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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.)
- [X] 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
- [X] 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
SYNECHRON 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

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)
SYNECHRON, INC.

11 TIMES SQUARE
SUITE 3301
NEW YORK, NY 10036

2b Employer Identification Number (EIN)
80-0600147

2c Plan Sponsor's telephone number
860-214-3209

2d Business code (see instructions)
541511

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.	09/29/2026	DAPHINE MONROE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2026	DAPHINE MONROE
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1363
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1212
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1341
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	190
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1531
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1531
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	540
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	696
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
SYNECHRON 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNECHRON, INC.

D Employer Identification Number (EIN)
80-0600147

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	809840	1531	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
4725	0

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

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

WELLS FARGO ADVISORS INS AGENCY LLC

SBIA WACHOVIA PROCESSING
13700 REIMER DR N STE 200
MAPLE GROVE, MN 55311-4598

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
4725	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	2899532

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
SYNECHRON 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNECHRON, INC.

D Employer Identification Number (EIN)
80-0600147

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	4825	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS INS AGENCY LLC

54-0910269

(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 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	28913	Yes [ ] No [X]

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

WELLS FARGO ADVISORS FIN NETWORK

48-1305000

(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 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	8721	Yes [ ] No [X]

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)

WILSHIRE ADVISORS LLC

95-2755361

(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 72	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS INS AGENCY LLC	49 55	28913

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS FIN NETWORK	49 99	8721

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WILSHIRE ADVISORS LLC	27 72	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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
SYNECHRON 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SYNECHRON, INC.

D Employer Identification Number (EIN)
80-0600147

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LGCAP S&P 500 INDEX SA-R3		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN	42-0127290-016	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2224943		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN MIDCAP VALUE I SA-R3		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN	42-0127290-043	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	125071		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN SMCAP S&P 600 INDEX SA-R3		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN	42-0127290-028	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	280506		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN SMALLCAP GROWTH I SA-R3		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN	42-0127290-070	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	223761		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2020 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN	26-6447574-003	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43934		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2025 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN	26-6447574-004	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	185019		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2030 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN	26-6447574-005	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	557734		

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2035 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	599350
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2040 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2604277
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2045 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4928893
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2050 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3861968
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2055 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1657946
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY INC CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23500
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN INTL EQUITY INDEX SA-R3		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-121	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45252
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2060 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	362006
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HY 2065 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95274
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYB 2070 CIT Z85		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1635

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
SYNECHRON 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNECHRON, INC.

D Employer Identification Number (EIN)
80-0600147

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9465	106527
(2) Participant contributions	1b(2)	39038	275934
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	9555421	14921537
(10) Value of interest in pooled separate accounts	1c(10)	1415085	2899532
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2856332	4746661
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13875341	22950191
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	228550	228550
k Total liabilities (add all amounts in lines 1g through1j)	1k	228550	228550
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13646791	22721641

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)	2175945	
(B) Participants	2a(1)(B)	4769093	
(C) Others (including rollovers)	2a(1)(C)	638567	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7583605
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38073	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		38073
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2074953
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		420785
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		836622
c Other income	2c		22
d Total income. Add all **income** amounts in column (b) and enter total	2d		10954060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1874385	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1874385
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4825	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4825
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1879210
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9074850
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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) [X] 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: FORVIS MAZARAS, LLP **(2)** EIN: 44-0160260

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.)	**4a**	X		4128072
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
SYNECHRON 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNECHRON, INC.

D Employer Identification Number (EIN)
80-0600147

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 Q702476A .

Synechron 401(k) Plan

EIN 80-0600147 PN 001

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2023 (Audited), 2022 (Audited), 2021 (Audited), 2020 (Audited) and December 31, 2019 (Compiled)

Synechron 401(k) Plan
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Independent Auditor's Report

Plan Administrator and Plan Management
Synechron 401(k) Plan
New York, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits for the 2023, 2022, 2021 and 2020 Financial Statements

We have performed audits of the financial statements of the Synechron 401 (k) Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023, 2022, 2021, and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (2023, 2022, 2021 and 2020 Financial Statements).

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

Management has obtained certifications from qualified institutions as of December 31, 2023, 2022, 2021, and 2020, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2023, 2022, 2021 and 2020 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the "Auditor's Responsibilities for the Audit of the 2023, 2022, 2021, and 2020 Financial Statements" section:

- The amounts and disclosures in the accompanying 2023, 2022, 2021 and 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2023, 2022, 2021, 2020 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023, 2022, 2021 and 2020 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the 2023, 2022, 2021 and 2020 Financial Statements" section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2023, 2022, 2021 and 2020 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2023, 2022, 2021 and 2020 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits of the 2023, 2022, 2021 and 2020 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters

2023, 2022, 2021 and 2020 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental 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).

2019 Financial Statement Compiled

We performed a compilation engagement with respect to the statement of net assets available for benefits as of December 31, 2019. Management is responsible for the 2019 statement of net assets available for benefits in accordance with accounting principles generally accepted in the United States of America. We have performed the compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2019 statement of net assets available for benefits nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2019 statement of net assets available for benefits.

Forvis Mazars, LLP

St. Louis, Missouri
June 1, 2026

Federal Employer Identification Number: 44-0160260

Synechron 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2023, 2022, 2021, 2020 and 2019

	2023 (Audited)	2022 (Audited)	2021 (Audited)	2020 (Audited)	2019 (Compiled)
ASSETS					
Investments, at Fair Value	$ 22,567,730	$ 13,826,838	$ 12,051,356	$ 7,073,115	$ 2,709,435
Receivables					
Employer contributions	106,527	9,465	208	-	43,346
Participant contributions	275,934	39,038	346	-	82,953
Total Receivables	382,461	48,503	554	-	126,299
Total Assets	22,950,191	13,875,341	12,051,910	7,073,115	2,835,734
LIABILITIES					
Erroneous contribution payable	228,550	228,550	-	170,623	-
Total Liabilities	228,550	228,550	-	170,623	-
Net Assets Available for Benefits	$ 22,721,641	$ 13,646,791	$ 12,051,910	$ 6,902,492	$ 2,835,734

Synechron 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023, 2022, 2021, and 2020

	2023 (Audited)	2022 (Audited)	2021 (Audited)	2020 (Audited)
Additions				
Investment Income (Loss)				
Net appreciation (depreciation) in fair value of investments	$ 3,332,382	$ (2,642,377)	$ 1,321,763	$ 887,131
Dividends	38,073	23,459	15,561	11,243
Net Investment Income (Loss)	3,370,455	(2,618,918)	1,337,324	898,374
Contributions				
Employer	2,175,945	1,741,725	1,602,845	1,235,767
Participants	4,769,093	3,701,875	3,261,134	2,322,451
Rollovers	638,567	244,821	93,751	172,927
	7,583,605	5,688,421	4,957,730	3,731,145
Total Additions, net	10,954,060	3,069,503	6,295,054	4,629,519
Deductions				
Benefits paid to participants	1,874,385	1,469,453	1,141,888	560,636
Administrative expenses	4,825	5,169	3,748	2,125
Total Deductions	1,879,210	1,474,622	1,145,636	562,761
Net Increase	9,074,850	1,594,881	5,149,418	4,066,758
Net Assets Available for Benefits, Beginning of Year	13,646,791	12,051,910	6,902,492	2,835,734
Net Assets Available for Benefits, End of Year	$ 22,721,641	$ 13,646,791	$ 12,051,910	$ 6,902,492

Note 1. Description of the Plan

General

The following description of Synechron 401(k) Plan (the "Plan") (formerly Hatstand 401(k) Plan) provides only general information. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

Effective September 21, 2014, the Plan was established as a defined contribution plan sponsored by Hatstand US, Inc. for the benefit of its employees. The Plan covered all employees of Hatstand US, Inc. who had completed one year of service and are age 21 or older.

The Plan was amended and restated effective February 18, 2022, to reflect the change in sponsorship to Synechron, Inc. (the "Company"). The Plan continued as a defined contribution plan with the same eligibility requirements (one year of service and age 21 or older). The Plan was further amended effective February 1, 2023, to expand eligibility to employees of the Company who have completed at least six months of service and are age 21 or older.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal Trust") is the Custodian of the Plan and Trustee of the mutual fund investments. Principal Life Insurance Company ("Principal Life") is the Trustee of the common collective trust fund investments and pooled separate account investments.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100% of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Company makes safe-harbor matching contributions of 100% of employees' salary deferral amounts on the first 3% of employees' compensation and 50% of employees' salary deferral amounts over 3% but not over 5% of employees' compensation. The Plan also allows for Company discretionary contributions to be made, if approved by Company's board of directors. For the years 2023, 2022 2021 and 2020, there were no Company discretionary contributions. Contributions are subject to certain limitations.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Participants are immediately vested in the Company's safe-harbor matching contributions. Vesting in the Company discretionary contributions is on a 3-year-cliff, where participants are 100% vested after 3 years of continuous service.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in their account or annual installments over a fixed period of whole years. Upon termination of service for other reasons, a participant may receive the value of the vested interest in their account only as a lump-sum distribution.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. The Plan also holds interests in common collective trust funds, which are valued daily utilizing the values of the underlying assets which are based on information reported by the investment advisor using the audited financial statements of the collective trust funds at year-end.

Pooled separate accounts are valued at estimated fair value as provided by Principal.

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

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Erroneous Contributions Payable

During the years ended December 31, 2022 and December 31, 2020, the Company identified that certain contributions were made in error for specific payroll periods. This included duplicative participant and employer contributions. These contributions were not required under the Plan's provisions and totaled $462,232 and $170,623 for the years ended 2022 and 2020, respectively.

For the year ended December 31, 2022, $233,682 of the erroneous contributions were refunded to the Company in June 2022, in accordance with Department of Labor and Internal Revenue Service correction guidance. The remaining $228,550 has not yet been returned to the Company as of December 31, 2023.

For the year ended December 31, 2020, $170,623 of the erroneous contributions were refunded to the Company in January 2021, in accordance with Department of Labor and Internal Revenue Service correction guidance.

Note 3. Certification of Plan Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust and Principal Life, qualified institutions, have certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2023, 2022, 2021, 2020 and 2019.
- Investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023, 2022, 2021, and 2020.
- Investment information included in the accompanying schedules of assets (held at end of year) as of December 31, 2023, 2022, 2021, and 2020.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 4. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Certain Plan investments are shares of pooled separate accounts and common collective trusts managed by Principal Life. Principal Life is one of the Trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan paid $4,825, $5,169, $3,748, and $2,125 of contract administrator fees to the Custodian during the years ended December 31, 2023, 2022, 2021, and 2020, respectively. The Company provides certain administrative services at no cost to the Plan.

Note 5. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023, 2022, 2021, 2020 and 2019:

	December 31, 2023			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 4,746,661	$ 4,746,661	$ -	$ -
Pooled separate accounts	2,899,532	2,899,532	-	-
	7,646,193	$ 7,646,193	$ -	$ -
Investments measured at net asset value (A)				
Common collective trust funds	14,921,537			
Investments, at fair value	$ 22,567,730			

	December 31, 2022			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 2,856,332	$ 2,856,332	$ -	$ -
Pooled separate accounts	1,415,085	1,415,085	-	-
	4,271,417	$ 4,271,417	$ -	$ -
Investments measured at net asset value (A)				
Common collective trust funds	9,555,421			
Investments, at fair value	$ 13,826,838			

	December 31, 2021			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 2,581,864	$ 2,581,864	$ -	$ -
Pooled separate accounts	883,990	883,990	-	-
	3,465,854	$ 3,465,854	$ -	$ -
Investments measured at net asset value (A)				
Common collective trust funds	8,585,502			
Investments, at fair value	$ 12,051,356			

	December 31, 2020			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,742,228	$ 1,742,228	$ -	$ -
Pooled separate accounts	474,133	474,133	-	-
	2,216,361	$ 2,216,361	$ -	$ -
Investments measured at net asset value (A)				
Common collective trust funds	4,856,754			
Investments, at fair value	$ 7,073,115			

	December 31, 2019			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 656,057	$ 656,057	$ -	$ -
Pooled separate accounts	211,430	211,430	-	-
	867,487	$ 867,487	$ -	$ -
Investments measured at net asset value (A)				
Common collective trust funds	1,841,948			
Investments, at fair value	$ 2,709,435			

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2023, 2022, 2021, 2020 and 2019. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan has no Level 2 or Level 3 securities measured at fair value.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured at NAV per share utilizing the practical expedient as of December 31, 2023, 2022, 2021, 2020 and 2019. There are no practical redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2023				
Principal LifeTime Hybrid Income CIT Z85	$ 23,500	N/A	Daily	Daily
Principal LifeTime Hybrid 2020 CIT Z85	$ 43,935	N/A	Daily	Daily
Principal LifeTime Hybrid 2025 CIT Z85	$ 185,019	N/A	Daily	Daily
Principal LifeTime Hybrid 2030 CIT Z85	$ 557,734	N/A	Daily	Daily
Principal LifeTime Hybrid 2035 CIT Z85	$ 599,350	N/A	Daily	Daily
Principal LifeTime Hybrid 2040 CIT Z85	$ 2,604,277	N/A	Daily	Daily
Principal LifeTime Hybrid 2045 CIT Z85	$ 4,928,893	N/A	Daily	Daily
Principal LifeTime Hybrid 2050 CIT Z85	$ 3,861,968	N/A	Daily	Daily
Principal LifeTime Hybrid 2055 CIT Z85	$ 1,657,946	N/A	Daily	Daily
Principal LifeTime Hybrid 2060 CIT Z85	$ 362,006	N/A	Daily	Daily
Principal LifeTime Hybrid 2065 CIT Z85	$ 95,274	N/A	Daily	Daily
Principal LifeTime Hybrid 2070 CIT Z85	$ 1,635	N/A	Daily	Daily

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2022				
Principal LifeTime Hybrid Income CIT Z85	$ 692	N/A	Daily	Daily
Principal LifeTime Hybrid 2020 CIT Z85	$ 8,664	N/A	Daily	Daily
Principal LifeTime Hybrid 2025 CIT Z85	$ 220,492	N/A	Daily	Daily
Principal LifeTime Hybrid 2030 CIT Z85	$ 35,303	N/A	Daily	Daily
Principal LifeTime Hybrid 2035 CIT Z85	$ 380,373	N/A	Daily	Daily
Principal LifeTime Hybrid 2040 CIT Z85	$ 1,972,760	N/A	Daily	Daily
Principal LifeTime Hybrid 2045 CIT Z85	$ 3,404,285	N/A	Daily	Daily
Principal LifeTime Hybrid 2050 CIT Z85	$ 2,418,315	N/A	Daily	Daily
Principal LifeTime Hybrid 2055 CIT Z85	$ 903,535	N/A	Daily	Daily
Principal LifeTime Hybrid 2060 CIT Z85	$ 140,861	N/A	Daily	Daily
Principal LifeTime Hybrid 2065 CIT Z85	$ 70,141	N/A	Daily	Daily

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2021				
Principal LifeTime Hybrid 2015 CIT Z85	$ 2,231	N/A	Daily	Daily
Principal LifeTime Hybrid 2020 CIT Z85	$ 10,204	N/A	Daily	Daily
Principal LifeTime Hybrid 2025 CIT Z85	$ 193,470	N/A	Daily	Daily
Principal LifeTime Hybrid 2030 CIT Z85	$ 9,936	N/A	Daily	Daily
Principal LifeTime Hybrid 2035 CIT Z85	$ 305,943	N/A	Daily	Daily
Principal LifeTime Hybrid 2040 CIT Z85	$ 2,132,083	N/A	Daily	Daily
Principal LifeTime Hybrid 2045 CIT Z85	$ 2,900,509	N/A	Daily	Daily
Principal LifeTime Hybrid 2050 CIT Z85	$ 2,131,543	N/A	Daily	Daily
Principal LifeTime Hybrid 2055 CIT Z85	$ 741,869	N/A	Daily	Daily
Principal LifeTime Hybrid 2060 CIT Z85	$ 126,781	N/A	Daily	Daily
Principal LifeTime Hybrid 2065 CIT Z85	$ 30,933	N/A	Daily	Daily

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2020				
Principal LifeTime Hybrid Income CIT Z85	$ 2,411	N/A	Daily	Daily
Principal LifeTime Hybrid 2015 CIT Z85	$ 1,229	N/A	Daily	Daily
Principal LifeTime Hybrid 2020 CIT Z85	$ 5,165	N/A	Daily	Daily
Principal LifeTime Hybrid 2025 CIT Z85	$ 132,005	N/A	Daily	Daily
Principal LifeTime Hybrid 2030 CIT Z85	$ 1,402	N/A	Daily	Daily
Principal LifeTime Hybrid 2035 CIT Z85	$ 143,826	N/A	Daily	Daily
Principal LifeTime Hybrid 2040 CIT Z85	$ 1,334,967	N/A	Daily	Daily
Principal LifeTime Hybrid 2045 CIT Z85	$ 1,599,740	N/A	Daily	Daily
Principal LifeTime Hybrid 2050 CIT Z85	$ 1,197,145	N/A	Daily	Daily
Principal LifeTime Hybrid 2055 CIT Z85	$ 368,377	N/A	Daily	Daily
Principal LifeTime Hybrid 2060 CIT Z85	$ 45,024	N/A	Daily	Daily
Principal LifeTime Hybrid 2065 CIT Z85	$ 25,463	N/A	Daily	Daily

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2019				
Principal LifeTime Hybrid Income CIT Z85	$ 14,724	N/A	Daily	Daily
Principal LifeTime Hybrid 2025 CIT Z85	$ 60,001	N/A	Daily	Daily
Principal LifeTime Hybrid 2030 CIT Z85	$ 7,067	N/A	Daily	Daily
Principal LifeTime Hybrid 2035 CIT Z85	$ 52,861	N/A	Daily	Daily
Principal LifeTime Hybrid 2040 CIT Z85	$ 617,138	N/A	Daily	Daily
Principal LifeTime Hybrid 2045 CIT Z85	$ 537,104	N/A	Daily	Daily
Principal LifeTime Hybrid 2050 CIT Z85	$ 396,452	N/A	Daily	Daily
Principal LifeTime Hybrid 2055 CIT Z85	$ 125,158	N/A	Daily	Daily
Principal LifeTime Hybrid 2060 CIT Z85	$ 24,755	N/A	Daily	Daily
Principal LifeTime Hybrid 2065 CIT Z85	$ 6,688	N/A	Daily	Daily

Note 6. Plan Termination

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

Note 7. Tax Status

Effective September 21, 2014, the Plan operated under a nonstandardized adoption agreement in connection with a prototype retirement plan and custodial document sponsored by Principal Life Insurance Company. This prototype plan document had been filed with the appropriate agency and had obtained a determination letter from the IRS, dated March 31, 2014, stating that the prototype constituted a qualified Plan under Section 401 of the Internal Revenue Code and that the related trust was tax exempt as of the financial statement date.

As described in Note 1, the Plan was amended and restated effective February 18, 2022. Following this amendment, the Plan continues to operate under a nonstandardized adoption agreement in connection with a prototype retirement plan and custodial document sponsored by Principal Life Insurance Company. This amended prototype plan document has been filed with the appropriate agency and has obtained a determination letter from the IRS, dated June 30, 2020, stating that the prototype constitutes a qualified Plan under Section 401 of the Internal Revenue Code and that the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. While the Company remitted all employee contributions to the Plan, contributions of $1,170,029, $1,553,283, $282,173, and $382,727 were not remitted within the required time period for the years ended December 31, 2023, 2022, 2021 and 2020, respectively.

The Company is working to calculate lost investment earnings and file Form 5330, as applicable, and expects to compensate the plan for the lost earnings in 2026.

Note 9. Risks and Uncertainties

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

Note 10. Subsequent Events

Subsequent events have been evaluated through June 1, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Synechron 401(k) Plan
EIN 80-0600147 PN 001
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Years Ended December 31, 2023, 2022, 2021, and 2020

	Participant Contributions Transferred Late to Plan (A)	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023	$ 1,170,029	$ 1,170,029	$ -	$ -	$ -
2022	1,553,283	1,553,283	-	-	-
2021	282,173	282,173	-	-	-
2020	382,727	382,727	-	-	-
2019	35,022	35,022	-	-	-
2017	2,458	2,458	-	-	-
Total	$ 3,425,692	$ 3,425,692	$ -	$ -	$ -
Per Form 5500					
5500 - 2023	$ 3,425,692	$ 3,425,692	$ -	$ -	$ -
5500 - 2022	$ 2,255,663	$ 2,255,663	$ -	$ -	$ -
5500 - 2021	$ 702,380	$ 702,380	$ -	$ -	$ -
5500 - 2020	$ 420,207	$ 420,207	$ -	$ -	$ -

Synechron 401(k) Plan
EIN 80-0600147 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2023

	Investment Type and Issuer	Number of Shares / Units	12/31/2023 Value
	Mutual Funds		
	American Funds EuroPacific Growth R3 Fund	141	$ 7,508
	American Funds Washington Mutual Inv R3 Fund	7,804	441,226
	American Funds New Economy R3 Fund	7,366	381,785
	American Funds New World R3 Fund	919	67,735
	Black Rock Global Allocated R Fund	3,905	66,576
	Delaware Corp Bond R Fund	3,509	54,323
	DWS RREEF RE Securities R Fund	1,702	35,801
	Fidelity Advisor Large Cap M Fund	14,194	569,049
	Fidelity Advisor Leveraged Co Stock M Fund	4,346	171,510
	Fidelity Advisor Short-Term Bond M Fund	21,929	183,985
	Fidelity Advisor Stock Selected Mid-Cap M Fund	5,119	199,351
	Fidelity Advisor High Income Advantage Fund	26,589	301,259
	Franklin Small Cap Value R Fund	775	41,123
	Goldman Sachs Small Cap Value R Fund	1,884	70,206
	Invesco Oppenheim International Growth R Fund	601	20,791
	PIMCO Income R Fund	8,905	94,568
	PIMCO Real Return R Fund	2,468	24,755
	T. Rowe Price Blue Chip Growth R Fund	13,479	1,832,899
	Templeton Foreign R Fund	6,475	50,766
	Templeton Global Total Return R Fund	1,653	11,831
	Templeton Growth R Fund	593	14,934
	Thornburg International Growth R3 Fund	3,475	82,485
	Victory Munder Mid Cap Core Growth R Fund	3,446	22,195
			4,746,661
	Pooled Separate Accounts		
*	Principal International Equity Index SA-R3	2,459	45,251
*	Principal Large Cap S&P 500 Index SA-R3	10,522	2,224,943
*	Principal Mid Cap Value I SA-R3	1,094	125,071
*	Principal Small Cap Growth I SA-R3	5,507	223,761
*	Principal Small Cap S&P 600 Index SA-R3	3,408	280,506
			2,899,532
	Common Collective Trust Funds		
*	Principal LifeTime Hybrid Income CIT Z85	1,295	23,500
*	Principal LifeTime Hybrid 2020 CIT Z85	1,586	43,935
*	Principal LifeTime Hybrid 2025 CIT Z85	6,017	185,019
*	Principal LifeTime Hybrid 2030 CIT Z85	16,870	557,734
*	Principal LifeTime Hybrid 2035 CIT Z85	17,178	599,350
*	Principal LifeTime Hybrid 2040 CIT Z85	70,481	2,604,277
*	Principal LifeTime Hybrid 2045 CIT Z85	127,197	4,928,893
*	Principal LifeTime Hybrid 2050 CIT Z85	95,783	3,861,968
*	Principal LifeTime Hybrid 2055 CIT Z85	40,330	1,657,946
*	Principal LifeTime Hybrid 2060 CIT Z85	17,607	362,006
*	Principal LifeTime Hybrid 2065 CIT Z85	6,464	95,274
*	Principal LifeTime Hybrid 2070 CIT Z85	147	1,635
			14,921,537
			$ 22,567,730

* Represents a party-in-interest of the Plan

Synechron 401(k) Plan
EIN 80-0600147 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2022

	Investment Type and Issuer	Number of Shares / Units	12/31/2022 Value
	Mutual Funds		
	American Funds EuroPacific Growth R3 Fund	56	$ 2,659
	American Funds Washington Mutual Inv R3 Fund	5,453	280,394
	American Funds New Economy R3 Fund	4,987	208,737
	American Funds New World R3 Fund	611	39,948
	Black Rock Global Allocated R Fund	2,995	45,969
	Delaware Corp Bond R Fund	4,017	60,331
	DWS RREEF RE Securities R Fund	1,990	38,002
	Fidelity Advisor Large Cap M Fund	7,272	244,841
	Fidelity Advisor Leveraged Co Stock M Fund	2,919	105,019
	Fidelity Advisor Short-Term Bond M Fund	22,692	186,528
	Fidelity Advisor Stock Selected Mid-Cap M Fund	3,215	107,761
	Fidelity Advisor High Income Advantage Fund	23,578	249,691
	Franklin Small Cap Value R Fund	407	20,035
	Goldman Sachs Small Cap Value R Fund	1,854	65,282
	Invesco Oppenheim International Growth R Fund	462	14,884
	PIMCO Income R Fund	4,286	44,359
	PIMCO Real Return R Fund	8,179	81,708
	T. Rowe Price Blue Chip Growth R Fund	9,424	895,734
	Templeton Foreign R Fund	2,387	15,996
	Templeton Global Total Return R Fund	1,917	13,745
	Templeton Growth R Fund	468	9,877
	Thornburg International Growth R3 Fund	5,594	112,891
	Victory Munder Mid Cap Core Growth R Fund	1,932	11,941
			2,856,332
	Pooled Separate Accounts		
*	Principal International Equity Index SA-R3	2,188	34,331
*	Principal Large Cap S&P 500 Index SA-R3	5,765	972,263
*	Principal Mid Cap Value I SA-R3	751	77,673
*	Principal Small Cap Growth I SA-R3	3,170	111,060
*	Principal Small Cap S&P 600 Index SA-R3	3,077	219,758
			1,415,085
	Common Collective Trust Funds		
*	Principal LifeTime Hybrid Income CIT Z85	42	692
*	Principal LifeTime Hybrid 2020 CIT Z85	348	8,664
*	Principal LifeTime Hybrid 2025 CIT Z85	8,062	220,492
*	Principal LifeTime Hybrid 2030 CIT Z85	1,219	35,303
*	Principal LifeTime Hybrid 2035 CIT Z85	12,603	380,373
*	Principal LifeTime Hybrid 2040 CIT Z85	62,667	1,972,760
*	Principal LifeTime Hybrid 2045 CIT Z85	104,202	3,404,285
*	Principal LifeTime Hybrid 2050 CIT Z85	71,675	2,418,315
*	Principal LifeTime Hybrid 2055 CIT Z85	26,258	903,535
*	Principal LifeTime Hybrid 2060 CIT Z85	8,185	140,861
*	Principal LifeTime Hybrid 2065 CIT Z85	5,684	70,141
			9,555,421
			$ 13,826,838

* Represents a party-in-interest of the Plan

Synechron 401(k) Plan
EIN 80-0600147 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2021

	Investment Type and Issuer	Number of Shares / Units	12/31/2021 Value
	Mutual Funds		
	American Funds EuroPacific Growth R3 Fund	214	$ 13,539
	American Funds Washington Mutual Inv R3 Fund	1,950	116,743
	American Funds New Economy R3 Fund	3,792	226,363
	American Funds New World R3 Fund	505	42,729
	Black Rock Global Allocated R Fund	1,964	38,333
	Delaware Corp Bond R Fund	12,298	76,738
	DWS RREEF RE Securities R Fund	1,284	35,142
	Fidelity Advisor Large Cap M Fund	3,931	147,258
	Fidelity Advisor Leveraged Co Stock M Fund	722	38,483
	Fidelity Advisor Short-Term Bond M Fund	22,756	196,158
	Fidelity Advisor Stock Selected Mid-Cap M Fund	1,517	65,137
	Fidelity Advisor High Income Advantage Fund	10,899	138,967
	Franklin Small Cap Value R Fund	141	7,975
	Goldman Sachs Small Cap Value R Fund	1,908	95,308
	Invesco Oppenheim International Growth R Fund	172	7,617
	PIMCO Income R Fund	2,997	35,787
	PIMCO Real Return R Fund	2,092	25,770
	T Rowe Price Blue Chip Growth R Fund	6,829	1,125,983
	Templeton Foreign R Fund	667	4,693
	Templeton Global Total Return R Fund	2,334	20,497
	Templeton Growth R Fund	500	12,092
	Thornburg International Growth R3 Fund	3,438	94,381
	Victory Munder Mid Cap Core Growth R Fund	1,679	16,171
			2,581,864
	Pooled Separate Accounts		
*	Principal International Equity Index SA-R3	917	16,914
*	Principal Large Cap S&P 500 Index SA-R3	2,717	563,575
*	Principal Mid Cap Value I SA-R3	35	3,848
*	Principal Small Cap Growth I SA-R3	2,231	109,893
*	Principal Small Cap S&P 600 Index SA-R3	2,210	189,760
			883,990
	Common Collective Trust Funds		
*	Principal LifeTime Hybrid 2015 CIT Z85	84	2,231
*	Principal LifeTime Hybrid 2020 CIT Z85	348	10,204
*	Principal LifeTime Hybrid 2025 CIT Z85	5,947	193,470
*	Principal LifeTime Hybrid 2030 CIT Z85	283	9,936
*	Principal LifeTime Hybrid 2035 CIT Z85	8,307	305,943
*	Principal LifeTime Hybrid 2040 CIT Z85	55,093	2,132,083
*	Principal LifeTime Hybrid 2045 CIT Z85	71,884	2,900,509
*	Principal LifeTime Hybrid 2050 CIT Z85	51,006	2,131,543
*	Principal LifeTime Hybrid 2055 CIT Z85	17,411	741,869
*	Principal LifeTime Hybrid 2060 CIT Z85	5,947	126,781
*	Principal LifeTime Hybrid 2065 CIT Z85	2,026	30,933
			8,585,502
			$ 12,051,356

* Represents a party-in-interest of the Plan

Synechron 401(k) Plan
EIN 80-0600147 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Year Ended December 31, 2020

	Investment Type and Issuer	Number of Shares / Units	12/31/2020 Value
	Mutual Funds		
	American Funds EuroPacific Growth R3 Fund	128	$ 8,642
	American Funds Washington Mutual Inv R3 Fund	1,003	49,816
	American Funds New Economy R3 Fund	1,974	114,035
	American Funds New World R3 Fund	471	40,744
	Black Rock Global Allocated R Fund	832	16,912
	Delaware Corp Bond R Fund	20,506	134,727
	DWS RREEF RE Securities R Fund	959	19,845
	Fidelity Advisor Large Cap M Fund	2,285	72,739
	Fidelity Advisor Leveraged Co Stock M Fund	272	12,786
	Fidelity Advisor Short-Term Bond M Fund	28,762	252,816
	Fidelity Advisor Stock Selected Mid-Cap M Fund	1,065	42,144
	Fidelity Advisor High Income Advantage Fund	10,609	127,833
	Franklin Small Cap Value R Fund	96	4,780
	Goldman Sachs Small Cap Value R Fund	1,146	56,617
	Invesco Oppenheim International Growth R Fund	41	1,890
	PIMCO Income R Fund	2,533	30,670
	PIMCO Real Return R Fund	3,797	46,593
	T Rowe Price Blue Chip Growth R Fund	3,909	605,008
	Templeton Foreign R Fund	408	2,845
	Templeton Global Total Return R Fund	1,811	18,079
	Templeton Growth R Fund	314	7,333
	Thornburg International Growth R3 Fund	2,264	69,699
	Victory Munder Mid Cap Core Growth R Fund	511	5,675
			1,742,228
	Pooled Separate Accounts		
*	Principal International Equity Index SA-R3	2,062	34,424
*	Principal Large Cap S&P 500 Index SA-R3	1,845	299,527
*	Principal Mid Cap Value I SA-R3	41	3,468
*	Principal Small Cap Growth I SA-R3	1,409	65,063
*	Principal Small Cap S&P 600 Index SA-R3	1,048	71,651
			474,133
	Common Collective Trust Funds		
*	Principal LifeTime Hybrid Income CIT Z85	131	2,411
*	Principal LifeTime Hybrid 2015 CIT Z85	49	1,229
*	Principal LifeTime Hybrid 2020 CIT Z85	192	5,165
*	Principal LifeTime Hybrid 2025 CIT Z85	4,490	132,005
*	Principal LifeTime Hybrid 2030 CIT Z85	45	1,402
*	Principal LifeTime Hybrid 2035 CIT Z85	4,460	143,826
*	Principal LifeTime Hybrid 2040 CIT Z85	39,885	1,334,967
*	Principal LifeTime Hybrid 2045 CIT Z85	46,329	1,599,740
*	Principal LifeTime Hybrid 2050 CIT Z85	33,684	1,197,145
*	Principal LifeTime Hybrid 2055 CIT Z85	10,221	368,377
*	Principal LifeTime Hybrid 2060 CIT Z85	2,504	45,024
*	Principal LifeTime Hybrid 2065 CIT Z85	1,978	25,463
			4,856,754
			$ 7,073,115

* Represents a party-in-interest of the Plan

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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EIN 80 0600147
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R3 Fd	$ 0.00	$ 7,507.83
	American Funds Service Company	Registered Investment Company Am Fds Wash Mut Inv R3 Fund	$ 0.00	$ 441,225.99
	The American Funds	Registered Investment Company Am Funds New Economy R3 Fund	$ 0.00	$ 381,784.68
	American Funds Service Company	Registered Investment Company Amer Funds New World R3 Fund	$ 0.00	$ 67,734.71
	BlackRock	Registered Investment Company BlackRock Global Alloc R Fund	$ 0.00	$ 66,576.02
	Delaware Investments	Registered Investment Company Delaware Corp Bond R Fund	$ 0.00	$ 54,322.57
	Deutsche	Registered Investment Company DWS RREEF RE Securities R Fund	$ 0.00	$ 35,800.64
	Fidelity Investments	Registered Investment Company Fidelity Adv Large Cap M Fund	$ 0.00	$ 569,049.45
	Fidelity Investments	Registered Investment Company Fidelity Adv Lev Co Stk M Fund	$ 0.00	$ 171,509.62
	Fidelity Investments	Registered Investment Company Fidelity Adv Shrt-Trm Bd M Fd	$ 0.00	$ 183,984.61
	Fidelity Investments	Registered Investment Company Fidelity Adv Stk Sel MdCp M Fd	$ 0.00	$ 199,350.83
	Fidelity Investments	Registered Investment Company Fidelity ADV Hi Inc Advtg Fund	$ 0.00	$ 301,258.78
	Franklin Templeton Investments	Registered Investment Company Franklin Small Cap Value R Fd	$ 0.00	$ 41,123.30
	Goldman Sachs	Registered Investment Company Goldman Sachs Sm Cp Val R Fd	$ 0.00	$ 70,206.17
	Oppenheimer	Registered Investment Company Inv Oppenheim Intl Grw R Fd	$ 0.00	$ 20,790.89

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S 401() P

EIN 80 0600147
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Equity Index SA-R3	$ 0.00	$ 45,251.56
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R3	$ 0.00	$ 2,224,942.95
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy Inc CIT Z85	$ 0.00	$ 23,500.01
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2020 CIT Z85	$ 0.00	$ 43,933.52
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2025 CIT Z85	$ 0.00	$ 185,019.36
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2030 CIT Z85	$ 0.00	$ 557,734.22
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2035 CIT Z85	$ 0.00	$ 599,350.15
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2040 CIT Z85	$ 0.00	$ 2,604,276.97
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2045 CIT Z85	$ 0.00	$ 4,928,893.25
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2050 CIT Z85	$ 0.00	$ 3,861,968.15
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2055 CIT Z85	$ 0.00	$ 1,657,946.16
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2060 CIT Z85	$ 0.00	$ 362,005.75
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2065 CIT Z85	$ 0.00	$ 95,273.96
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R3	$ 0.00	$ 125,070.93
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth I SA-R3	$ 0.00	$ 223,760.74

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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EIN 80 0600147
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-R3	$ 0.00	$ 280,505.69
	PIMCO Funds	Registered Investment Company PIMCO Income R Fund	$ 0.00	$ 94,567.85
	PIMCO Funds	Registered Investment Company PIMCO Real Return R Fund	$ 0.00	$ 24,754.87
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYB 2070 CIT Z85	$ 0.00	$ 1,635.47
	T. Rowe Price Funds	Registered Investment Company T.Rowe Price Bl Chip Gr R Fd	$ 0.00	$ 1,832,898.62
	Franklin Templeton Investments	Registered Investment Company Templeton Foreign R Fund	$ 0.00	$ 50,766.31
	Franklin Templeton Investments	Registered Investment Company Templeton Glbl Tot Ret R Fd	$ 0.00	$ 11,833.62
	Franklin Templeton Investments	Registered Investment Company Templeton Growth R Fund	$ 0.00	$ 14,934.00
	Thornburg	Registered Investment Company Thornburg Intl Growth R3 Fd	$ 0.00	$ 82,484.74
	Munder	Registered Investment Company Vic Mun MidCap Core Grwth R Fd	$ 0.00	$ 22,194.81

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)