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
- [ ] 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
APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1987

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)
APPLIED INFORMATION SCIENCES, INC.

11440 COMMERCE PARK DRIVE SUITE 600
RESTON, VA 20191

2b Employer Identification Number (EIN) 52-1237004

2c Plan Sponsor's telephone number 703-860-7800

2d Business code (see instructions) 541512

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.	10/08/2026	DANIEL EHRMANTRAUT
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	682
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)**	448
a(2) Total number of active participants at the end of the plan year	**6a(2)**	437
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	229
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	666
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	667
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)**	629
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)**	625
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:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 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

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
APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-1237004

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
LINCOLN NATION 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
35-0472300	65676	89363700087	626	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2787168
5	Current value of plan's interest under this contract in separate accounts at year end	5	110158709

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.	6d	

Specify nature of costs ▶

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	3025906
c	Additions: (1) Contributions deposited during the year	7c(1)	262795		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	67855		
	(4) Transferred from separate account	7c(4)	1048929		
	(5) Other (specify below)	7c(5)	79235		
	▶ LOANS				
	(6) Total additions			7c(6)	1458814
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4484720
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	794415		
	(2) Administration charge made by carrier	7e(2)	6404		
	(3) Transferred to separate account	7e(3)	832941		
	(4) Other (specify below)	7e(4)	63791		
	▶ LOANS				
	(5) Total deductions			7e(5)	1697551
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2787169

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)**	0
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)**	0
(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)**	0
(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.**	**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
APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-1237004

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

LINCOLN NATIONAL CORPORATION

PO BOX 7877
FORT WAYNE, IN 46802

35-0472300

(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	CONTRACT ADMINISTRATOR	209112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENNSYLVANIA PENSION PLANNERS

2090 LINGLESTOWN ROAD SUITE 201
HARRISBURG, PA 17110

45-2712335

(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?
15	TPA	58999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 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
APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-1237004

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	106457	111205
(2) Participant contributions	1b(2)	218365	225003
(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)	889125	946982
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	95759427	110158709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3025905	2787168
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	99999279	114229067
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3817	1298
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3817	1298
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	99995462	114227769

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)	3056466	
(B) Participants	2a(1)(B)	6240615	
(C) Others (including rollovers)	2a(1)(C)	802451	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10099532
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)	74782	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74782
(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)	5082120	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5082120
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10482330
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25738764
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11255337	
(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)		11255337
f Corrective distributions (see instructions)	2f		1298
g Certain deemed distributions of participant loans (see instructions)	2g		26429
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	223393	
(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)		223393
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11506457
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14232307
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)** [X] 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: GROSSBERG COMPANY LLP **(2)** EIN: 52-0807134

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 [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

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
APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
52-1237004

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): 04-3157927

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 Q702775A .

APPLIED INFORMATION SCIENCES, INC.
EMPLOYEES' 401(k) RETIREMENT PLAN

Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Years Ended
December 31, 2025 and 2024

CONTENTS

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Grossberg COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

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(301) 571-1900 • FAX (301) 571-1932 • www.grossberg.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT

We have performed an audit of the financial statements of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year then ended December 31, 2025, stating that the certified investment information, as described in Notes 3, 4, 5, and 6 to the financial statements, is complete and accurate.

OPINION

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

- The amounts and disclosures in the accompanying 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 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

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

OTHER MATTER - SUPPLEMENTARY SCHEDULE REQUIRED BY ERISA

The supplementary information is 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 supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures

applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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.

- information in the supplementary 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).

Grossberg Company LLP

Bethesda, MD
October 7, 2026

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets:		
Investments:		
Mutual fund, at fair value (Notes 3 and 5)	$ 107,711,655	$ 93,482,991
Collective investment funds, net asset value (NAV) (Notes 3 and 6)	2,447,054	2,276,436
Investment contract with insurance company, at contract value (Notes 3 and 4)	2,787,168	3,025,905
Total investments	112,945,877	98,785,332
Receivables:		
Employer contributions	111,205	106,457
Participant contributions	225,003	218,365
Participants' notes	1,009,964	954,394
Total receivables	1,346,172	1,279,216
Total assets	114,292,049	100,064,548
Liabilities:		
Distribution payable and accrued expenses	50,350	54,948
Net assets available for benefits	$ 114,241,699	$ 100,009,600

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:	
Contributions:	
Participant	$ 7,043,066
Employer	3,056,466
Total contributions	10,099,532
Net appreciation in fair value of investments (Note 3)	10,480,104
Dividend income (Note 3)	5,084,346
Interest income on notes receivable from participants	74,782
Total additions to net assets	25,738,764
Deductions from net assets attributed to:	
Benefits paid to participants	11,285,351
Administrative expenses and transfers (Note 8)	221,314
Total deductions from net assets	11,506,665
Net increase in net assets available for benefits	14,232,099
Net assets available for benefits, beginning of year	100,009,600
Net assets available for benefits, end of year	$ 114,241,699

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2025

1. Description of plan

The following description of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Applied Information Sciences, Inc. (the "Company") who elected to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The SECURE 2.0 Act of 2022 (the "Act") was enacted on December 29, 2022, as part of the Consolidated Appropriations Act, 2023. The Act includes required and optional provisions that become effective at different times. The Plan must be operated in accordance with each applicable provision as of its effective date, even though the Plan document does not have to be amended on or before December 31, 2026. Effective January 1, 2026, participants who are 50 or older whose prior-year Social Security (FICA) wages from the Company exceeded $150,000 must make any catch-up contributions as Roth contributions. Plan management does not expect plan amendment to have a material effect on the Plan's 2025 financial statements.

Eligibility - All Employees of the Company are eligible to participate on their first day of work with no minimum age or service requirements. Union and non-resident alien employees are excluded from participation.

Contributions - For 2025, each participant may contribute a maximum of $23,500 to the Plan. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions not to exceed $7,500 and participants between age 60-63 during the Plan year are eligible to make catch-up contributions not to exceed $11,250. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers forty-four mutual funds, one common collective trust, and one insurance contract with Lincoln Financial as investment options for participants. The Plan Sponsor makes a safe harbor matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 5% of eligible Plan compensation. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each eligible participant's account is credited with (a) the participant's contribution, (b) the Plan Sponsor's safe harbor matching contributions, (c) Plan earnings, (d) forfeitures of terminated participants non-vested accounts, and (e) charged with Plan losses and/or administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Employer match contributions made for participants for the period from January 1, 2015, to May 31, 2021, shall have a six-year vesting period (20% per year after the first year of service). All employer contributions made to participant accounts prior to January 1, 2015, and after June 1, 2021, to a participant's account are 100% vested.

1. *Description of plan (continued)*

Forfeited accounts - Forfeitures during 2025 aggregated to $13,648. During 2025, $7,530 ($35,189 for 2024) was used to pay plan expenses. No forfeiture amount was used to pay for administrative expenses during 2024. Investment gain on such funds during 2025 aggregated $10 ($26 gain for 2024). There was a balance of $6,128 of non-vested forfeited accounts at December 31, 2025 and no balance at December 31, 2024.

Participant notes - Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of: (a) $50,000 (reduced by the excess of the highest outstanding balance of all loans on any day during the one year period ending on the day before the new loan is made, over the outstanding balance of loans on the date the new loan is made) or (b) the greater of 50% of their vested account balance or $10,000. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term is to be determined by mutual agreement between the Plan and the participant, but in no case longer than 30 years. The notes are secured by the balance in the participant's account and incur interest at a rate determined by the Plan Administrator to be reasonable. At December 31, 2025 and 2024, the interest rate on participant loans ranges between 4.25% and 9.50%. Principal and interest are paid ratably through semi-monthly payroll deductions.

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are made in the form of a single lump sum payment or a paid-up annuity contract based on the life expectancy of the participant, and if married, his or her spouse. Upon termination of employment, participants whose vested account balance is less than $5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is $5,000 or greater, no distribution or any part thereof may be paid prior to the participant's attainment of age 59.5 without the participant's consent, or in the event of death, the participant's interest will be distributed to the designated beneficiary upon request.

2. *Accounting policies*

Basis of accounting - The financial statements of the Plan are prepared under the accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan (See Note 4).

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 certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

2. *Accounting policies (continued)*

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

The Plan's investment in a collective investment trust ("CIT") is measured at fair value using the net asset value ("NAV") per unit, as reported by the trustee. The CIT does not have a readily determinable fair value, and its NAV is calculated in a manner consistent with the measurement principles of an investment company. The Plan has elected to apply this practical expedient. In accordance with *Accounting Standards Codification (ASC) 820, Fair Value Measurement*, investments measured at NAV using the practical expedient are not classified in the fair value hierarchy.

Purchases and sales of securities are recorded on the trade-date. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis of accounting. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants - The Plan reports notes receivable from participants at their unpaid principal balance plus accrued interest, if any. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits - Benefits are recognized when paid.

Administrative expenses - Expenses incurred in connection with the general administration of the Plan are shared by the Plan and the Plan Sponsor. (See Note 8)

Subsequent events - The Plan has evaluated subsequent events through October 7, 2026, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2025 have been incorporated into these statements.

3. *Investments (unaudited)*

At December 31, 2025 and 2024, the Plan's investments were held by the custodian. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2025	***2024***
Mutual funds	$ 107,711,655	$ 93,482,991
Collective investment trusts	2,447,054	2,276,436
Investment contract	2,787,168	3,025,905
	$ 112,945,877	$ 98,785,332
Net appreciation in value	$ 10,480,104	$ 10,232,728
Dividends	$ 5,084,346	$ 3,304,456

4. *Investment contract with insurance company (unaudited)*

The Plan has a fixed contract issued by Lincoln National Life Insurance Company (Lincoln National), with a fixed guaranteed rate of interest. Lincoln National maintains contributions in a separate account that's segregated from the general assets of the issuer and are insulated from creditors or Lincoln National. This account is credited with earnings on the underlying investments and charged for participant withdrawals. Lincoln National is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 1%. Crediting rates are guaranteed for at least one calendar quarter.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Lincoln National.

4. Investment contract with insurance company (unaudited) (continued)

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Lincoln's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Lincoln's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention of surrendering it's interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) the plan ceases to meet the requirements of the Internal Revenue Code for purchasers of Lincoln's contract, (b) Lincoln discontinues offering this contract form to the public, (c) a material misrepresentation, (d) no activity for twenty-four consecutive months, or (e) unpaid fees by the plan.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

5. Fair value measurements (unaudited)

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for benefits. The Plan's investment in the guaranteed insurance option contract with Lincoln is reported at contract value (see Note 4) and the investment in collective investment trust is reported at NAV (see note 6). The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

5. *Fair value measurements (unaudited) (continued)*

	Fair Value	*Level 1*
Assets at fair value as of December 31, 2025:		
Mutual funds		
Domestic equity	$ 45,868,028	$ 45,868,028
Asset allocation	42,242,535	42,242,535
International/global equity	6,219,806	6,219,806
Balanced	4,628,411	4,628,411
Fixed income	6,061,787	6,061,787
Specialty	2,691,088	2,691,088
	$ 107,711,655	$ 107,711,655

	Fair Value	*Level 1*
Assets at fair value as of December 31, 2024:		
Mutual funds		
Domestic equity	$ 39,894,198	$ 39,894,198
Asset allocation	35,281,696	35,281,696
International/global equity	4,823,519	4,823,519
Balanced	4,948,497	4,948,497
Fixed income	6,183,002	6,183,002
Specialty	2,352,079	2,352,079
	$ 93,482,991	$ 93,482,991

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

6. *Collective investment trust funds (unaudited)*

The CIT funds (International Growth Fund II Fee Class R1) are valued at the net asset value (NAV) of units of the fund. The fund's objective is to seek capital appreciation by investing primarily in equity securities of non-U.S. companies with sustainable, above-average growth prospects. The fund is valued at NAV per unit as reported by the trustee, which is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities.

Table below summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024.

December 31	*Fair Value*	Unfunded Commitments	Redemption Frequency (if) Currently Eligible	Redemption Notice Period
2025	$ 2,447,054	N/A	Daily	None
2024	$ 2,276,436	N/A	Daily	None

The weighted average current yield earned by the trusts is 21.68% and 9.59% at December 31, 2025 and December 31, 2024, respectively.

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of investments, such as mutual funds, CIT, and an investment contract, 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 risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments and the insurance contract which is payable from the separate asset account of the fund. The Plan has offered participants investment options in various investment vehicles as a means of reducing the effects of such risks.

8. *Related party transactions*

A portion of the Plan's investments are funds managed by Lincoln National Life Insurance Company, the Plan's custodian. Under ERISA, such transactions qualify as party-in-interest transactions. The Company pays a portion of the Plan's administrative expenses. The Company absorbed $36,000 of professional fees on behalf of the plan in 2025.

9. *Reconciliation of financial statements to Form 5500*

The following reconciles net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 114,241,699	$ 100,009,600
Add (deduct):		
Deemed distributions	(62,982)	(65,269)
Accrued plan expenses	49,052	51,131
Net assets available for benefits per the Form 5500	$ 114,227,769	$ 99,995,462

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

	Per Financial Statement	*Change in Accrual*	*Deemed Distribution*	*Adjustment to Income*	*Per 5500*
Contributions	$ 10,099,532	$ -	$ -	$ -	$ 10,099,532
Investment income	15,564,450	-	-	-	15,564,450
Interest income on notes receivable	74,782	-	-	-	74,782
Distributions	(11,285,351)	-	2,287	-	(11,283,064)
Administrative fees and transfer	(221,314)	(2,079)	-	-	(223,393)
Net increase in net assets available for benefits	$ 14,232,099	$ (2,079)	$ 2,287	$ -	$ 14,232,307

10. *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.

11. Tax status

Effective June 1, 2021, the Plan was amended and restated in accordance with Pennsylvania Pension Planners, Inc.'s defined contribution prototype plan and trust. The plan received its latest determination letter on June 30, 2020. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

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

DECEMBER 31, 2025

(a)	*(b)*	*(c)*	*(d)*	*(e)*
	Identity of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment*	*Cost ***	*Current Value*
Mutual funds:				
	Fidelity	500 Index	$ -	$ 14,701,504
	T. Rowe Price	T. Rowe Price Retirement 2040 Class I	-	10,239,236
	Fidelity	Advisor Growth Opportunities Class Z	-	8,478,969
	JPMorgan	Large Cap Growth Class R6	-	6,655,956
	T. Rowe Price	T. Rowe Price Retirement 2045 Class I	-	6,630,220
	T. Rowe Price	T. Rowe Price Retirement 2035 Class I	-	5,772,127
	T. Rowe Price	T. Rowe Price Retirement 2030 Class I	-	5,734,250
	T. Rowe Price	T. Rowe Price Retirement 2055 Class I	-	5,370,284
	T. Rowe Price	T. Rowe Price Retirement 2050 Class I	-	5,317,742
	Allspring	Core Bond	-	3,344,097
	American Funds	New Perspective Class R6	-	3,318,422
	Vanguard	Equity Income Admiral Shares	-	2,869,323
	Fidelity	Small Cap Index	-	2,782,058
	Fidelity	Mid Cap Index	-	2,489,560
	Black Rock	60 40 Target Allocation Class K	-	2,449,084
	MFS International Management	Core Equity Class R6	-	2,372,001
	MFS International Management	Mid Cap Growth Class R6	-	2,012,330
	Vanguard	Energy Index Admiral Shares	-	1,650,907
	Vanguard	Emerging Markets Stock Index Admiral Shares	-	1,237,111
	PGIM	High Yield Class R6	-	1,165,189
	Black Rock	20 80 Target Allocation Class K	-	1,154,388
	Victory Sycamore Capital	Established Value Class R6	-	1,139,540
	Black Rock	80 20 Target Allocation Class K	-	1,024,939
	T. Rowe Price	T. Rowe Price Retirement 2060 Class I	-	1,001,683
	Black Rock	Inflation Protected Bond Class K	-	903,655
	T. Rowe Price	T. Rowe Price Retirement 2025 Class I	-	881,969
	T. Rowe Price	T. Rowe Price Retirement 2020 Class I	-	838,363
	MFS International Management	Mid Cap Value Fund Class R6	-	820,244

See independent auditor's report.

SCHEDULE 1

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
Mutual funds:				
	Putnam	Small Cap Growth Class R6	$ -	$ 735,100
	Black Rock	Advantage International Institutional Shares	-	681,646
	Pimco	International Bond US Dollar Hedged Institutional Class	-	648,846
	Principal	Global Real Estate Securities Class R6	-	550,700
	DFA	International Small Company Institutional Class	-	514,857
	PGIM	Jennison Utility Class R6	-	489,481
	Franklin	Small Cap Value Class R6	-	438,432
	Victory Sycamore Capital	Small Company Opportunity Class R6	-	373,011
	DFA	International Small Cap Growth Portfolio	-	255,625
	T. Rowe Price	T. Rowe Price Retirement 2065 Class I	-	240,274
	John Hancock	Disciplined Value International Class R6	-	212,145
	T. Rowe Price	T. Rowe Price Retirement 2015 Class I	-	111,061
	T. Rowe Price	T. Rowe Price Retirement 2010 Class I	-	58,004
	Black Rock	40 60 Target Allocation Class K	-	36,444
	T. Rowe Price	T. Rowe Price Retirement 2005 Class I	-	10,878
	Total mutual fund		-	107,711,655
	Great Gray Trust Company, LLC	International Growth Fund II Fee Class R1	-	2,447,054
*	Lincoln National Life Insurance Company	Stable value account - Z365	-	2,787,168
	Total investments		-	112,945,877
*	Individual participants	Participant notes; Interest rates of 4.25% to 9.50% collateralized by participants' account balances	-	1,009,964
			$ -	$ 113,955,841

* Party-in-interest

** Data not required - participant self-directed accounts

See independent auditor's report.

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
- [ ] 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
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1987

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)

Applied Information Sciences, Inc.

11440 Commerce Park Drive Suite 600

Reston VA 20191

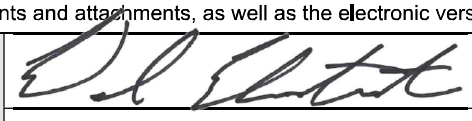
2b Employer Identification Number (EIN) 52-1237004

2c Plan Sponsor's telephone number 703-860-7800

2d Business code (see instructions) 541512

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		10/08/2026	Daniel Ehrmantraut
	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**	682
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)**	448
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	437
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	229
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	666
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	667
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)**	629
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)**	625
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:
2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 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

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
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Applied Information Sciences, Inc.

D Employer Identification Number (EIN)
52-1237004

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
Lincoln Nation 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
35-0472300	65676	89363700087	626	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2,787,168
5	Current value of plan's interest under this contract in separate accounts at year end	5	110,158,709

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	3,025,906
c	Additions: (1) Contributions deposited during the year	7c(1)	262,795		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	67,855		
	(4) Transferred from separate account	7c(4)	1,048,929		
	(5) Other (specify below)	7c(5)	79,235		
	▶loans				
	(6) Total additions			7c(6)	1,458,814
d	Total of balance and additions (add lines 7b and 7c(6))			7d	4,484,720
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	794,415		
	(2) Administration charge made by carrier	7e(2)	6,404		
	(3) Transferred to separate account	7e(3)	832,941		
	(4) Other (specify below)	7e(4)	63,791		
	▶loans				
	(5) Total deductions			7e(5)	1,697,551
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	2,787,169

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)	0
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)	0
(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)	0
(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.**	**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	**B** Three-digit plan number (PN) ▶
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
Applied Information Sciences, Inc.	52-1237004

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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

(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)

Lincoln National Corporation 35-0472300
PO Box 7877

Fort Wayne IN 46802

(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						
	Contract Administrator	209,112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Pennsylvania Pension Planners 45-2712335
2090 Linglestown Road Suite 201

Harrisburg PA 17110

(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?
15						
	TPA	58,999	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 ☐

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a	Name:	**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
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
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Applied Information Sciences, Inc.

D Employer Identification Number (EIN)
52-1237004

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	106,457	111,205
(2) Participant contributions	1b(2)	218,365	225,003
(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)	889,125	946,982
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	95,759,427	110,158,709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3,025,905	2,787,168
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	99,999,279	114,229,067
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3,817	1,298
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3,817	1,298
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	99,995,462	114,227,769

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)	3,056,466	
(B) Participants	2a(1)(B)	6,240,615	
(C) Others (including rollovers)	2a(1)(C)	802,451	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10,099,532
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)	74,782	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74,782
(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)	5,082,120	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5,082,120
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10,482,330
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25,738,764
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11,255,337	
(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)		11,255,337
f Corrective distributions (see instructions)	2f		1,298
g Certain deemed distributions of participant loans (see instructions)	2g		26,429
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	223,393	
(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)		223,393
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11,506,457
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14,232,307
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)** [X] 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: Grossberg Company LLP **(2)** EIN: 52-0807134

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		500,000
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

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
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Applied Information Sciences, Inc.

D Employer Identification Number (EIN)
52-1237004

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): 04-3157927

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 Q702775a.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number:► 52-1237004

For plan year (beginning/ending):► 1/1/2025-12/31/2025 Plan number:► 002

(a)	(b) Identity of issue, 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
	DFA	INTL SML CO		514,857
	PRINCIPAL	GLBL REAL ESTAT SECRT		550,700
	AMERICAN FUNDS	NEW PRSPCT		3,318,422
	VANGUARD	EQTY INCM		2,869,323
	JPM	LRGCP GWTH		6,655,956
	VANGUARD	EMRG MRKTS STCK INDX		1,237,111
	MFS	MIDCP VALUE		820,244
	VANGUARD	ENGRY INDX		1,650,907
	ALLSPRING	CORE BOND		3,344,097
	PGIM	HIGH YLD		1,165,189
	BLKRK	INFL PRTCT BOND		903,655
	VICTORY SYCMRE	ESTBLS VALUE		1,139,540
	PIMCO	INTL BOND US DLLR HDGD		648,846
	MFS	MIDCP GRWTH		2,012,330
	VICTORY SYCMRE	SML CO OPP		373,011
	JHN HNK	DSCPD VALUE INTL		212,145
	BLKRK	80 20 TRGT ALLOC		1,024,939
	BLKRK	60 40 TRGT ALLOC		2,449,084
	BLKRK	40 60 TRGT ALLOC		36,444
	BLKRK	20 80 TRGT ALLOC		1,154,388
	FIDELITY	500 INDX		14,701,504
	FIDELITY	MIDCP INDX		2,489,560
	FIDELITY	SMCP INDX		2,782,058
	FIDELITY	ADV GRWTH OPP		8,478,969
	FRNKLN	SMCP VALUE		438,432
	MFS	CORE EQTY		2,372,001
*	LINCOLN	STABLE VALUE ACCOUNT		2,787,168
	PGIM	JENISN UTIL		489,481
	PUTNAM	SMCP GRWTH		735,100
*	LINCOLN	INTL GRWTH II		2,447,054
	T ROWE	RTRMT 2045		6,630,220
	T ROWE	RTRMT 2050		5,317,742
	T ROWE	RTRMT 2055		5,370,284
	T ROWE	RTRMT 2060		1,001,683
	T ROWE	RTRMT 2040		10,239,236
	T ROWE	RTRMT 2035		5,772,127
	T ROWE	RTRMT 2065		240,274
	T ROWE	RTRMT 2030		5,734,250
	T ROWE	RTRMT 2025		881,969
	T ROWE	RTRMT 2020		838,363
	T ROWE	RTRMT 2015		111,061
	T ROWE	RTRMT 2010		58,004
	T ROWE	RTRMT 2005		10,878
	DFA	INTL SMCP GRWTH PORT		255,625
	BLKRK	ADVG INTL		681,646
	PARTICIPANT LOANS	4.25% - 9.50%		1,009,964

APPLIED INFORMATION SCIENCES, INC.
EMPLOYEES' 401(k) RETIREMENT PLAN

Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Years Ended
December 31, 2025 and 2024

CONTENTS

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Grossberg COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

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(301) 571-1900 • FAX (301) 571-1932 • www.grossberg.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT

We have performed an audit of the financial statements of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year then ended December 31, 2025, stating that the certified investment information, as described in Notes 3, 4, 5, and 6 to the financial statements, is complete and accurate.

OPINION

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

- The amounts and disclosures in the accompanying 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 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

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement 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 Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

OTHER MATTER - SUPPLEMENTARY SCHEDULE REQUIRED BY ERISA

The supplementary information is 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 supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures

applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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.

- information in the supplementary 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).

Grossberg Company LLP

Bethesda, MD
October 7, 2026

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets:		
Investments:		
Mutual fund, at fair value (Notes 3 and 5)	$ 107,711,655	$ 93,482,991
Collective investment funds, net asset value (NAV) (Notes 3 and 6)	2,447,054	2,276,436
Investment contract with insurance company, at contract value (Notes 3 and 4)	2,787,168	3,025,905
Total investments	112,945,877	98,785,332
Receivables:		
Employer contributions	111,205	106,457
Participant contributions	225,003	218,365
Participants' notes	1,009,964	954,394
Total receivables	1,346,172	1,279,216
Total assets	114,292,049	100,064,548
Liabilities:		
Distribution payable and accrued expenses	50,350	54,948
Net assets available for benefits	$ 114,241,699	$ 100,009,600

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:	
Contributions:	
Participant	$ 7,043,066
Employer	3,056,466
Total contributions	10,099,532
Net appreciation in fair value of investments (Note 3)	10,480,104
Dividend income (Note 3)	5,084,346
Interest income on notes receivable from participants	74,782
Total additions to net assets	25,738,764
Deductions from net assets attributed to:	
Benefits paid to participants	11,285,351
Administrative expenses and transfers (Note 8)	221,314
Total deductions from net assets	11,506,665
Net increase in net assets available for benefits	14,232,099
Net assets available for benefits, beginning of year	100,009,600
Net assets available for benefits, end of year	$ 114,241,699

See independent auditor's report and accompanying notes.

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2025

1. Description of plan

The following description of Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Applied Information Sciences, Inc. (the "Company") who elected to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The SECURE 2.0 Act of 2022 (the "Act") was enacted on December 29, 2022, as part of the Consolidated Appropriations Act, 2023. The Act includes required and optional provisions that become effective at different times. The Plan must be operated in accordance with each applicable provision as of its effective date, even though the Plan document does not have to be amended on or before December 31, 2026. Effective January 1, 2026, participants who are 50 or older whose prior-year Social Security (FICA) wages from the Company exceeded $150,000 must make any catch-up contributions as Roth contributions. Plan management does not expect plan amendment to have a material effect on the Plan's 2025 financial statements.

Eligibility - All Employees of the Company are eligible to participate on their first day of work with no minimum age or service requirements. Union and non-resident alien employees are excluded from participation.

Contributions - For 2025, each participant may contribute a maximum of $23,500 to the Plan. In addition, participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions not to exceed $7,500 and participants between age 60-63 during the Plan year are eligible to make catch-up contributions not to exceed $11,250. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers forty-four mutual funds, one common collective trust, and one insurance contract with Lincoln Financial as investment options for participants. The Plan Sponsor makes a safe harbor matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 5% of eligible Plan compensation. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each eligible participant's account is credited with (a) the participant's contribution, (b) the Plan Sponsor's safe harbor matching contributions, (c) Plan earnings, (d) forfeitures of terminated participants non-vested accounts, and (e) charged with Plan losses and/or administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Employer match contributions made for participants for the period from January 1, 2015, to May 31, 2021, shall have a six-year vesting period (20% per year after the first year of service). All employer contributions made to participant accounts prior to January 1, 2015, and after June 1, 2021, to a participant's account are 100% vested.

1. *Description of plan (continued)*

Forfeited accounts - Forfeitures during 2025 aggregated to $13,648. During 2025, $7,530 ($35,189 for 2024) was used to pay plan expenses. No forfeiture amount was used to pay for administrative expenses during 2024. Investment gain on such funds during 2025 aggregated $10 ($26 gain for 2024). There was a balance of $6,128 of non-vested forfeited accounts at December 31, 2025 and no balance at December 31, 2024.

Participant notes - Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of: (a) $50,000 (reduced by the excess of the highest outstanding balance of all loans on any day during the one year period ending on the day before the new loan is made, over the outstanding balance of loans on the date the new loan is made) or (b) the greater of 50% of their vested account balance or $10,000. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term is to be determined by mutual agreement between the Plan and the participant, but in no case longer than 30 years. The notes are secured by the balance in the participant's account and incur interest at a rate determined by the Plan Administrator to be reasonable. At December 31, 2025 and 2024, the interest rate on participant loans ranges between 4.25% and 9.50%. Principal and interest are paid ratably through semi-monthly payroll deductions.

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are made in the form of a single lump sum payment or a paid-up annuity contract based on the life expectancy of the participant, and if married, his or her spouse. Upon termination of employment, participants whose vested account balance is less than $5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is $5,000 or greater, no distribution or any part thereof may be paid prior to the participant's attainment of age 59.5 without the participant's consent, or in the event of death, the participant's interest will be distributed to the designated beneficiary upon request.

2. *Accounting policies*

Basis of accounting - The financial statements of the Plan are prepared under the accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan (See Note 4).

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 certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

2. *Accounting policies (continued)*

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

The Plan's investment in a collective investment trust ("CIT") is measured at fair value using the net asset value ("NAV") per unit, as reported by the trustee. The CIT does not have a readily determinable fair value, and its NAV is calculated in a manner consistent with the measurement principles of an investment company. The Plan has elected to apply this practical expedient. In accordance with *Accounting Standards Codification (ASC) 820, Fair Value Measurement*, investments measured at NAV using the practical expedient are not classified in the fair value hierarchy.

Purchases and sales of securities are recorded on the trade-date. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis of accounting. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants - The Plan reports notes receivable from participants at their unpaid principal balance plus accrued interest, if any. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

Payment of benefits - Benefits are recognized when paid.

Administrative expenses - Expenses incurred in connection with the general administration of the Plan are shared by the Plan and the Plan Sponsor. (See Note 8)

Subsequent events - The Plan has evaluated subsequent events through October 7, 2026, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2025 have been incorporated into these statements.

3. *Investments (unaudited)*

At December 31, 2025 and 2024, the Plan's investments were held by the custodian. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2025	***2024***
Mutual funds	$ 107,711,655	$ 93,482,991
Collective investment trusts	2,447,054	2,276,436
Investment contract	2,787,168	3,025,905
	$ 112,945,877	$ 98,785,332
Net appreciation in value	$ 10,480,104	$ 10,232,728
Dividends	$ 5,084,346	$ 3,304,456

4. *Investment contract with insurance company (unaudited)*

The Plan has a fixed contract issued by Lincoln National Life Insurance Company (Lincoln National), with a fixed guaranteed rate of interest. Lincoln National maintains contributions in a separate account that's segregated from the general assets of the issuer and are insulated from creditors or Lincoln National. This account is credited with earnings on the underlying investments and charged for participant withdrawals. Lincoln National is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 1%. Crediting rates are guaranteed for at least one calendar quarter.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Lincoln National.

4. Investment contract with insurance company (unaudited) (continued)

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Lincoln's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Lincoln's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention of surrendering it's interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) the plan ceases to meet the requirements of the Internal Revenue Code for purchasers of Lincoln's contract, (b) Lincoln discontinues offering this contract form to the public, (c) a material misrepresentation, (d) no activity for twenty-four consecutive months, or (e) unpaid fees by the plan.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

5. Fair value measurements (unaudited)

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for benefits. The Plan's investment in the guaranteed insurance option contract with Lincoln is reported at contract value (see Note 4) and the investment in collective investment trust is reported at NAV (see note 6). The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

5. *Fair value measurements (unaudited) (continued)*

	Fair Value	Level 1
Assets at fair value as of December 31, 2025:		
Mutual funds		
Domestic equity	$ 45,868,028	$ 45,868,028
Asset allocation	42,242,535	42,242,535
International/global equity	6,219,806	6,219,806
Balanced	4,628,411	4,628,411
Fixed income	6,061,787	6,061,787
Specialty	2,691,088	2,691,088
	$ 107,711,655	$ 107,711,655

	Fair Value	Level 1
Assets at fair value as of December 31, 2024:		
Mutual funds		
Domestic equity	$ 39,894,198	$ 39,894,198
Asset allocation	35,281,696	35,281,696
International/global equity	4,823,519	4,823,519
Balanced	4,948,497	4,948,497
Fixed income	6,183,002	6,183,002
Specialty	2,352,079	2,352,079
	$ 93,482,991	$ 93,482,991

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

6. *Collective investment trust funds (unaudited)*

The CIT funds (International Growth Fund II Fee Class R1) are valued at the net asset value (NAV) of units of the fund. The fund's objective is to seek capital appreciation by investing primarily in equity securities of non-U.S. companies with sustainable, above-average growth prospects. The fund is valued at NAV per unit as reported by the trustee, which is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities.

Table below summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024.

December 31	*Fair Value*	Unfunded Commitments	Redemption Frequency (if) Currently Eligible	Redemption Notice Period
2025	$ 2,447,054	N/A	Daily	None
2024	$ 2,276,436	N/A	Daily	None

The weighted average current yield earned by the trusts is 21.68% and 9.59% at December 31, 2025 and December 31, 2024, respectively.

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of investments, such as mutual funds, CIT, and an investment contract, 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 risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments and the insurance contract which is payable from the separate asset account of the fund. The Plan has offered participants investment options in various investment vehicles as a means of reducing the effects of such risks.

8. *Related party transactions*

A portion of the Plan's investments are funds managed by Lincoln National Life Insurance Company, the Plan's custodian. Under ERISA, such transactions qualify as party-in-interest transactions. The Company pays a portion of the Plan's administrative expenses. The Company absorbed $36,000 of professional fees on behalf of the plan in 2025.

9. *Reconciliation of financial statements to Form 5500*

The following reconciles net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 114,241,699	$ 100,009,600
Add (deduct):		
Deemed distributions	(62,982)	(65,269)
Accrued plan expenses	49,052	51,131
Net assets available for benefits per the Form 5500	$ 114,227,769	$ 99,995,462

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

	Per Financial Statement	*Change in Accrual*	*Deemed Distribution*	*Adjustment to Income*	*Per 5500*
Contributions	$ 10,099,532	$ -	$ -	$ -	$ 10,099,532
Investment income	15,564,450	-	-	-	15,564,450
Interest income on notes receivable	74,782	-	-	-	74,782
Distributions	(11,285,351)	-	2,287	-	(11,283,064)
Administrative fees and transfer	(221,314)	(2,079)	-	-	(223,393)
Net increase in net assets available for benefits	$ 14,232,099	$ (2,079)	$ 2,287	$ -	$ 14,232,307

10. *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.

11. Tax status

Effective June 1, 2021, the Plan was amended and restated in accordance with Pennsylvania Pension Planners, Inc.'s defined contribution prototype plan and trust. The plan received its latest determination letter on June 30, 2020. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

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

DECEMBER 31, 2025

(a)	*(b)*	*(c)*	*(d)*	*(e)*
	Identity of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment*	*Cost ***	*Current Value*
Mutual funds:				
	Fidelity	500 Index	$ -	$ 14,701,504
	T. Rowe Price	T. Rowe Price Retirement 2040 Class I	-	10,239,236
	Fidelity	Advisor Growth Opportunities Class Z	-	8,478,969
	JPMorgan	Large Cap Growth Class R6	-	6,655,956
	T. Rowe Price	T. Rowe Price Retirement 2045 Class I	-	6,630,220
	T. Rowe Price	T. Rowe Price Retirement 2035 Class I	-	5,772,127
	T. Rowe Price	T. Rowe Price Retirement 2030 Class I	-	5,734,250
	T. Rowe Price	T. Rowe Price Retirement 2055 Class I	-	5,370,284
	T. Rowe Price	T. Rowe Price Retirement 2050 Class I	-	5,317,742
	Allspring	Core Bond	-	3,344,097
	American Funds	New Perspective Class R6	-	3,318,422
	Vanguard	Equity Income Admiral Shares	-	2,869,323
	Fidelity	Small Cap Index	-	2,782,058
	Fidelity	Mid Cap Index	-	2,489,560
	Black Rock	60 40 Target Allocation Class K	-	2,449,084
	MFS International Management	Core Equity Class R6	-	2,372,001
	MFS International Management	Mid Cap Growth Class R6	-	2,012,330
	Vanguard	Energy Index Admiral Shares	-	1,650,907
	Vanguard	Emerging Markets Stock Index Admiral Shares	-	1,237,111
	PGIM	High Yield Class R6	-	1,165,189
	Black Rock	20 80 Target Allocation Class K	-	1,154,388
	Victory Sycamore Capital	Established Value Class R6	-	1,139,540
	Black Rock	80 20 Target Allocation Class K	-	1,024,939
	T. Rowe Price	T. Rowe Price Retirement 2060 Class I	-	1,001,683
	Black Rock	Inflation Protected Bond Class K	-	903,655
	T. Rowe Price	T. Rowe Price Retirement 2025 Class I	-	881,969
	T. Rowe Price	T. Rowe Price Retirement 2020 Class I	-	838,363
	MFS International Management	Mid Cap Value Fund Class R6	-	820,244

See independent auditor's report.

SCHEDULE 1

APPLIED INFORMATION SCIENCES, INC. EMPLOYEES' 401(K) RETIREMENT PLAN

EIN 52-1237004 - PLAN 001

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

DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
Mutual funds:				
	Putnam	Small Cap Growth Class R6	$ -	$ 735,100
	Black Rock	Advantage International Institutional Shares	-	681,646
	Pimco	International Bond US Dollar Hedged Institutional Class	-	648,846
	Principal	Global Real Estate Securities Class R6	-	550,700
	DFA	International Small Company Institutional Class	-	514,857
	PGIM	Jennison Utility Class R6	-	489,481
	Franklin	Small Cap Value Class R6	-	438,432
	Victory Sycamore Capital	Small Company Opportunity Class R6	-	373,011
	DFA	International Small Cap Growth Portfolio	-	255,625
	T. Rowe Price	T. Rowe Price Retirement 2065 Class I	-	240,274
	John Hancock	Disciplined Value International Class R6	-	212,145
	T. Rowe Price	T. Rowe Price Retirement 2015 Class I	-	111,061
	T. Rowe Price	T. Rowe Price Retirement 2010 Class I	-	58,004
	Black Rock	40 60 Target Allocation Class K	-	36,444
	T. Rowe Price	T. Rowe Price Retirement 2005 Class I	-	10,878
	Total mutual fund		-	107,711,655
	Great Gray Trust Company, LLC	International Growth Fund II Fee Class R1	-	2,447,054
*	Lincoln National Life Insurance Company	Stable value account - Z365	-	2,787,168
	Total investments		-	112,945,877
*	Individual participants	Participant notes; Interest rates of 4.25% to 9.50% collateralized by participants' account balances	-	1,009,964
			$ -	$ 113,955,841

* Party-in-interest

** Data not required - participant self-directed accounts

See independent auditor's report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Applied Information Sciences, Inc. Employees' 401(k) Retirement Plan

Employer Identification Number:► 52-1237004

For plan year (beginning/ending):► 1/1/2025-12/31/2025 Plan number:► 002

(a)	(b) Identity of issue, 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
	DFA	INTL SML CO		514,857
	PRINCIPAL	GLBL REAL ESTAT SECRT		550,700
	AMERICAN FUNDS	NEW PRSPCT		3,318,422
	VANGUARD	EQTY INCM		2,869,323
	JPM	LRGCP GWTH		6,655,956
	VANGUARD	EMRG MRKTS STCK INDX		1,237,111
	MFS	MIDCP VALUE		820,244
	VANGUARD	ENGRY INDX		1,650,907
	ALLSPRING	CORE BOND		3,344,097
	PGIM	HIGH YLD		1,165,189
	BLKRK	INFL PRTCT BOND		903,655
	VICTORY SYCMRE	ESTBLS VALUE		1,139,540
	PIMCO	INTL BOND US DLLR HDGD		648,846
	MFS	MIDCP GRWTH		2,012,330
	VICTORY SYCMRE	SML CO OPP		373,011
	JHN HNK	DSCPD VALUE INTL		212,145
	BLKRK	80 20 TRGT ALLOC		1,024,939
	BLKRK	60 40 TRGT ALLOC		2,449,084
	BLKRK	40 60 TRGT ALLOC		36,444
	BLKRK	20 80 TRGT ALLOC		1,154,388
	FIDELITY	500 INDX		14,701,504
	FIDELITY	MIDCP INDX		2,489,560
	FIDELITY	SMCP INDX		2,782,058
	FIDELITY	ADV GRWTH OPP		8,478,969
	FRNKLN	SMCP VALUE		438,432
	MFS	CORE EQTY		2,372,001
*	LINCOLN	STABLE VALUE ACCOUNT		2,787,168
	PGIM	JENISN UTIL		489,481
	PUTNAM	SMCP GRWTH		735,100
*	LINCOLN	INTL GRWTH II		2,447,054
	T ROWE	RTRMT 2045		6,630,220
	T ROWE	RTRMT 2050		5,317,742
	T ROWE	RTRMT 2055		5,370,284
	T ROWE	RTRMT 2060		1,001,683
	T ROWE	RTRMT 2040		10,239,236
	T ROWE	RTRMT 2035		5,772,127
	T ROWE	RTRMT 2065		240,274
	T ROWE	RTRMT 2030		5,734,250
	T ROWE	RTRMT 2025		881,969
	T ROWE	RTRMT 2020		838,363
	T ROWE	RTRMT 2015		111,061
	T ROWE	RTRMT 2010		58,004
	T ROWE	RTRMT 2005		10,878
	DFA	INTL SMCP GRWTH PORT		255,625
	BLKRK	ADVG INTL		681,646
	PARTICIPANT LOANS	4.25% - 9.50%		1,009,964