

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 JSC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/14/1980
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) JSC SYSTEMS, INC. 5021 STEPP AVENUE JACKSONVILLE, FL 32216-6085
2b	Employer Identification Number (EIN) 59-1229041
2c	Plan Sponsor's telephone number 904-737-3511
2d	Business code (see instructions) 237100

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.	09/21/2026	LORA DETTOR
	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	5 204
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) 168 6a(2) 123 6b 1 6c 44 6d 168 6e 3 6f 171 6g(1) 155 6g(2) 148 6h 22
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan JSC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JSC SYSTEMS, INC.	D Employer Identification Number (EIN) 59-1229041	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

KESTRA INVESTMENT SERVICES LLC

35-2552359

(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	ADVISOR	10826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSURANCE DIMENSIONS, LLC

26-3429295

(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?
49	INVESTMENT ADVISOR	6695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
25 37 60 64 65	RECORDKEEPER	4868	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
AB DISC GRTH I - ALLIANCEBERNSTEIN 18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
AS ST BOND PLUS IS - SS&C GIDS, IN 2000 CROWN COLONY DRIVE QUINCY, MA 02169		0.10%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
EV INC FUND BOSTON I - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442		0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GS SM CP VAL INS INV - GOLDMAN SAC 13-5108880	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H ENTERPRISE I - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2005 ADV - T. ROWE PRIC 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2010 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2015 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2020 ADV - T. ROWE PRIC 52-2269240	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2025 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2030 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2035 ADV - T. ROWE PRIC 52-2269240	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2040 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2045 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE 2050 ADV - T. ROWE PRIC 52-2269240	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2055 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2060 ADV - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan JSC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 JSC SYSTEMS, INC.	D Employer Identification Number (EIN) 59-1229041

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	56253	185936
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	164975	122247
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4207698	4557718
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	4428926	4865901

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	4428926	4865901
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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)	257642	
(B) Participants	2a(1)(B)	534857	
(C) Others (including rollovers)	2a(1)(C)	4591	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		797090
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4470	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	11272	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15742
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	196234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		196234
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		422713
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1431779

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	972416	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		972416
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	1475	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	10826	
(6) Bank or trust company trustee/custodial fees	2i(6)	1497	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	8590	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22388
j Total expenses. Add all expense amounts in column (b) and enter total	2j		994804

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		436975
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **ASSURANCE DIMENSIONS**

(2) EIN: **26-3429295**

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan JSC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JSC SYSTEMS, INC.		D Employer Identification Number (EIN) 59-1229041
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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) 2025 v. 250312		

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 Q702438A.



Fidelity Brokerage Services LLC

Report on Fidelity Brokerage Services LLC's control activities related to investment advice systematically generated through the Investment Strategy Tool computer model to participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com who elected to use the computer model throughout the period May 1, 2025 to April 30, 2026

Table of Contents

Section I	3
Report of Independent Accountants	4
Section II	6
Fidelity Brokerage Services LLC's Assertion	7

Section I - Report of Independent Accountants



Report of Independent Accountants

To the Management of Fidelity Brokerage Services LLC

We have examined the accompanying management assertion of Fidelity Brokerage Services LLC (“FBS” or the “Company”), which states that “the control activities set forth in ‘Fidelity Brokerage Services LLC Management Criteria and Control Activities’ related to investment advice systematically generated through the Investment Strategy Tool computer model (“computer model”) to participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com who elected to use the computer model throughout the period May 1, 2025 to April 30, 2026, were suitably designed and operated effectively to achieve management’s criteria set forth in ‘Fidelity Brokerage Services LLC Management Criteria and Control Activities’” (“management’s assertion”). FBS uses Salesforce, Inc. to provide information technology general control services for the Salesforce application and supporting infrastructure, Amazon Web Services, Inc. and Microsoft Azure to provide cloud infrastructure management and supporting information technology general control services for certain applications and supporting infrastructure, Snowflake, Inc. to provide information technology general control services for the Snowflake Data Cloud system and supporting infrastructure, and ServiceNow, Inc. to provide information technology general control services for the ServiceNow application and supporting infrastructure. FBS’ management is responsible for its assertion, including functions performed by Salesforce, Inc., Amazon Web Services, Inc., Microsoft Azure, Snowflake, Inc., and ServiceNow, Inc. Our responsibility is to express an opinion on management’s assertion based on our examination.

FBS used Dalbar, Inc. to certify that the computer model meets the requirements of Section 408(g) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Management’s assertion indicates that Dalbar, Inc. determined whether the computer model met the requirements of Section 408(g) of ERISA and that Dalbar performed the most recent certification on October 7, 2025. The scope of our work did not include procedures over the processing performed by the computer model or the completeness and accuracy of the inputs into the computer model or outputs generated by the model and we did not examine the design, implementation or operating effectiveness of the computer model to meet the requirements of paragraph (b)(4)(i) of Section 408(g) of ERISA.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether management’s assertion is fairly stated, in all material respects. An examination involves performing procedures to obtain evidence about management’s assertion. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatement of management’s assertion, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to the engagement.

Because of the inherent limitations of an examination engagement, together with the inherent limitations of internal control, an unavoidable risk exists that some material misstatements may not be detected, even though the examination is properly planned and performed in accordance with the attestation standards.

We were not engaged to perform and did not perform an examination during the period from May 1, 2025 to April 30, 2026 of the Company's compliance or internal control over compliance with any laws or regulations, including, but not limited to, Section 408(g) of ERISA, Section 4975(f)(8)(E) of the Internal Revenue Code of 1986, as amended, (the "IRC") and 29 CFR 2550.408g-1(b)(6). We also were not engaged to perform and did not perform an examination of the Company's compliance with its contractual obligations to its clients during the period from May 1, 2025 to April 30, 2026.

In our opinion, management's assertion referred to above is fairly stated, in all material respects.

PricewaterhouseCoopers LLP

Boston, Massachusetts

August 17, 2026

Section II - Fidelity Brokerage Services LLC's Assertion



Fidelity Brokerage Services LLC's Assertion

Fidelity Brokerage Services LLC ("FBS") provides investment advice systematically generated through the Investment Strategy Tool computer model ("computer model") to participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com who elect to use the computer model. We prepared Management's Criteria ("management's criteria") and identified control activities related to investment advice systematically generated through the computer model to participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com who elect to use the computer model ("control activities") to achieve each aspect of management's criteria which are presented in conjunction with management's criteria in "Fidelity Brokerage Services LLC Management Criteria and Control Activities." FBS uses Salesforce, Inc. to provide information technology general control services for the Salesforce application and supporting infrastructure, Amazon Web Services, Inc. and Microsoft Azure to provide cloud infrastructure management and supporting information technology general control services for certain applications and supporting infrastructure, Snowflake, Inc. to provide information technology general control services for the Snowflake Data Cloud system and supporting infrastructure, and ServiceNow, Inc. to provide information technology general control services for the ServiceNow application and supporting infrastructure. Management's criteria and control activities, including those related to the functions performed by Salesforce, Inc., Amazon Web Services, Inc., Microsoft Azure, Snowflake, Inc., and ServiceNow, Inc. are the responsibility of FBS and we, as members of management, are responsible for establishing the control activities and for the suitability of the design, implementation and operating effectiveness of the control activities.

Dalbar, Inc. was used to certify the computer model to determine whether the computer model met the requirements of Section 408(g) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). During the examination period, Dalbar performed the most recent certification on October 7, 2025.

We have evaluated whether the control activities were suitably designed and operating effectively to achieve management's criteria throughout the period May 1, 2025 to April 30, 2026 for participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com.

Based on our evaluation and consideration of the aforementioned paragraph, we assert that "the control activities set forth in 'Fidelity Brokerage Services LLC Management Criteria and Control Activities' related to investment advice systematically generated through the Investment Strategy Tool computer model ("computer model") to participants in 401(a), 401(k) and 403(b) workplace savings plans on netbenefits.com who elected to use the computer model throughout the period May 1, 2025 to April 30, 2026, were suitably designed and operated effectively to achieve management's criteria set forth in 'Fidelity Brokerage Services LLC Management Criteria and Control Activities'."

Fidelity Brokerage Services LLC Management Criteria and Control Activities

Management Criteria	Control Activities
Computer Model	
1. The Investment Strategy methodology document describes the following: a) The only investment advice provided under the arrangement is advice that is generated by the Investment Strategy Tool. b) The Investment Strategy Tool applies generally accepted investment theories, as reflected in the Investment Strategy methodology document, which take into account the historic risks and returns of different asset classes over defined periods of time. c) The Investment Strategy Tool takes into account the investment management and other fees attendant to the recommended investments. d) The Investment Strategy Tool appropriately weights the factors used in estimating future returns of investment options. e) The Investment Strategy Tool requests from a participant or beneficiary and, to the extent furnished, utilizes information relating to age, time horizons (e.g., life expectancy, retirement age), risk tolerance, current investments in designated investment options, other assets or sources of income, and investment preferences. f) The Investment Strategy Tool utilizes appropriate objective criteria to provide asset allocation portfolios comprised of investment options available under the plan. g) The Investment Strategy Tool avoids investment recommendations that inappropriately favor investment options offered by the fiduciary adviser or a person with an affiliation or material contractual relationship with the fiduciary adviser over other investment options, if any, available under the plan; or that may generate greater income for the fiduciary adviser or a person with an affiliation or material contractual relationship with the fiduciary adviser. h) The Investment Strategy Tool takes into account designated investment options available under the plan without giving inappropriate weight to any investment option.	1.1 The Investment Strategy methodology document exists and describes the items noted in a) through h) of Management Criteria. 1.2 Changes to the Investment Strategy methodology document are reviewed and approved.

Management Criteria	Control Activities
Computer Model Certification	
2. An eligible investment expert has provided a written certification that meets the following requirements: a. Be in writing; b. Contain— (1) An identification of the methodology or methodologies applied in determining whether the computer model meets the requirements of paragraph (b)(4)(i) of Labor Regulation 2550.408g-1 (the “Regulation”) and Section 4975 of the IRC, as applicable; (2) An explanation of how the applied methodology or methodologies demonstrated that the computer model met the requirements of paragraph (b)(4)(i) of the Regulation and Section 4975 of the IRC, as applicable; (3) A description of any limitations that were imposed by any person on the eligible investment expert's selection or application of methodologies for determining whether the computer model meets the requirements of paragraph (b)(4)(i) of the Regulation and Section 4975 of the IRC, as applicable; (4) A representation that the methodology or methodologies were applied by a person or persons with the educational background, technical training or experience necessary to analyze and determine whether the computer model meets the requirements of paragraph (b)(4)(i) of the Regulation and Section 4975 of the IRC, as applicable; and (5) A statement certifying that the eligible investment expert has determined that the computer model meets the requirements of paragraph (b)(4)(i) of the Regulation and Section 4975 of the IRC, as applicable; c. Be signed by the eligible investment expert.	2.1 Management performs a domestic due diligence review prior to selecting an eligible investment expert to perform the computer model certification which is documented and retained to determine whether the eligible investment expert has appropriate technical training or experience and proficiency to analyze, determine and certify the computer model as required. 2.2 Management monitors computer model changes to determine if a new certification is required. Change types that warrant recertification are documented and a recertification is performed by an eligible investment expert.

Management Criteria	Control Activities
Authorization by Plan Fiduciary	
3. A plan fiduciary (the "Authorizing Fiduciary") has expressly authorized the arrangement pursuant to which advice is provided to participants. The Authorizing Fiduciary shall not be Fidelity or any of its affiliates except with respect to a plan sponsored by Fidelity or its affiliates.	3.1 Plan sponsor authorization is received from an authorizing fiduciary prior to advice being provided. 3.2 Standard template language for fiduciary authorization within contracts and amendments is reviewed by legal to ensure required content is included. 3.3 Advice in the Investment Strategy Tool is systematically restricted to plan participants with plan sponsor authorization on file. Participants without plan sponsor authorization on file are limited to education only. 3.4 Fidelity performs vendor oversight activities including review of the vendor's SOC 1 report to evaluate the related controls.
Annual Audit	
4. Fidelity will engage an independent auditor, at least annually, to conduct an audit and a. Within 60 days following completion of the audit, issue a written report to the fiduciary adviser which (1) identifies the fiduciary adviser, (2) indicates the type of arrangement (i.e., computer model), (3) indicates the date of the most recent computer model certification, and identifies the eligible investment expert that provided the certification, and (4) sets forth the specific findings of the auditor.	4.1 Management reviews and approves the audit report distribution list to identify which plans have at least one fiduciary contact with active PSW access (for report distribution via PSW) and which plans do not have a fiduciary contact with active PSW access (for report distribution via physical mailing). 4.2 Within 60 days following completion of the audit, Fidelity posts the audit report to PSW accessible via direct link for plan sponsors to access. 4.3 Within 60 days following completion of the audit, Fidelity coordinates mailing a paper copy of the audit report to identified fiduciary contacts who do not have PSW access. Mailing of the report is performed by a third-party vendor, RR Donnelley. Fidelity reviews and approves the mailing prior to distribution. Fidelity monitors completion of the mailing using reporting provided by the vendor and performs follow-up, if needed, to ensure successful completion.

Management Criteria	Control Activities
Disclosure to Participants	
5. Fidelity's Fiduciary Adviser Disclosure is provided to plan participants no later than the provision of investment advice and includes: a. the role of any party that has an affiliation or material contractual relationship with Fidelity in the development of the investment advice program and in the selection of investment options available under the plan; b. that Fidelity will be providing investment advice services as a fiduciary under the Employee Retirement Income Security Act ("ERISA") and the Internal Revenue Code ("IRC"), as applicable; and c. that Fidelity, its affiliates, and parties with whom Fidelity Investments has a material financial relationship will be providing services for which they will be compensated, which include: investment management, transfer agent, brokerage, custodial, recordkeeping and shareholder services for some/all the investment funds available under the plan; d. the types of services provided by FBS in connection with the provision of this investment advice; e. any material affiliation or material contractual relationship of Fidelity or any affiliate thereof in the security or other property offered as an investment recommendation; f. all fees or other compensation that Fidelity or any affiliate thereof is to receive in connection with the provision of the advice, the sale, acquisition, or holding of any security or other property pursuant to such advice, or any rollover or other distribution of assets or the investment of distributed assets in any security or other property pursuant to such advice; g. that the advice recipient may separately arrange for the provision of advice by another advisor that could have no material affiliation with and receive no compensation in connection with the investment funds or products offered under the plan; h. the availability of past performance and historical rates of return of the designated investment options available under the plan on netbenefits.com; i. the manner, and under what circumstances any customer information provided under the arrangement will be used or disclosed.	5.1 Required disclosures are automatically presented within the Investment Strategy Tool to digital participants prior to provision of investment advice. 5.2 Disclosure content provided to digital participants is reviewed and approved by Fidelity legal to ensure required content is included.

Management Criteria

Control Activities

Disclosure to Authorizing Fiduciary	
6. Fidelity shall provide the Authorizing Plan Fiduciary a written notice informing the Authorizing Plan Fiduciary: a. That Fidelity intends to comply with the conditions of the statutory exemptions for investment advice under section 408(b)(14) and 408(g) of ERISA, Section 4975 of the IRC, and Labor Regs. Section 2550.408g-1, as applicable; b. That, as required, the advice arrangements subject to those exemptions will be audited annually by an independent auditor for compliance with the requirements of the statutory exemption and related regulations; and c. That a copy of the auditor's findings will be made available within 60 days following completion of the audit.	6.1 Written disclosures are provided to plan sponsors via the signed contract and/or contract amendment as well as via the audit cover letter distributed annually and posted to PSW. 6.2 Standard template language for fiduciary disclosure within contracts, amendments and cover letters is reviewed by legal to ensure required content is included.
Other Conditions	
7. Fidelity and its affiliates provide appropriate disclosure, in connection with the sale, acquisition or holding of securities offered as an investment recommendation, in accordance with all applicable securities laws. For purposes of this assertion, "all applicable securities laws" is defined as the Securities Act of 1933 and the Securities Exchange Act of 1934 and self-regulatory organization rules thereunder as those securities laws may apply to plan participants' 401(a), 401(k) and 403(b) retirement plan accounts. All sales, acquisitions, or holding of a security occur solely at the discretion of the recipient of the advice. The compensation received by Fidelity and its affiliates in connection with the sale, acquisition or holding of a security is reasonable. For this purpose, reasonableness is measured by the market value of the particular services, rights and other benefits delivered to the participant or beneficiary. The terms of the sale, acquisition, or holding of a security is at least as favorable to the plan as an arm's length transaction would be.	7.1 Management performs an annual review of Fidelity compensation received in connection with sale, acquisition, or holding of a security related to the advice provided in the Investment Strategy Tool to ensure such compensation is reasonable and at least as favorable to the plan as an arm's length transaction would be. 7.2 Disclosures in connection with the sale, acquisition or holding of securities for digital participants are provided through the Investment Strategy Tool. Disclosures are reviewed and approved by legal to ensure that required content is included.

Management Criteria**Control Activities**

Record Retention	
8. Fidelity retains, for a period of not less than six (6) years after the provision of investment advice, records necessary for determining whether the criteria noted above have been met.	8.1 Investment advice provisioned to participants via the Investment Strategy Tool is systematically captured, and it is configured to be retained for no less than six years.
	8.2 The Investment Strategy methodology document, the Fiduciary Adviser Disclosure, Fiduciary Authorization, Tool Certification from an eligible investment expert and the Report of Independent Accountants (subsequent to the first annual audit) are configured to be retained for no less than 6 years from document creation.

Management Criteria**Control Activities**

Information Technology General Controls – Change Management	
9. Information technology general controls are in place to support the criteria above.	9.1 Automated change migration tools have been implemented to migrate changes into production only after all approvals are received. Changes to the configuration of these tools are tested and approved prior to implementation.
	9.2 Changes to systems are requested through a formal ticket initiation and management tool. Changes are tested by the required business and/or systems personnel, according to policy.
	9.3 Changes are authorized and approved by appropriate personnel according to policy.
	9.4 Requests for changes to the permanent job scheduler require the submission of a change ticket. Each change ticket must contain the install date/time, description of the job, system, and instructions for executing the production scheduling change. Appropriate approvals must be obtained in the formal ticket initiation and management tool before modifications are made to the job schedule.
	9.5 Batch job override requests for the mainframe platform are entered into the production job stream after required approvals are obtained through the formal ticket initiation and management tool or as part of an incident ticket resolution.
	Ad hoc command line changes to production batch jobs for the Distributed systems are performed by the Batch Services group. The request to submit a one-time change to the production batch jobs for the Distributed systems must be fully approved through the formal ticket initiation and management tool before being implemented.
	9.6 Access to migrate changes into production is periodically reviewed to ensure access is restricted to appropriate personnel and removed or modified if necessary, in a timely manner.
	9.7 Change requests to firewall systems, IDS, and IPS are recorded in the formal ticket initiation and management tool and follow Fidelity's standard change management procedures in order to provide central control, approval, prioritization and the reporting of changes to the production environment.
	9.8 Hardware and software changes for network equipment and systems are recorded, tested, and approved within a formal ticket initiation and management tool prior to production implementation.
	9.9 For systems using GitHub, the code repository is configured to require more than one approver before the code is merged to the master branch.

Management Criteria	Control Activities
	9.10 On a semi-annual basis, users with access to modify code repository configurations are reviewed and re-certified, and access requested for removal or modification is removed or modified in a timely manner. 9.11 For the subset of systems that use a change management tool with systematic validation checks, the formal ticket initiation and management tool is configured to assign the appropriate approval group(s) to the corresponding change ticket depending on the affected system. The requestor of the change cannot approve their own change. 9.12 For the subset of systems that use a change management tool with systematic validation checks, approval groups assigned to each of the affected systems in the formal ticket initiation and management tool are reviewed on a periodic basis by the asset owners. 9.13 For the subset of systems that use a change management tool with systematic validation checks, individuals within the approval groups assigned to each of the affected systems in the formal ticket initiation and management tool are reviewed on a periodic basis by the group owners. 9.14 Access to migrate changes to the change management tools with systematic validation checks into production is periodically reviewed to ensure access is restricted to appropriate personnel and removed or modified if necessary in a timely manner. 9.15 For the subset of systems using an automated change management tool with systematic validation checks, changes are subject to approval and change ticket validations, as applicable, and the automated change migration tool enforces segregation of duties. Changes to the configuration of these tools are tested and approved prior to implementation. 9.16 Fidelity performs vendor oversight activities including review of the vendor's SOC 1 report to evaluate the related controls.

Management Criteria**Control Activities**

Information Technology General Controls – Computer Operations	
10. Information technology general controls are in place to support the criteria above.	10.1 The FSC monitors the processing and performance of critical production data and systems on a continuous basis. Incident monitoring software is used to produce automated alerts in the event of significant system interruption.
	10.2 Incident tickets are opened by operators when significant processing issues are identified. Incident tickets are then escalated to the appropriate groups for resolution.
	10.3 The Enterprise Service Desk provides Help Desk Operations on a 24x7 basis. Service Desk operators utilize the formal ticket initiation and management tool to support incident management, escalation, and notification.
	10.4 Technology management support teams review incident root cause and resolution, and if necessary, update incident/problems with measures to prevent recurrence. Problems associated with critical and high impact incidents are tracked and managed through the formal ticket initiation and management tool.
	10.5 The Batch Services group utilizes an Incident Monitoring application to monitor the execution and completion of production job cycles in accordance with the production schedule. Controls are in place within the Incident Monitoring application to alert operators in the event of a job abnormally ending (abend). Incident tickets are automatically opened for all job abends captured by the Incident Monitoring tool and are addressed appropriately for resolution.
	10.6 Requests for changes to the permanent job scheduler require the submission of a change ticket. Each change ticket must contain the install date/time, description of the job, system, and instructions for executing the production scheduling change. Appropriate approvals must be obtained in the formal ticket initiation and management tool before modifications are made to the job schedule.

Management Criteria	Control Activities
	10.7 Batch job override requests for the mainframe platform are entered into the production job stream after required approvals are obtained through the formal ticket initiation and management tool or as part of an incident ticket resolution. Ad hoc command line changes to production batch jobs for the Distributed systems are performed by the Batch Services group. The request to submit a one-time change to the production batch jobs for the Distributed systems must be fully approved through the formal ticket initiation and management tool before being implemented. 10.8 Testing is performed and documented for additions and changes to scheduled production jobs and scheduling definitions according to policy. 10.9 Job schedule additions and changes are authorized and approved by appropriate personnel according to policy. 10.10 Production processing incidents identified are logged, monitored and researched and resolved in a complete, accurate and timely manner. 10.11 Fidelity performs vendor oversight activities including review of the vendor's SOC 1 report to evaluate the related controls.

Management Criteria**Control Activities**

Information Technology General Controls – Logical Security	
11. Information technology general controls are in place to support the criteria above.	11.1 To obtain access to systems, a formal request is submitted and approved by appropriate personnel and provisioned as requested. 11.2 To create or modify a mainframe Standard Access Definitions ("SAD"), a formal request is submitted and approved by appropriate personnel prior to implementation. 11.3 On a periodic basis, mainframe SADs are reviewed, updated and approved. 11.4 On a periodic basis, user access privileges are recertified and modifications are processed timely. 11.5 On a periodic basis, operational accounts are recertified and modifications are processed timely. 11.6 For terminated users, a request is initiated and routed to the appropriate personnel for access removal in a timely manner. 11.7 Following a validated job change, user access is recertified and removed or modified if necessary, in a timely manner. 11.8 For user access reviews performed within AccessHub that have reached the due date, the review is automatically closed and access outside of the user's job role is marked for removal. 11.9 Termination events are monitored through predefined business rules. Upon a validated termination, user access is automatically disabled on the domains. 11.10 On a periodic basis, job roles are recertified and modifications are processed timely. 11.11 Mainframe security parameters are defined and reviewed annually for compliance with the Enterprise Security platform standards. 11.12 Prior to an application deployment to the public cloud, a request is submitted to setup an Amazon Web Services ("AWS") Account or Azure Subscription in line with the security configurations and parameters defined in policy. Requests are reviewed to ensure security configurations and parameters are in line with policy prior to the deployment of the application to the public cloud. 11.13 Network system and Server password configurations have been implemented to prevent unauthorized access. 11.14 A post server build validation is performed to confirm that UNIX and Windows password parameters are implemented, the built-in administrator account password is configured, and a Security Configuration Management tool is installed in accordance with firm policy.

Management Criteria	Control Activities
	11.15 A Security Configuration Management tool is used to monitor defined password parameters and the built-in administrator account in the on-premise distributed server environment and report on exceptions to defined rules. Exceptions are researched and followed up. 11.16 A Security Configuration Management tool is used to monitor security configurations in the public cloud environment and report on deviations to defined rules. Deviations are researched and followed up. 11.17 Access to the on-premise built-in administrator account is protected from unauthorized use via privileged access management tools. 11.18 Firecall access procedures require specific access entitlements and a valid change or incident management ticket to obtain temporary firecall access to cloud platforms. 11.19 On an annual basis, a review of privileged access entitlements to the built-in administrator accounts is performed and recertified, and appropriate action is taken, if applicable. 11.20 Network vulnerability assessments are performed monthly for external systems and weekly for internal systems to identify critical vulnerabilities and escalated to the device or application owners for remediation. 11.21 Privileged access to AccessHub is periodically reviewed and modifications are processed timely to ensure privileged access is restricted to appropriate personnel. 11.22 Privileged access to ServiceNow is periodically reviewed and modifications are processed timely to ensure privileged access is restricted to appropriate personnel. 11.23 System password configurations are reviewed on an annual basis to ensure compliance with enterprise standards. Exceptions are filed for noncompliant password settings and appropriate remediation measures are identified. 11.24 Fidelity performs vendor oversight activities including review of the vendor's SOC 1 report to evaluate the related controls.

Management Criteria**Control Activities**

Information Technology General Controls – Backup and Recovery	
12. Information technology general controls are in place to support the criteria above.	12.1 Critical mainframe systems are replicated at the alternative processing site. Software is used to monitor mainframe replication activity and volumes and issues are followed up on. Replication issues and incidents are identified and logged, monitored and researched and resolved in a complete, accurate, and timely manner. 12.2 Databases hosted by public cloud providers are set-up and configured to backup data periodically. 12.3 Backup change requests are initiated and recorded through the formal ticket initiation and management tool in order to provide central control, approval, prioritization and reporting mechanisms to process changes for the backup production environment. The requester of each change is responsible for prioritizing the system backup, the backup schedule, and backup retention period. Server backup decommission requests must be authorized prior to decommissioning. 12.4 The backup management system is configured to automatically backup system data and track the inventory of backup data of each backed up system. 12.5 The backup management system generates backup reports showing the appropriate completion and failures of backup cycles. Storage Services personnel review the reports and resolve the failures appropriately. 12.6 For the period of 5/1/2025 - 8/21/2025: Reconciliation procedures are in place to ensure that tape backup data to be sent offsite is sent offsite. Any discrepancies are appropriately researched and resolved. 12.7 Storage Services personnel perform an annual inventory review of all backup data to verify the physical location of the backed up data matches the location listed in the backup management systems. Any discrepancies are followed up on and resolved. 12.8 Password changes are made on a semi-annual basis for Fidelity backup systems. 12.9 Fidelity performs vendor oversight activities including review of the vendor's SOC 1 report to evaluate the related controls.





A S S U R A N C E D I M E N S I O N S

September 16, 2026

To those charged with governance of
JSC Systems, Inc. 401(k) Profit Sharing Plan & Trust

We have audited the financial statements of **JSC Systems, Inc. 401(k) Profit Sharing Plan & Trust** (the “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”) as of and for the year ended December 31, 2025, and we issued our report thereon dated September 10, 2026. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment by Fidelity Management Trust Company, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedules, 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 (“U.S. GAAP”). 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 U.S. GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated August 21, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2025. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no particularly sensitive estimates noted during the audit.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

Notes A, B and C

The financial statement disclosures are neutral, consistent, and clear.

ASSURANCE DIMENSIONS, LLC
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Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. We have not identified such misstatements during the audit.

Reportable Findings

For purposes of this letter, a reportable finding is a matter that includes one or more of the following: (1) noncompliance or suspected noncompliance with laws and regulations, (2) a finding that in our professional judgment is significant and relevant to you regarding your responsibility to oversee the financial reporting process, and (3) an indication of internal control deficiencies identified during the audit that have not been previously communicated to management by other parties and that we determined are sufficiently important to merit management's attention. We identified the following reportable findings:

- Forfeiture Allocations

We noted that the Plan had an outstanding forfeiture of approximately \$64,000 as of December 31, 2025. Employers should monitor forfeiture account balances before any employer contributions are deposited into the trust and before any plan expenses are paid by the employer. This will help to ensure that outstanding balances in the forfeiture accounts are being used timely. Many plan documents specify when the forfeitures must be used by. As noted above, some plans specify that forfeitures must be used in the plan year in which the funds are forfeited. Other plans specify that forfeitures may be used in the following year. However, the Code does not allow for forfeitures to be held in suspense accounts beyond the plan year in which they arise. This would make it so a plan could not carry over forfeitures into another year past the year in which they were forfeited. Additionally, Treasury Regulations Section 1.401-7(a) states that forfeitures must be used as soon as possible to reduce employer contributions. Revenue Ruling 84-156 also states that they may be used to pay plan expenses and/or to reduce employer contributions.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 10, 2026.

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Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the Plan’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

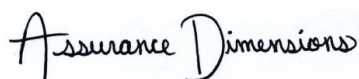
Other Matters

The Plan has been amended to adopt the mandatory requirements of the SECURE 2.0 Act of 2022, and management continues monitor the remaining provisions that are required to be implemented over the next few years.

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

This information is intended solely for the use of those individuals charged with governance and, if appropriate, management of the Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in black ink that reads "Assurance Dimensions". The word "Assurance" is written in a cursive script, and "Dimensions" is written in a more formal, slightly cursive script.

Assurance Dimensions, LLC

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