed investment fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Standard, represents contributions made, less withdrawals and administrative expenses, plus interest credited. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Net deposits invested in the Standard Stable Asset A become part of Standard's general account, and there are no particular segregated or identifiable assets ascribed to the Plan's investment. Net deposits and interest credited become liabilities against Standard on the Plan's behalf.

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

Note 9—Guaranteed investment contract (continued)

Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. Contract value is guaranteed by the full faith and credit of Standard; there are no wrap contracts supporting the liquidity of the fund. The fund is neither a mutual fund nor a bank product. Standard's obligations are not insured by the Federal Deposit Insurance Corporation or any other federal government agency.

Credit ratings for the Plan's Standard Stable Asset A are set by Standard using a process similar to that used by banks or other insurance companies for similar products. Standard quarterly declares a crediting rate for all assets in the fund during the coming quarter. This crediting rate takes into account yield forecasts from our asset advisory group and the margins required for business. The crediting rate is declared in advance and is reset quarterly. The fund's declared crediting rate will never be below 1% annually. Management approval is required for all crediting rates. The fund's NAV increases with the daily equivalent of the crediting rate and the Plan's unit value increases along with the fund's NAV offset by the Plan's asset management fees. Past crediting rates are not indicative of future rates.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events may limit the ability of the Plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restriction may apply. The Plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected. If the Plan sponsor views the occurrence of any of these events as probable as of the measurement date, details about market value adjustments or other withdrawal restrictions can be obtained through the Plan's account manager.

Standard may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which included the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, Plan disqualification, and failure to adopt the Plan in a reasonable period of time. Upon termination by Standard, a market value adjustment or other withdrawal restrictions may apply. The Plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.

SUPPLEMENTAL SCHEDULE

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 25-1126415, PLAN NUMBER: 001

YEAR ENDED SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Fully Benefit Responsive Investment Contract:			
*	Standard Stable Asset Fund A	Guaranteed Investment Contract		\$ 22,643,792
	BlackRock Energy Opportunities Fund Institutional Class	Mutual Fund	**	\$ 514,750
	Columbia Dividend Income Fund Institutional 3 Class	Mutual Fund	**	12,177,592
	DFA US Small Cap Portfolio	Mutual Fund	**	6,287,882
	DFA US Targeted Value Portfolio	Mutual Fund	**	1,434,367
	Fidelity 500 Index Fund	Mutual Fund	**	26,711,695
	Fidelity Advisor International Capital Appreciation Fund Class Z	Mutual Fund	**	1,118,970
	Fidelity Advisor International Small Cap Fund Class Z	Mutual Fund	**	974,883
	Fidelity Emerging Markets Fund	Mutual Fund	**	1,261,366
	Fidelity International Index Fund	Mutual Fund	**	744,777
	Fidelity Mid Cap Index Fund	Mutual Fund	**	1,120,355
	Fidelity Mid Cap Value Index Fund	Mutual Fund	**	4,273,377
	Fidelity Select Technology Portfolio	Mutual Fund	**	5,148,922
	Fidelity Small Cap Index Fund	Mutual Fund	**	1,418,781
	Harbor Capital Appreciation Fund	Mutual Fund	**	17,430,687
	Invesco Gold & Special Minerals Fund	Mutual Fund	**	1,447,200
	Janus Henderson Enterprise Fund N Shares	Mutual Fund	**	5,017,291
	JPMorgan US Equity Fund	Mutual Fund	**	1,247,269
	Metropolitan West Total Return Bond Plan	Mutual Fund	**	30,384,537
	MFS Intl International Equity	Mutual Fund	**	777,030
	MFS International Diversification Fund Class R6	Mutual Fund	**	19,132,535
	Pimco Global Bond	Mutual Fund	**	1,206,845
	Prudential High-Yield Q	Mutual Fund	**	628,559
	T. Rowe Price Health Sciences Fund I Class	Mutual Fund	**	2,109,378
	T. Rowe Price New Horizons I	Mutual Fund	**	2,896,034
	The Hartford MidCap Fund Class R6	Mutual Fund	**	224,534
	Vanguard Balanced Index Fund Adm	Mutual Fund	**	4,150,922
	Vanguard Real Estate Index Adm	Mutual Fund	**	407,757
	Vanguard US Growth Admiral	Mutual Fund	**	1,920,169
	Wells Fargo Advantage Special Mid Cap Value Fund - Class R6	Mutual Fund	**	632,822
	Self Directed Brokerage Accounts:			
*	Schwab Money Market	Money Market	**	618,647
	Bank Of China - 4.25%25	Certificates of deposit	**	15,004
	Bank Of China, NE - 4.3%25	Certificates of deposit	**	41,012
	Flushing Bank - 4.1%25	Certificates of deposit	**	27,006
	Northpointe Bank 4.35%25	Certificates of deposit	**	28,002
	Northpointe Bank 4.3%25	Certificates of deposit	**	32,006
	Northpointe Bank 4.35%25	Certificates of deposit	**	30,003
	Advanced Micro Devices, Inc.	Common Stock	**	16,179

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i – (CONTINUED)
EIN: 25-1126415, PLAN NUMBER: 001

YEAR ENDED SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Self Directed Brokerage Accounts (continued):			
	Affirm Holdings Inc.	Common Stock	**	\$ 877
	Airbnb Inc.	Common Stock	**	243
	Alphabet Inc.	Common Stock	**	24,310
	Amazon.com Inc.	Common Stock	**	14,931
	AMC Entertainment Holdings, Inc.	Common Stock	**	1,479
	American Outdoor Brands, Inc.	Common Stock	**	217
	AMTD IDEA Group	Common Stock	**	18
	Apple, Inc.	Common Stock	**	65,800
	ASML Holding N V	Common Stock	**	1,936
	Boeing Co.	Common Stock	**	6,691
	Broadcom Inc	Common Stock	**	6,598
	C3.ai, Inc.	Common Stock	**	1,734
	Canopy Growth Corp	Common Stock	**	29
	Capital One Finl Corp	Common Stock	**	5,314
	Caterpillar Inc.	Common Stock	**	9,543
	Carnival Corp	Common Stock	**	5,927
	Chargepoint Holdings Inc	Common Stock	**	109
	Chewy Inc.	Common Stock	**	1,214
	Coinbase Global Inc	Common Stock	**	6,750
	Constellation Energy Cor	Common Stock	**	6,581
	Costco Whsl Corp New	Common Stock	**	9,345
	CRISPR Therapeutics	Common Stock	**	583
	CrowdStrike Holdings, Inc	Common Stock	**	24,519
	Dropbox Inc	Common Stock	**	121
	Evgo Inc	Common Stock	**	350
	Faraday Future In 26 Wts	Common Stock	**	417
	Faraday Future Intellige	Common Stock	**	203
	Fedex Corp	Common Stock	**	346
	Gamestop Corp	Common Stock	**	109
	GE Healthcare Technologi	Common Stock	**	83
	General Motors Co	Common Stock	**	13,291
	Global Tech Industries Group, Inc. I	Common Stock	**	5
	Global X Russell 2000	Common Stock	**	1,614
	Grayscale Ethereum Class	Common Stock	**	4,725
	Hitachi LTD	Common Stock	**	2,367
	JPMorgan Equity Premium	Common Stock	**	6,043
	Lockheed Martin Corp	Common Stock	**	344
	LQR HSE Inc	Common Stock	**	2
	Main Str Cap Corp	Common Stock	**	6,605
	Mara Hldgs Inc	Common Stock	**	1,826
	Meta Platforms Inc	Common Stock	**	19,094

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i – (CONTINUED)
EIN: 25-1126415, PLAN NUMBER: 001

YEAR ENDED SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Self Directed Brokerage Accounts (continued):			
	Microsoft Corporation	Common Stock	**	\$ 41,909
	MGM Resorts International	Common Stock	**	520
	NIO Inc.	Common Stock	**	3,810
	Nikola Corp	Common Stock	**	1
	Northrop Grumman Corp	Common Stock	**	100
	NU Ride Inc	Common Stock	**	37
	Norwegian Cruise Line Holdings Ltd	Common Stock	**	2,463
	Novo-Nordisk A S	Common Stock	**	1,387
	NVIDIA Corporation	Common Stock	**	238,894
	Palantir Technologies In	Common Stock	**	18,242
	PayPal Holdings, Inc.	Common Stock	**	604
	Pepsico Inc	Common Stock	**	280
	Pimco Corp Income CF	Common Stock	**	4,523
	Pimco Corporate Opportun	Common Stock	**	11,052
	Pimco Dynamic Income CF	Common Stock	**	14,746
	Pimco Dynamic Income Opp	Common Stock	**	9,125
	PNC Finl Services	Common Stock	**	101
	Realty Income Corp	Common Stock	**	9,466
	Riot Platforms Inc.	Common Stock	**	780
	Robinhood Mkts Inc	Common Stock	**	14,318
	Royal Caribbean Group	Common Stock	**	32,682
	Salesforce Inc	Common Stock	**	74
	Schrodinger Inc	Common Stock	**	1,003
	Schwab US Dividend	Common Stock	**	5,617
	Senseonics Holdings	Common Stock	**	349
	Skillz Inc.	Common Stock	**	40
	Smith & Wesson Brands Inc	Common Stock	**	983
	Snap Inc.	Common Stock	**	386
	Sofi Technologies Inc.	Common Stock	**	2,774
	Strategy Inc	Common Stock	**	9,666
	Super Micro Computer Inc	Common Stock	**	4,794
	Taiwan Semiconductor Manufacturing Company Limited	Common Stock	**	1,955
	Tesla Inc	Common Stock	**	138,308
	Tilray Brands, Inc.	Common Stock	**	17
	UMH Pptys Inc	Common Stock	**	1,485
	United Parcel Service, Inc.	Common Stock	**	3,759
	Upstart Holdings Inc.	Common Stock	**	356
	Veeva Systems Inc.	Common Stock	**	18,470
	Walmart Inc.	Common Stock	**	11,234

MANAGEMENT SCIENCE ASSOCIATES, INC.
EMPLOYEE SAVINGS AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i – (CONTINUED)
EIN: 25-1126415, PLAN NUMBER: 001

YEAR ENDED SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Self Directed Brokerage Accounts (continued):			
	Xpeng Inc.	Common Stock	**	\$ 4,099
	Zscaler Inc.	Common Stock	**	10,188
	Fidelity Contrafund	Mutual Fund	**	36,299
	Fidelity Adviser New Ins	Mutual Fund	**	5,174
	Fidelity Select Brokerage	Mutual Fund	**	10,132
	Fidelity Select Defense	Mutual Fund	**	14,272
	Fidelity Select Technology	Mutual Fund	**	5,464
	Direxion Daily Financial Bear 3X Shares	ETF	**	243
	Direxion Daily S&P Oil & Gas Exp. & Prod. Bear 2X	ETF	**	120
	Grayscale Bitcoin ETF	ETF	**	14,453
	Grayscale Bitcoin Mini	ETF	**	1,620
	Invesco S&P 500 High Dividend Low Volatility ETF	ETF	**	556
	Invesco S P 500 Equal	ETF	**	1,897
	iShares Bitcoin ETF	ETF	**	65,000
	iShares Ethereum Trust	ETF	**	31,510
	iShares Gold ETF	ETF	**	1,983,201
	iShares Preferred Income	ETF	**	3,162
	iShares Russell Top 200	ETF	**	2,737
	ProShares UltraPro QQQ	ETF	**	1,861
	Realty Income Corp.	ETF	**	106
	Schwab U.S. Dividend Equity ETF	ETF	**	308,338
	SPDR Gold Shares ETF	ETF	**	7,109
	Vaneck Morningstar Wide	ETF	**	1,982
	Vanguard Mega Cap Growth	ETF	**	40,242
	Vanguard Total Stock	ETF	**	3,282
				<u>\$ 157,020,793</u>
* Participant loans		Maturity - fiscal years 2026 - 2035 Interest rates: 3.25% - 8.50%	- 0 -	<u>\$ 939,697</u>

* Designates party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

The Schedule of Assets (Held at the End of the Year) attachment to the Schedule H Line 4i is included in the attached Accountants Opinion.

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

Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>10/01/2024</u> and ending <u>09/30/2025</u>		
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
	☐ special extension (enter description)	☐ the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐		

Part II Basic Plan Information—enter all requested information		
1a Name of plan Management Science Associates, Inc. Employee Savings and Profit Sharing Plan	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 09/30/1972		
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) Management Science Associates, Inc. 400 MSA Drive Tarentum PA 15084		
2b Employer Identification Number (EIN) 25-1126415		
2c Plan Sponsor's telephone number (412) 924-3000		
2d Business code (see instructions) 541519		

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		<u>6/30/2026</u>	Susan McClean
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ 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		5 783
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		6a(1) 511
a(2) Total number of active participants at the end of the plan year		6a(2) 507
b Retired or separated participants receiving benefits		6b 4
c Other retired or separated participants entitled to future benefits		6c 264
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d 775
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e.		6f 777
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1) 784
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2) 777
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____