Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
INSCRIPTA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
INSCRIPTA, INC.

5720 STONERIDGE DRIVE SUITE 300
PLEASANTON, CA 94588

2b Employer Identification Number (EIN)
47-4648713

2c Plan Sponsor's telephone number
415-728-2935

2d Business code (see instructions)
541700

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.	10/02/2026	DEIRDRE HICKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	178
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)**	52
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	137
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	137
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)**	177
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)**	137
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 Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
INSCRIPTA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
47-4648713

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	17451	Yes [X] No [ ]	Yes [X] No [ ]	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQ IS - ULTIMUS FUN 31-1663251	0.10%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INSCRIPTA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
47-4648713

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	291920	195546
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	13458	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13596016	11495121
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	13901394	11690667
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13901394	11690667

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)	129848	
(B) Participants	2a(1)(B)	340635	
(C) Others (including rollovers)	2a(1)(C)	125755	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		596238
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8421	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	356	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8777
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	260945	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		260945
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1900154
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2766114
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4959263	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4959263
f Corrective distributions (see instructions)	2f		127
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	17451	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17451
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4976841
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2210727
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHERRY BECKAERT **(2)** EIN: 88-2725652

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	
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 ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INSCRIPTA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
47-4648713

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

manus

September 28, 2026

RE: Reasonable Cause Statement for Late or Missing IQPA Report

Plan Name: Inscripta 401(K) Plan
Plan Number: 3507Y
Plan Year Ending: December 31, 2025

To Whom It May Concern:

This letter is submitted on behalf of Manus Bio, Inc, as Plan Sponsor and Plan Administrator of the Inscripta 401(K) Plan ("Plan"), to explain the circumstances resulting in the late filing of the Plan's Form 5500 for the plan year ending December 31, 2025, and to respectfully request consideration of reasonable cause for the delayed filing.

During the applicable reporting period, the Plan Sponsor transitioned to a new independent auditing firm responsible for completing the annual audit of the Plan. As part of this transition, the Plan Sponsor was required to gather, organize, reconcile, and provide the new auditing firm with the Plan records, financial information, participant data, and supporting documentation necessary for the auditor to conduct and complete its review.

The transition between auditing firms, together with the time required to provide the new auditor with the information and documentation necessary to complete the Plan audit, affected the Plan Sponsor's ability to complete the Form 5500, including the required audit, by the applicable filing deadline.

The delay was not the result of willful neglect or an intentional disregard of the Plan's reporting obligations. The Plan Sponsor has acted in good faith and has continued to work diligently with the new auditing firm and the Plan's other service providers to provide the necessary information and facilitate completion of the audit.

In an effort to satisfy the Plan's reporting obligations as promptly as possible, the Plan Sponsor is submitting the Form 5500 while the audit process is being completed. Upon completion of the audit and receipt of the auditor's final report and findings, the Plan Sponsor intends to file an amended Form 5500, as appropriate, to incorporate the completed auditor's report and any necessary information resulting from the audit.

1762 Lovers Ln.
Augusta, GA 30901
United States

Phone +1 706 303 5600
info@manusbio.com
www.manusbio.com

MANUS

The BioAlternatives Company

The Plan Sponsor has also reviewed its internal procedures surrounding the annual Plan audit and Form 5500 filing process and is taking steps to improve coordination, establish appropriate timelines, and ensure sufficient preparation for future filings, including circumstances in Plan auditors or service providers.

Based on these facts and circumstances, the Plan Sponsor respectfully submits that it acted in good faith and exercised reasonable care in attempting to satisfy its reporting obligations. Accordingly, the Plan Sponsor respectfully requests that reasonable cause be granted and that any penalties associated with the late filing of the Form 5500 be waived.

The Plan Sponsor remains committed to fulfilling the Plan's reporting, disclosure, and compliance obligations and will complete the amended filing promptly following completion of the audit.

Thank you for your consideration.

Sincerely,



Deirdre Hicks
Senior Director of Human Resources
Manus Bio
706-691-0668
DHicks@manusbio.com

Schedule MEP for 5500 Filing - Participant Details

DC Plan	SSN	Full Name	Employee Number	Hire Date	Adjusted Hire Date	Termination Date	Division Name	Division Code	Rank	Region Code	Company Code	Location Store Code	Union Code	Miscellaneous Code	Source Type	Transaction Type	Contribution Amount	Market Value as of 12/31/2025
3507Y-INSCRIPTA, INC. (Qual)	002-64-1192	ROGERS, THOMAS		8/24/2018		11/10/2020									Non-Rollover Sources			$39,690.10
3507Y-INSCRIPTA, INC. (Qual)	008-58-7528	ROWE, MICHAEL W	318	1/1/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$118,289.87
3507Y-INSCRIPTA, INC. (Qual)	008-58-7528	ROWE, MICHAEL W	318	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$13,798.34	
3507Y-INSCRIPTA, INC. (Qual)	012-72-1288	DAVIS, CLINT		2/8/2016		3/3/2023									Non-Rollover Sources			$46,753.82
3507Y-INSCRIPTA, INC. (Qual)	013-93-4138	PATEL, NAISARGI		12/16/2019		12/3/2021									Non-Rollover Sources			$12,368.48
3507Y-INSCRIPTA, INC. (Qual)	020-90-8926	KADIRE, YESHWANTH REDDY		2/22/2021		12/2/2022									Non-Rollover Sources			$52,186.36
3507Y-INSCRIPTA, INC. (Qual)	020-90-8926	KADIRE, YESHWANTH REDDY		2/22/2021		12/2/2022									Rollover Sources			$97,244.75
3507Y-INSCRIPTA, INC. (Qual)	028-90-8483	PRAMANIK, ARINITA		1/31/2022		9/2/2022									Non-Rollover Sources			$22,037.19
3507Y-INSCRIPTA, INC. (Qual)	032-64-9311	NICKERSON, ELIZABETH		8/24/2020		6/3/2022									Non-Rollover Sources			$51,161.52
3507Y-INSCRIPTA, INC. (Qual)	039-40-3791	HALPERN, LAWRENCE P	338	9/18/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$239.60	
3507Y-INSCRIPTA, INC. (Qual)	039-40-3791	HALPERN, LAWRENCE P	338	9/18/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$15,764.85
3507Y-INSCRIPTA, INC. (Qual)	039-40-3791	HALPERN, LAWRENCE P	338	9/18/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$2,850.72	
3507Y-INSCRIPTA, INC. (Qual)	049-84-0468	HENSKE, JOHN K	281	6/6/2022		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$624.84	
3507Y-INSCRIPTA, INC. (Qual)	049-84-0468	HENSKE, JOHN K	281	6/6/2022		4/16/2025								Pay Freq	Non-Rollover Sources			$82,906.95
3507Y-INSCRIPTA, INC. (Qual)	049-84-0468	HENSKE, JOHN K	281	6/6/2022		4/16/2025								Pay Freq	Rollover Sources			$128,533.36
3507Y-INSCRIPTA, INC. (Qual)	049-84-0468	HENSKE, JOHN K	281	6/6/2022										Pay Freq	Non-Rollover Sources	1-Contributions	$6,842.94	
3507Y-INSCRIPTA, INC. (Qual)	049-84-0468	HENSKE, JOHN K	281	6/6/2022										Pay Freq	Rollover Sources	1-Contributions	$112,691.89	
3507Y-INSCRIPTA, INC. (Qual)	049-98-6939	MOLIN, HANNAH		10/18/2021		1/31/2023									Non-Rollover Sources			$8,489.33
3507Y-INSCRIPTA, INC. (Qual)	064-78-4476	CARLSON, ERIK D	336	9/5/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$346.08	
3507Y-INSCRIPTA, INC. (Qual)	064-78-4476	CARLSON, ERIK D	336	9/5/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$21,920.96
3507Y-INSCRIPTA, INC. (Qual)	064-78-4476	CARLSON, ERIK D	336	9/5/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,571.68	
3507Y-INSCRIPTA, INC. (Qual)	067-90-2526	DUONG, MICHELLE		6/13/2022		12/2/2022									Non-Rollover Sources			$30,324.66
3507Y-INSCRIPTA, INC. (Qual)	070-72-9705	LELAND, BRYAN		8/27/2018		1/31/2023									Non-Rollover Sources			$142,255.22
3507Y-INSCRIPTA, INC. (Qual)	072-78-1105	LIM, CHRISTOPHER		9/13/2021		12/2/2022									Non-Rollover Sources			$17,579.44
3507Y-INSCRIPTA, INC. (Qual)	087-70-7712	FITZMARTIN, ERIN		5/24/2021		1/31/2023									Non-Rollover Sources			$51,070.13
3507Y-INSCRIPTA, INC. (Qual)	091-76-9555	LAMBERT, SHEA		5/15/2019		12/2/2022									Non-Rollover Sources			$86,533.33
3507Y-INSCRIPTA, INC. (Qual)	114-60-3003	KOSARAJU, SRI NATH	181	10/19/2020										Pay Freq	Non-Rollover Sources	1-Contributions	$7,500.00	
3507Y-INSCRIPTA, INC. (Qual)	115-70-3179	CHABANSKY, BRUCE		3/26/2018		12/3/2021									Non-Rollover Sources			$170,873.61
3507Y-INSCRIPTA, INC. (Qual)	120-98-4354	NAN, WEI	324	4/10/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$879.57	
3507Y-INSCRIPTA, INC. (Qual)	120-98-4354	NAN, WEI	324	4/10/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$74,722.11
3507Y-INSCRIPTA, INC. (Qual)	120-98-4354	NAN, WEI	324	4/10/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$11,053.34	
3507Y-INSCRIPTA, INC. (Qual)	137-89-3884	BRAUN, MARTHA		6/14/2021		9/2/2022									Non-Rollover Sources			$13,830.85
3507Y-INSCRIPTA, INC. (Qual)	143-98-3542	BRAMMER, JACOB	176	10/13/2020		1/31/2023								Pay Freq	Non-Rollover Sources			$22,549.73
3507Y-INSCRIPTA, INC. (Qual)	143-98-3542	BRAMMER, JACOB	176	10/13/2020		1/31/2023								Pay Freq	Rollover Sources			$6,538.34
3507Y-INSCRIPTA, INC. (Qual)	148-82-3322	MAFFEI, JOSEPH		1/11/2021		5/17/2022									Non-Rollover Sources			$49,704.37
3507Y-INSCRIPTA, INC. (Qual)	149-58-0338	DEMAYO, MICHAEL		7/1/2019		8/17/2021									Non-Rollover Sources			$37,121.30
3507Y-INSCRIPTA, INC. (Qual)	149-58-0338	DEMAYO, MICHAEL		7/1/2019		8/17/2021									Rollover Sources			$33,196.40
3507Y-INSCRIPTA, INC. (Qual)	162-60-2422	BRANNIGAN, DIANE		3/1/2021		9/9/2022									Non-Rollover Sources			$64,550.63
3507Y-INSCRIPTA, INC. (Qual)	168-70-4988	FEDEROWICZ, STEPHEN		3/26/2018		7/8/2020									Non-Rollover Sources			$77,100.99
3507Y-INSCRIPTA, INC. (Qual)	170-81-1695	NGUYEN, HAN		7/1/2021		12/2/2022									Non-Rollover Sources			$21,040.25
3507Y-INSCRIPTA, INC. (Qual)	177-82-5175	JAIN, SURBHI		6/3/2019		12/2/2022									Non-Rollover Sources			$129,246.94
3507Y-INSCRIPTA, INC. (Qual)	187-50-3362	BURKHART-GROVE, TARA D	334	8/14/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$403.84	
3507Y-INSCRIPTA, INC. (Qual)	187-70-5486	KOSKY, ANTHONY S	347	5/13/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$13,407.41	
3507Y-INSCRIPTA, INC. (Qual)	191-54-5274	FRANGIPANE, JOSEPH		4/29/2019		3/11/2022									Non-Rollover Sources			$85,084.82
3507Y-INSCRIPTA, INC. (Qual)	208-08-2529	YANG, MEI		2/7/2022		12/31/2023									Non-Rollover Sources			$67,242.63
3507Y-INSCRIPTA, INC. (Qual)	212-02-0847	MOK, JANINE		4/8/2019		3/10/2023									Non-Rollover Sources			$154,504.69
3507Y-INSCRIPTA, INC. (Qual)	213-21-3140	SKULAN, ANDREW J	321	3/1/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$101,209.55
3507Y-INSCRIPTA, INC. (Qual)	213-21-3140	SKULAN, ANDREW J	321	3/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$17,495.20	
3507Y-INSCRIPTA, INC. (Qual)	217-29-0719	LANGSTON, RACHEL		2/1/2022		1/31/2023									Non-Rollover Sources			$37,793.02
3507Y-INSCRIPTA, INC. (Qual)	225-87-2310	ABDUL QAYUM, AMINA		4/3/2023		12/31/2023									Non-Rollover Sources			$16,109.46
3507Y-INSCRIPTA, INC. (Qual)	228-45-2952	GEORGIANNA, DAVID R	346	4/29/2024		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$887.39	
3507Y-INSCRIPTA, INC. (Qual)	228-45-2952	GEORGIANNA, DAVID R	346	4/29/2024		4/16/2025								Pay Freq	Non-Rollover Sources			$34,247.07
3507Y-INSCRIPTA, INC. (Qual)	228-45-2952	GEORGIANNA, DAVID R	346	4/29/2024		4/16/2025								Pay Freq	Rollover Sources			$138,427.61
3507Y-INSCRIPTA, INC. (Qual)	228-45-2952	GEORGIANNA, DAVID R	346	4/29/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$9,084.51	
3507Y-INSCRIPTA, INC. (Qual)	229-17-6611	EVANS, ROBERT F	337	9/18/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$1,384.61	
3507Y-INSCRIPTA, INC. (Qual)	229-17-6611	EVANS, ROBERT F	337	9/18/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$17,167.52	
3507Y-INSCRIPTA, INC. (Qual)	251-91-1970	WISEMAN, WILLIAM D	327	5/22/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$71,961.95
3507Y-INSCRIPTA, INC. (Qual)	251-91-1970	WISEMAN, WILLIAM D	327	5/22/2023		4/11/2025								Pay Freq	Rollover Sources			$104,197.50
3507Y-INSCRIPTA, INC. (Qual)	251-91-1970	WISEMAN, WILLIAM D	327	5/22/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$9,443.17	
3507Y-INSCRIPTA, INC. (Qual)	269-08-9383	XU, XIANFENG M	288	5/23/2022		3/1/2024								Pay Freq	Non-Rollover Sources			$97,745.23
3507Y-INSCRIPTA, INC. (Qual)	306-27-2015	THACKER, DREW F	316	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$11,064.42	
3507Y-INSCRIPTA, INC. (Qual)	317-92-2616	MARTIN, ANDREW		2/22/2021		12/2/2022									Non-Rollover Sources			$28,288.45
3507Y-INSCRIPTA, INC. (Qual)	319-92-2202	STRUKOV, YURI		9/13/2021		4/8/2022									Non-Rollover Sources			$35,751.98
3507Y-INSCRIPTA, INC. (Qual)	322-02-4288	RICKER, KAROLINA	311	1/1/2023		4/16/2025								PAY FREQ	Non-Rollover Sources			$72,473.94
3507Y-INSCRIPTA, INC. (Qual)	322-02-4288	RICKER, KAROLINA	311	1/1/2023		4/16/2025								PAY FREQ	Rollover Sources			$119,591.52
3507Y-INSCRIPTA, INC. (Qual)	322-02-4288	RICKER, KAROLINA	311	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$665.54	
3507Y-INSCRIPTA, INC. (Qual)	322-02-4288	RICKER, KAROLINA	311	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$7,078.65	
3507Y-INSCRIPTA, INC. (Qual)	322-70-5781	SHEPHERD, TYSON	152	2/10/2020		1/17/2024								Pay Freq	Non-Rollover Sources			$65,923.67
3507Y-INSCRIPTA, INC. (Qual)	336-88-7329	HRAHA, THOMAS		5/14/2018		1/31/2023									Non-Rollover Sources			$45,097.90
3507Y-INSCRIPTA, INC. (Qual)	336-90-7611	HUSSAIN, RIFFAT		9/27/2021		12/2/2022									Non-Rollover Sources			$9,302.65
3507Y-INSCRIPTA, INC. (Qual)	373-76-1558	TARASOW, THEODORE M	315	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$15,699.20	
3507Y-INSCRIPTA, INC. (Qual)	375-17-6695	BAIDYAROY, DIPNATH	300	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$2,120.20	
3507Y-INSCRIPTA, INC. (Qual)	376-86-5185	SCHMITIGAL, DANIEL		8/24/2018		3/3/2023									Non-Rollover Sources			$223,058.06
3507Y-INSCRIPTA, INC. (Qual)	383-06-2449	RAY, JOE CHRISTIAN		6/3/2020		9/2/2022									Non-Rollover Sources			$36,758.01
3507Y-INSCRIPTA, INC. (Qual)	393-29-2924	MIR, AAMIR		9/4/2018		3/26/2021									Non-Rollover Sources			$40,879.14
3507Y-INSCRIPTA, INC. (Qual)	397-70-4532	BOLTE, SCOTT		9/18/2017		9/2/2022									Non-Rollover Sources			$101,126.43
3507Y-INSCRIPTA, INC. (Qual)	398-94-7762	VORPAGEL, MARK		7/23/2018		11/18/2022									Non-Rollover Sources			$73,926.86
3507Y-INSCRIPTA, INC. (Qual)	401-37-9525	SMITH, ERIC		3/9/2020		8/24/2021									Non-Rollover Sources			$79,306.39
3507Y-INSCRIPTA, INC. (Qual)	412-63-0981	LACEY, RANDY		1/3/2022		1/31/2023									Non-Rollover Sources			$26,478.00
3507Y-INSCRIPTA, INC. (Qual)	434-79-6892	LUCHT, CHRISTINE M	233	7/12/2021		3/3/2023								Pay Freq	Non-Rollover Sources			$27,666.26
3507Y-INSCRIPTA, INC. (Qual)	442-23-1916	YERRAMSETTY, KRISHNA	51	3/14/2018	1/1/2023	1/6/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$2,893.15	
3507Y-INSCRIPTA, INC. (Qual)	442-23-1916	YERRAMSETTY, KRISHNA	51	3/14/2018	1/1/2023	1/6/2025								Pay Freq	Non-Rollover Sources			$115,285.48
3507Y-INSCRIPTA, INC. (Qual)	453-77-1643	MARS, KRISTIN		7/12/2022		12/2/2022									Non-Rollover Sources			$20,043.64
3507Y-INSCRIPTA, INC. (Qual)	454-65-7094	DEVORE, DIANNA		4/3/2017		12/16/2021									Non-Rollover Sources			$155,415.40
3507Y-INSCRIPTA, INC. (Qual)	470-45-3386	SUOMINEN, LAURI	341	12/11/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$494.40	
3507Y-INSCRIPTA, INC. (Qual)	470-45-3386	SUOMINEN, LAURI	341	12/11/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$24,680.28
3507Y-INSCRIPTA, INC. (Qual)	470-45-3386	SUOMINEN, LAURI	341	12/11/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$5,570.40	
3507Y-INSCRIPTA, INC. (Qual)	472-96-5328	GAMMACK, JASON		10/22/2018		11/3/2020									Non-Rollover Sources			$100,303.82
3507Y-INSCRIPTA, INC. (Qual)	475-96-4113	FRYKMAN, SCOTT A	306	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$12,181.17	
3507Y-INSCRIPTA, INC. (Qual)	476-21-5121	KELLER, ABIGAIL		9/20/2021		12/2/2022									Non-Rollover Sources			$17,939.81
3507Y-INSCRIPTA, INC. (Qual)	482-61-9293	HERNANDEZ, ANA		5/13/2019		10/16/2020									Non-Rollover Sources			$10,367.36
3507Y-INSCRIPTA, INC. (Qual)	484-94-9491	VAN HATTEN, BRIAN		8/24/2018		3/3/2023									Non-Rollover Sources			$110,723.48
3507Y-INSCRIPTA, INC. (Qual)	485-23-2766	STEFANI, SKYLAR		3/9/2020		9/2/2022									Non-Rollover Sources			$17,145.21
3507Y-INSCRIPTA, INC. (Qual)	495-98-8890	HENRY, RACHEL		2/14/2022		12/2/2022									Non-Rollover Sources			$34,908.91
3507Y-INSCRIPTA, INC. (Qual)	501-08-3074	JOHNSON, AARON		2/19/2019		3/3/2023									Non-Rollover Sources			$71,620.71
3507Y-INSCRIPTA, INC. (Qual)	502-11-0714	WAGNER, ISAAC		5/31/2016		1/31/2023									Non-Rollover Sources			$127,429.13
3507Y-INSCRIPTA, INC. (Qual)	503-27-6065	GREGORIAN, ALEXANDER ALEXA	130	7/15/2019		1/31/2023								Pay Freq	Non-Rollover Sources			$24,229.71
3507Y-INSCRIPTA, INC. (Qual)	505-17-4456	NGUYEN, KAILI		4/12/2021		3/3/2023									Non-Rollover Sources			$20,510.84
3507Y-INSCRIPTA, INC. (Qual)	521-87-6297	CROWDER, ERIC		12/16/2019		1/31/2023									Non-Rollover Sources			$37,893.93
3507Y-INSCRIPTA, INC. (Qual)	522-25-1223	HERNANDEZ, VERONICA	144	11/6/2019										Pay Freq	Non-Rollover Sources	1-Contributions	$2,691.64	
3507Y-INSCRIPTA, INC. (Qual)	522-35-8332	ESPARZA, TERESA G	230	6/7/2021		5/27/2025								PAY FREQ	Non-Rollover Sources			$35,248.27
3507Y-INSCRIPTA, INC. (Qual)	522-35-8332	ESPARZA, TERESA G	230	6/7/2021										Pay Freq	Non-Rollover Sources	1-Contributions	$3,410.68	
3507Y-INSCRIPTA, INC. (Qual)	522-75-9913	BADE, NATHAN	86	10/4/2018		1/31/2023								Pay Freq	Non-Rollover Sources			$82,186.47
3507Y-INSCRIPTA, INC. (Qual)	523-65-0359	KNIGHT, WALTER		3/28/2022		5/5/2023									Non-Rollover Sources			$16,800.94
3507Y-INSCRIPTA, INC. (Qual)	524-65-3609	MILLER, TARRYN		6/7/2021		1/31/2023									Non-Rollover Sources			$26,872.94
3507Y-INSCRIPTA, INC. (Qual)	524-79-5256	GARST, ANDREW DAVID	6	2/22/2016	7/29/2024	4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$615.38	
3507Y-INSCRIPTA, INC. (Qual)	524-79-5256	GARST, ANDREW DAVID	6	2/22/2016	7/29/2024									Pay Freq	Non-Rollover Sources	1-Contributions	$7,384.68	
3507Y-INSCRIPTA, INC. (Qual)	524-87-8257	TAM, YEEN		7/25/2022		1/31/2023									Non-Rollover Sources			$8,874.32
3507Y-INSCRIPTA, INC. (Qual)	524-94-9438	KERSHNER, JAMIE		5/30/2017		10/19/2018									Non-Rollover Sources			$24,525.90
3507Y-INSCRIPTA, INC. (Qual)	528-85-2885	BIGGS, MATTHEW B	301	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$670.80	
3507Y-INSCRIPTA, INC. (Qual)	528-85-2885	BIGGS, MATTHEW B	301	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$7,134.58	
3507Y-INSCRIPTA, INC. (Qual)	530-06-8027	SANADA, CHAD		3/18/2019		6/17/2022									Non-Rollover Sources			$58,087.58
3507Y-INSCRIPTA, INC. (Qual)	533-27-9350	BERRY, NICHOLE A	340	10/2/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$767.63	
3507Y-INSCRIPTA, INC. (Qual)	533-27-9350	BERRY, NICHOLE A	340	10/2/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$7,647.35	
3507Y-INSCRIPTA, INC. (Qual)	535-59-5164	BARBER, MATHEW J	202	4/12/2021		12/6/2024								Pay Freq	Non-Rollover Sources			$109,229.56
3507Y-INSCRIPTA, INC. (Qual)	541-21-2926	STRICKER, JESSE		8/24/2018		3/3/2023									Non-Rollover Sources			$206,647.05
3507Y-INSCRIPTA, INC. (Qual)	541-21-2926	STRICKER, JESSE		8/24/2018		3/3/2023									Rollover Sources			$567,895.29
3507Y-INSCRIPTA, INC. (Qual)	542-35-0333	GIBLIN, COURTNEY		4/12/2021		3/3/2023									Non-Rollover Sources			$15,946.85
3507Y-INSCRIPTA, INC. (Qual)	543-54-2870	WISHART, KENNETH		3/9/2020		9/2/2022									Non-Rollover Sources			$13,008.94
3507Y-INSCRIPTA, INC. (Qual)	544-23-0448	BONE, CAROLINE L	298	1/1/2023		5/27/2025								PAY FREQ	Non-Rollover Sources			$80,069.04
3507Y-INSCRIPTA, INC. (Qual)	544-23-0448	BONE, CAROLINE L	298	1/1/2023		5/27/2025								PAY FREQ	Rollover Sources			$35,818.33
3507Y-INSCRIPTA, INC. (Qual)	544-23-0448	BONE, CAROLINE L	298	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$16,403.65	
3507Y-INSCRIPTA, INC. (Qual)	544-23-0448	BONE, CAROLINE L	298	1/1/2023										Pay Freq	Rollover Sources	1-Contributions	$12,046.67	
3507Y-INSCRIPTA, INC. (Qual)	544-43-7508	CAREY, THOMAS		8/2/2021		1/31/2023									Non-Rollover Sources			$21,148.41
3507Y-INSCRIPTA, INC. (Qual)	547-49-7991	FERBER, JUSTIN		11/8/2021		6/2/2023									Non-Rollover Sources			$73,349.67
3507Y-INSCRIPTA, INC. (Qual)	552-59-9376	HELD, DANIEL MATTHEW	62	5/23/2018	1/1/2023	1/17/2024								Pay Freq	Non-Rollover Sources			$199,823.13
3507Y-INSCRIPTA, INC. (Qual)	552-59-9376	HELD, DANIEL MATTHEW	62	5/23/2018	1/1/2023	1/17/2024								Pay Freq	Rollover Sources			$260,978.42
3507Y-INSCRIPTA, INC. (Qual)	552-99-0430	HABEEB, JEFFREY T	331	6/26/2023		5/30/2025								PAY FREQ	Non-Rollover Sources			$106,520.15
3507Y-INSCRIPTA, INC. (Qual)	552-99-0430	HABEEB, JEFFREY T	331	6/26/2023		5/30/2025								PAY FREQ	Rollover Sources			$151,501.50
3507Y-INSCRIPTA, INC. (Qual)	552-99-0430	HABEEB, JEFFREY T	331	6/26/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$26,454.28	
3507Y-INSCRIPTA, INC. (Qual)	554-57-1762	BORGO, BENJAMIN		9/1/2022		9/8/2023									Non-Rollover Sources			$33,564.02
3507Y-INSCRIPTA, INC. (Qual)	555-27-4793	LAW, ANGELA	169	7/1/2020										Pay Freq	Non-Rollover Sources	1-Contributions	$23,376.83	
3507Y-INSCRIPTA, INC. (Qual)	558-77-2588	BIERLE, JAMES		9/18/2017		1/31/2023									Non-Rollover Sources			$319,333.25
3507Y-INSCRIPTA, INC. (Qual)	559-43-8891	PEARSON, FRANCESCA		3/9/2020		12/2/2022									Non-Rollover Sources			$119,766.22
3507Y-INSCRIPTA, INC. (Qual)	560-83-4391	REIDER APEL, AMANDA R	319	1/1/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$85,906.56
3507Y-INSCRIPTA, INC. (Qual)	560-83-4391	REIDER APEL, AMANDA R	319	1/1/2023		4/11/2025								Pay Freq	Rollover Sources			$50,036.77
3507Y-INSCRIPTA, INC. (Qual)	560-83-4391	REIDER APEL, AMANDA R	319	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$9,228.10	
3507Y-INSCRIPTA, INC. (Qual)	562-92-5700	MCGRATH, RON		4/17/2019		3/3/2023									Non-Rollover Sources			$102,019.32
3507Y-INSCRIPTA, INC. (Qual)	563-91-1698	ABBATE, ERIC	81	8/27/2018		4/11/2025								Pay Freq	Non-Rollover Sources			$141,524.08
3507Y-INSCRIPTA, INC. (Qual)	563-91-1698	ABBATE, ERIC	81	8/27/2018										Pay Freq	Non-Rollover Sources	1-Contributions	$5,750.12	
3507Y-INSCRIPTA, INC. (Qual)	563-94-4353	SEATER, MICHAEL A	226	7/6/2021		5/27/2025								PAY FREQ	Non-Rollover Sources			$154,595.23
3507Y-INSCRIPTA, INC. (Qual)	563-94-4353	SEATER, MICHAEL A	226	7/6/2021										Pay Freq	Non-Rollover Sources	1-Contributions	$14,079.62	
3507Y-INSCRIPTA, INC. (Qual)	564-67-5855	SIEGMUND, DAVID		8/24/2018		3/3/2023									Non-Rollover Sources			$226,921.77
3507Y-INSCRIPTA, INC. (Qual)	564-73-8684	KING, BRYAN		2/5/2018		12/2/2022									Non-Rollover Sources			$245,126.50
3507Y-INSCRIPTA, INC. (Qual)	565-63-6077	WONG, ANDREW	63	6/11/2018		1/19/2024								Pay Freq	Non-Rollover Sources			$44,149.12
3507Y-INSCRIPTA, INC. (Qual)	565-63-6077	WONG, ANDREW	63	6/11/2018		1/19/2024								Pay Freq	Rollover Sources			$82,587.07
3507Y-INSCRIPTA, INC. (Qual)	566-75-5294	WEST, ROGER		8/24/2018		3/3/2023									Non-Rollover Sources			$83,075.84
3507Y-INSCRIPTA, INC. (Qual)	567-81-3380	CHIEM, ROSANNE		8/30/2021		12/2/2022									Non-Rollover Sources			$17,138.50
3507Y-INSCRIPTA, INC. (Qual)	567-81-3380	CHIEM, ROSANNE		8/30/2021		12/2/2022									Rollover Sources			$112,411.30
3507Y-INSCRIPTA, INC. (Qual)	572-49-2435	HORWITZ, ANDREW A	308	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$1,258.32	
3507Y-INSCRIPTA, INC. (Qual)	572-49-2435	HORWITZ, ANDREW A	308	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$13,872.98	
3507Y-INSCRIPTA, INC. (Qual)	572-51-6666	NESS, KEVIN		11/21/2016		10/16/2020									Non-Rollover Sources			$159,685.47

DC Plan	SSN	Full Name	Employee Number	Hire Date	Adjusted Hire Date	Termination Date	Division Name	Division Code	Rank	Region Code	Company Code	Location Store Code	Union Code	Miscellaneous Code	Source Type	Transaction Type	Contribution Amount	Market Value as of 12/31/2025
3507Y-INSCRIPTA, INC. (Qual)	575-53-8356	SAGE, BRENT		9/13/2021		12/2/2022									Non-Rollover Sources			$8,398.55
3507Y-INSCRIPTA, INC. (Qual)	593-37-4383	CIESLA, ANTHONY J	304	1/1/2023		2/7/2025								Pay Freq	Non-Rollover Sources			$31,640.68
3507Y-INSCRIPTA, INC. (Qual)	593-37-4383	CIESLA, ANTHONY J	304	1/1/2023		2/7/2025								Pay Freq	Rollover Sources			$69,469.18
3507Y-INSCRIPTA, INC. (Qual)	593-37-4383	CIESLA, ANTHONY J	304	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$1,713.04	
3507Y-INSCRIPTA, INC. (Qual)	594-06-4930	VACAR, CARMEN		4/30/2018		12/2/2022									Non-Rollover Sources			$239,817.83
3507Y-INSCRIPTA, INC. (Qual)	594-13-8150	AMMINI, CHANDRAMOHAN		6/3/2019		12/2/2022									Non-Rollover Sources			$157,390.35
3507Y-INSCRIPTA, INC. (Qual)	595-51-5310	SOTO-HARRISON, ERIC G	332	7/24/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$22,041.43
3507Y-INSCRIPTA, INC. (Qual)	595-51-5310	SOTO-HARRISON, ERIC G	332	7/24/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,597.40	
3507Y-INSCRIPTA, INC. (Qual)	599-10-5395	ALVAREZ RIVERA, STEVEN		9/9/2020		12/2/2022									Non-Rollover Sources			$26,155.17
3507Y-INSCRIPTA, INC. (Qual)	602-37-2143	SO, POLIN		3/22/2021		11/10/2021									Non-Rollover Sources			$20,525.66
3507Y-INSCRIPTA, INC. (Qual)	603-17-6614	TRINIDAD, CAITLYN Q	329	6/12/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$19,364.83
3507Y-INSCRIPTA, INC. (Qual)	603-17-6614	TRINIDAD, CAITLYN Q	329	6/12/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,139.18	
3507Y-INSCRIPTA, INC. (Qual)	604-44-4885	NEVES, LAUREN		5/25/2021		3/16/2022									Non-Rollover Sources			$9,911.30
3507Y-INSCRIPTA, INC. (Qual)	604-52-7340	ANDRION, JENNIFER M	299	1/1/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$71,938.35
3507Y-INSCRIPTA, INC. (Qual)	604-52-7340	ANDRION, JENNIFER M	299	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$10,552.39	
3507Y-INSCRIPTA, INC. (Qual)	604-66-1169	CAWLEY, SIMON		7/15/2019		11/11/2021									Non-Rollover Sources			$77,763.46
3507Y-INSCRIPTA, INC. (Qual)	605-09-2248	HEIN, GLENN P	307	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$1,088.45	
3507Y-INSCRIPTA, INC. (Qual)	605-09-2248	HEIN, GLENN P	307	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$87,217.06
3507Y-INSCRIPTA, INC. (Qual)	605-09-2248	HEIN, GLENN P	307	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$11,920.00	
3507Y-INSCRIPTA, INC. (Qual)	606-65-5483	KOCH, NATHALIE		9/3/2019		1/31/2023									Non-Rollover Sources			$104,557.72
3507Y-INSCRIPTA, INC. (Qual)	606-68-8209	TEA, LEE		6/1/2021		1/31/2023									Non-Rollover Sources			$66,810.76
3507Y-INSCRIPTA, INC. (Qual)	607-74-0656	LIN, ERIC JUNG-TERNG	349	7/24/2024		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$608.49	
3507Y-INSCRIPTA, INC. (Qual)	607-74-0656	LIN, ERIC JUNG-TERNG	349	7/24/2024		4/16/2025								Pay Freq	Non-Rollover Sources			$17,679.75
3507Y-INSCRIPTA, INC. (Qual)	607-74-0656	LIN, ERIC JUNG-TERNG	349	7/24/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$5,828.03	
3507Y-INSCRIPTA, INC. (Qual)	609-02-7438	CHEUNG, KRISTI	312	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$308.49	
3507Y-INSCRIPTA, INC. (Qual)	609-02-7438	CHEUNG, KRISTI	312	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$28,145.81
3507Y-INSCRIPTA, INC. (Qual)	609-02-7438	CHEUNG, KRISTI	312	1/1/2023		4/16/2025								Pay Freq	Rollover Sources			$19,295.17
3507Y-INSCRIPTA, INC. (Qual)	609-02-7438	CHEUNG, KRISTI	312	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,311.48	
3507Y-INSCRIPTA, INC. (Qual)	609-05-6688	VAN OVERBEEK, MEGAN		3/17/2020		9/24/2021									Non-Rollover Sources			$21,794.53
3507Y-INSCRIPTA, INC. (Qual)	609-10-5820	MCDERMOTT, PETER		4/29/2019		1/31/2023									Non-Rollover Sources			$30,383.64
3507Y-INSCRIPTA, INC. (Qual)	609-78-0198	AVALOS, LILIANA		1/4/2021		1/31/2023									Non-Rollover Sources			$24,645.42
3507Y-INSCRIPTA, INC. (Qual)	609-80-9198	HOPPE, SARA		10/23/2018		7/29/2021									Non-Rollover Sources			$17,217.82
3507Y-INSCRIPTA, INC. (Qual)	610-01-7625	JENKINS, STEFAN G	309	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$885.16	
3507Y-INSCRIPTA, INC. (Qual)	610-01-7625	JENKINS, STEFAN G	309	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$9,135.27	
3507Y-INSCRIPTA, INC. (Qual)	611-44-3475	QUINN, JEFFREY		9/30/2020		10/21/2022									Non-Rollover Sources			$39,345.26
3507Y-INSCRIPTA, INC. (Qual)	611-64-3954	CHAVES, JULIE E	193	2/16/2021		4/11/2025								Pay Freq	Non-Rollover Sources			$59,037.68
3507Y-INSCRIPTA, INC. (Qual)	611-64-3954	CHAVES, JULIE E	193	2/16/2021										Pay Freq	Non-Rollover Sources	1-Contributions	$2,209.44	
3507Y-INSCRIPTA, INC. (Qual)	612-34-0590	LAI, PEGGY	345	4/15/2024		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$942.85	
3507Y-INSCRIPTA, INC. (Qual)	612-34-0590	LAI, PEGGY	345	4/15/2024		4/16/2025								Pay Freq	Non-Rollover Sources			$46,193.95
3507Y-INSCRIPTA, INC. (Qual)	612-34-0590	LAI, PEGGY	345	4/15/2024		4/16/2025								Pay Freq	Rollover Sources			$560,481.50
3507Y-INSCRIPTA, INC. (Qual)	612-34-0590	LAI, PEGGY	345	4/15/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$9,732.18	
3507Y-INSCRIPTA, INC. (Qual)	612-34-0590	LAI, PEGGY	345	4/15/2024										Pay Freq	Rollover Sources	1-Contributions	$1,016.33	
3507Y-INSCRIPTA, INC. (Qual)	612-55-6329Q	MURRIETA, JANETT	520-21-7399	6/15/2017		12/24/2024									Non-Rollover Sources			$29,272.24
3507Y-INSCRIPTA, INC. (Qual)	613-28-0589	DE BREE, JAMES		10/18/2021		1/31/2023									Non-Rollover Sources			$21,891.29
3507Y-INSCRIPTA, INC. (Qual)	614-09-4310	VU, DYLAN		8/6/2018		12/2/2022									Non-Rollover Sources			$162,996.74
3507Y-INSCRIPTA, INC. (Qual)	614-38-7395	SILTANEN, CHRISTIAN		7/8/2019		1/31/2023									Non-Rollover Sources			$141,835.88
3507Y-INSCRIPTA, INC. (Qual)	614-74-4110	THORNBURY, WILLIAM		11/9/2020		3/3/2023									Non-Rollover Sources			$30,037.43
3507Y-INSCRIPTA, INC. (Qual)	616-39-6431	BAUER, STEFAN	351	2/10/2025		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$1,280.00	
3507Y-INSCRIPTA, INC. (Qual)	616-39-6431	BAUER, STEFAN	351	2/10/2025										Pay Freq	Non-Rollover Sources	1-Contributions	$4,800.00	
3507Y-INSCRIPTA, INC. (Qual)	617-30-4569	FISHLER, ANGELINA		1/30/2020		3/3/2023									Non-Rollover Sources			$107,405.76
3507Y-INSCRIPTA, INC. (Qual)	617-67-3177	VILLA, AMIEL GLADYS C	317	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$510.24	
3507Y-INSCRIPTA, INC. (Qual)	617-67-3177	VILLA, AMIEL GLADYS C	317	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$34,348.67
3507Y-INSCRIPTA, INC. (Qual)	617-67-3177	VILLA, AMIEL GLADYS C	317	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$5,748.95	
3507Y-INSCRIPTA, INC. (Qual)	618-64-4502	MIYAGI, KEI		4/26/2021		1/31/2023									Non-Rollover Sources			$19,233.16
3507Y-INSCRIPTA, INC. (Qual)	618-72-8478	KUMARIA, DIVYA	342	2/5/2024		4/11/2025								Pay Freq	Non-Rollover Sources			$16,315.37
3507Y-INSCRIPTA, INC. (Qual)	618-72-8478	KUMARIA, DIVYA	342	2/5/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$3,175.72	
3507Y-INSCRIPTA, INC. (Qual)	619-30-7391	CONTRIDAS, RIAROSE C	305	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$359.56	
3507Y-INSCRIPTA, INC. (Qual)	619-30-7391	CONTRIDAS, RIAROSE C	305	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources			$37,259.53
3507Y-INSCRIPTA, INC. (Qual)	619-30-7391	CONTRIDAS, RIAROSE C	305	1/1/2023		4/16/2025								Pay Freq	Rollover Sources			$65,895.36
3507Y-INSCRIPTA, INC. (Qual)	619-30-7391	CONTRIDAS, RIAROSE C	305	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,912.68	
3507Y-INSCRIPTA, INC. (Qual)	619-78-3988	STOECKLE, DAVID C	343	3/5/2024		4/1/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$565.71	
3507Y-INSCRIPTA, INC. (Qual)	619-78-3988	STOECKLE, DAVID C	343	3/5/2024		4/1/2025								Pay Freq	Non-Rollover Sources			$25,789.60
3507Y-INSCRIPTA, INC. (Qual)	619-78-3988	STOECKLE, DAVID C	343	3/5/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$5,559.94	
3507Y-INSCRIPTA, INC. (Qual)	621-42-4973	SEAMON, KYLE		8/20/2018		1/10/2020									Non-Rollover Sources			$23,355.67
3507Y-INSCRIPTA, INC. (Qual)	621-53-4300	MASOUMI, BEETA		5/3/2021		9/9/2022									Non-Rollover Sources			$31,614.60
3507Y-INSCRIPTA, INC. (Qual)	622-08-0473	DEL PILAR, ERMINA		11/8/2021		12/2/2022									Non-Rollover Sources			$19,582.75
3507Y-INSCRIPTA, INC. (Qual)	622-52-2520	ABDULLA, HASSAN A	323	4/3/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$59,925.68
3507Y-INSCRIPTA, INC. (Qual)	622-52-2520	ABDULLA, HASSAN A	323	4/3/2023		4/11/2025								Pay Freq	Rollover Sources			$122,700.53
3507Y-INSCRIPTA, INC. (Qual)	622-52-2520	ABDULLA, HASSAN A	323	4/3/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$7,794.36	
3507Y-INSCRIPTA, INC. (Qual)	624-45-9389	KAUFMAN, ANASTASIA L		7/1/2019		9/22/2020									Non-Rollover Sources			$13,199.25
3507Y-INSCRIPTA, INC. (Qual)	624-83-2287	DURA, BURAK		3/4/2019		1/31/2023									Non-Rollover Sources			$149,438.09
3507Y-INSCRIPTA, INC. (Qual)	624-83-2287	DURA, BURAK		3/4/2019		1/31/2023									Rollover Sources			$12,206.91
3507Y-INSCRIPTA, INC. (Qual)	625-04-9278	MOHAMED, ASMAA	350	11/25/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$1,730.70	
3507Y-INSCRIPTA, INC. (Qual)	625-92-3793	PANG, SILVY P	325	4/26/2023		4/11/2025								Pay Freq	Non-Rollover Sources			$28,297.89
3507Y-INSCRIPTA, INC. (Qual)	625-92-3793	PANG, SILVY P	325	4/26/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$3,897.18	
3507Y-INSCRIPTA, INC. (Qual)	627-22-6339	MCBRIDE, LINDSAY		9/13/2017		11/30/2018									Non-Rollover Sources			$14,777.02
3507Y-INSCRIPTA, INC. (Qual)	650-62-1532	MIRSIAGHI, MONA	320	1/1/2023		4/16/2025								Pay Freq	Non-Rollover Sources	1-Contributions	$805.31	
3507Y-INSCRIPTA, INC. (Qual)	650-62-1532	MIRSIAGHI, MONA	320	1/1/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$11,967.57	
3507Y-INSCRIPTA, INC. (Qual)	652-36-0164	KIM, JUHAN	36	11/6/2017	1/1/2023									Pay Freq	Non-Rollover Sources	1-Contributions	$5,833.63	
3507Y-INSCRIPTA, INC. (Qual)	653-01-6534	GARST, ERIN		9/25/2021		12/2/2022									Non-Rollover Sources			$12,407.01
3507Y-INSCRIPTA, INC. (Qual)	671-03-8991	SHAFFER, SAMANTHA F	344	4/10/2024										Pay Freq	Non-Rollover Sources	1-Contributions	$7,725.84	
3507Y-INSCRIPTA, INC. (Qual)	813-71-6757	GONCALVES CERQUEIRA, PAULA S	276	5/31/2022		5/19/2023								Pay Freq	Non-Rollover Sources			$21,585.21
3507Y-INSCRIPTA, INC. (Qual)	888-33-8915	RAGHURAMAN, CHARUMATHI	339	9/25/2023										Pay Freq	Non-Rollover Sources	1-Contributions	$24,349.20	
3507Y-INSCRIPTA, INC. (Qual)	889-16-9288	CHAPARRO SOSA, ANDRES		1/1/2023		5/2/2023									Non-Rollover Sources			$23,457.70
3507Y-INSCRIPTA, INC. (Qual)	999-99-9999F	ACCOUNT, FORFEITURE													Non-Rollover Sources			$1,461.83
3507Y-INSCRIPTA, INC. (Qual)	999-99-9999J	ACCOUNT, RCP													Non-Rollover Sources			$6,542.84

Calendar Day is between **01/01/2025** and **12/31/2025**
and DC Plan Number is equal to **3507Y**
and Transaction Type - DC is equal to / is in **1-Contributions**