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
AXTELLA, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
AXTELLA, LLC

300 PARKLAND PLAZA
ANN ARBOR, MI 48103

2b Employer Identification Number (EIN)
38-3627552

2c Plan Sponsor's telephone number
734-663-1611

2d Business code (see instructions)
561110

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.	10/14/2026	BRANDON RYDELL
	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**	170
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)**	146
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	140
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	169
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	169
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)**	168
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)**	167
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:

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
AXTELLA, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXTELLA, LLC

D Employer Identification Number (EIN)
38-3627552

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SIGMA FINANCIAL CORP
300 PARKLAND PLAZA
ANN ARBOR, MI 48103

(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)

ASCENSUS LLC

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 55 10 64 99 15 60 50	NONE	35098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MESIROW

36-3429599

(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?
55 27 50	NONE	3302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNINGSTAR

(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?
99 50	NONE	822	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
AXTELLA, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AXTELLA, LLC

D Employer Identification Number (EIN)
38-3627552

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2020 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0257888-102	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95707
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2025 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0257911-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42736
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2030 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0257940-104	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	650286
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2035 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0257981-105	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	124906
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2040 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0258007-106	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250302
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2045 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-0258032-107	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	529544
a Name of MTIA, CCT, PSA, or 103-12 IE:	CALLAN GLIDEPATH 2050 MO		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST		
c EIN-PN 26-4835263-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	224412

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2055 MO

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 26-4835327-160	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399638

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2060 MO

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 46-2086473-172	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2156319

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH 2065 MO

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4116834-508	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163372

a Name of MTIA, CCT, PSA, or 103-12 IE: CALLAN GLIDEPATH RET INC MO

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 26-0257765-100	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 922323

a Name of MTIA, CCT, PSA, or 103-12 IE: DIRECTIONS 1 - CONSERVATIVE I

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-241	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237947

a Name of MTIA, CCT, PSA, or 103-12 IE: DIRECTIONS 2 - MODERATELY CONSERVAT

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-242	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67124

a Name of MTIA, CCT, PSA, or 103-12 IE: DIRECTIONS 3 - MODERATE I

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-243	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 698316

a Name of MTIA, CCT, PSA, or 103-12 IE: DIRECTIONS 4 - MODERATELY AGGRESSIV

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-244	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337822

a Name of MTIA, CCT, PSA, or 103-12 IE: DIRECTIONS 5 - AGGRESSIVE I

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-245	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360835

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT RIGHT STABLE VALUE I

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-227	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 628955

a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET EMERGING MKT IND SL II		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 32-6528132-035	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	219016
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET INTL IND SECS LENDING		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 32-6528132-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	231961
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RETIRE RIGHT RETIREMEN		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-228	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5779
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2025		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-230	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84181
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2030		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-231	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	188042
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2035		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-232	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	249992
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2040		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-233	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10181
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2045		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-234	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	437283
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RETI RIGHT TARGET 2050		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST		
c EIN-PN 74-2008758-235	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	392095
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE STREET RET RIGHT TARGET 2060		
b Name of sponsor of entity listed in (a):	STATE STREET RUSS SM CAP IND SECS LND II		
c EIN-PN 74-2008758-237	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	212028

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RET RIGHT TARGET 2065

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-238	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48501

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS SM CAP GR IND NON

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-221	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55438

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS SM CAP IND SECS L

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 32-6528132-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114295

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS SM CAP VA IND NON

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-223	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145211

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL L/C GROWTH IDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 32-6528132-061	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 555877

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CAP VAL IND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 32-6528132-060	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212231

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 IDX SEC LEND I

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-078	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 807868

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MIDCAP IDX SEC LEN

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-459	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204847

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US GOV/CRT BD IND NONL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205953

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RET RIGHT TARGET 2055

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST

c EIN-PN 74-2008758-236	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212551

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
AXTELLA, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXTELLA, LLC

D Employer Identification Number (EIN)
38-3627552

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)	12577	14869
(2) Participant contributions	1b(2)	33664	40023
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		290498
(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)	256097	249175
(9) Value of interest in common/collective trusts	1c(9)	10910155	12483874
(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)	4855702	5042475
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	16068195	18120914
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	16068195	18120914

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)	506463	
(B) Participants	2a(1)(B)	1176142	
(C) Others (including rollovers)	2a(1)(C)	4808	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1687413
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1036	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	17107	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18143
(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)	61313	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		61313
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1838014
(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)		583170
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4188053
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2096112	
(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)		2096112
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	35098	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4124	
(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)		39222
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2135334
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2052719
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: RSM U.S. LLP **(2)** EIN: 42-0714325

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**	X		

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
AXTELLA, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AXTELLA, LLC

D Employer Identification Number (EIN)
38-3627552

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): 75-3182674

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 07 / 01 / 2024 (MM/DD/YYYY) and the Opinion Letter serial number Q704155A .

Axtella, LLC 401(k) Plan

Financial Report
December 31, 2025

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RSM US LLP

Independent Auditor's Report

Board of Directors
Axtella, LLC 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Axtella, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions, as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits 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 (U.S. GAAP).

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

RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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—Supplemental Schedule Required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP

Chicago, Illinois
October 14, 2026

Axtella, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 17,816,847	$ 15,765,857
Receivables:		
Notes receivable from participants	249,175	256,097
Participant contributions	40,023	33,664
Company contributions	14,869	12,577
	304,067	302,338
Net assets available for benefits	**$ 18,120,914**	**$ 16,068,195**

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

Axtella, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	2,421,184
Dividends on investments		61,313
Interest income on investments		1,036
		2,483,533
Interest income on notes receivable from participants		17,107
Contributions:		
Participants		1,176,142
Company		506,463
Rollovers		4,808
		1,687,413
Total additions		**4,188,053**
Deductions from net assets attributed to:		
Benefits paid		2,096,112
Administration expenses		39,222
Total deductions		**2,135,334**
Net increase		**2,052,719**
Net assets available for benefits:		
Beginning of year		16,068,195
End of year	**$**	**18,120,914**

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

1. Plan Description

The following description of the Axtella, LLC 401(k) Plan (the "Plan") is provided for general informational purposes only. Participants should refer to the Plan document, Summary Plan Description, and any amendments for a more complete description of the Plan's provisions.

General and eligibility

The Plan is a defined contribution retirement plan covering all employees, except for independent contractors and employees that are part of a collective bargaining unit, that are 18 years of age or older and have completed one month of service. Participants are eligible on the first day of the month after meeting eligibility requirements. Axtella, LLC ("Axtella" or “the Company”) is the plan sponsor and has appointed an administrator and a 401(k) committee to provide for the management and operation of the Plan. The recordkeeper of the Plan is Ascensus, LLC (" Ascensus”). The custodian of the plan assets was Matrix Trust Company. Beginning July 18, 2025, the custodial agreement for plan assets was assigned to Ascensus Trust Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute a portion of total pretax or after-tax ("Roth") compensation, as defined in the Plan, not to exceed certain Internal Revenue Service ("IRS") limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts disbursed or transferred from another qualified plan ("rollovers").

The Plan was amended on January 1, 2021 to a Safe Harbor Qualified Automatic Contribution Arrangement ("QACA"). During the initial period following meeting eligibility requirements, participants will be automatically enrolled at a deferral rate of 3% if they do not submit a salary reduction agreement within 30 days of notice. After the initial period, participants deferral rates will increase 1% annually, at the beginning of the plan year, up to a maximum of 10%, unless they affirmatively opt out of Plan participation or make an alternate deferral election.

The Plan has elected to maintain safe harbor status, under which the Company makes matching contributions equal to 100% of eligible participant contributions up to 3% of eligible compensation, plus 50% of eligible participant contributions exceeding 3% but not exceeding 5% of eligible compensation. Matching contributions are determined based on eligible compensation and participant contributions during each payroll period.

Compensation is defined as total annual remuneration, including overtime pay and bonuses paid to each participant. The participant's and Company's annual contributions are subject to certain limitations of the IRS.

Participant accounts

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

Vesting
Participants are immediately vested in their contributions, Company safe harbor contributions and earnings thereon.

Investment options
Plan participants may direct their contributions to any number of investment options offered by the Plan, including shares of registered investment companies and common collective trusts and also elect to have their contributions professionally managed. The Plan has not elected to allow participants to use self-directed brokerage accounts.

Loan provision
The Plan contains a loan provision whereby participants may borrow certain amounts from their account between $1,000 up to a maximum of the lesser of $50,000 or 50% of their account balance. Loan terms range up to five years or over a reasonable time period of time for the purchase of a participant's primary residence, as established by the Plan Administrator at the time of the loan. Participants may only have a maximum of two outstanding loans at any time and the loan interest rate is determined by the prime rate at the time of loan origination. Participants who miss scheduled loan payments may cure the missed payments by the end on the calendar quarter following the calendar quarter in which the default occurred. Upon termination of a participant employment with Axtella, any outstanding loans must be repaid to avoid default.

Payment of benefits
The Plan allows for in-service distributions for participants after attaining the age of 59 ½. Under certain circumstances a participant may receive distributions from the Plan at any time and includes distributions from rollover contributions, disability, and armed forces personnel under certain circumstances. In-service hardship distributions are also available to participants under certain circumstances and are limited to participant contributions and does not include distributions from safe harbor contributions. Participants may elect to receive either a lump-sum amount equal to the value of the participant’s vested balance, or partial payments (payments of a portion of the participant’s account that are not regularly scheduled).

Administrative expenses
Transaction costs related to securities and investment transactions are included in the cost or deducted from any sales proceeds. Expenses, costs, and management fees of an investment fund along with certain administration fees charged by Ascensus are charged directly to the investment fund. Expenses and costs that are paid for by Axtella are excluded from these financial statements.

2. Summary of Significant Accounting Policies

Basis of accounting
The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates
The preparation of the financial statements in conformity with Generally Accepted Accounting Principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, net assets available for benefits, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Defaulted loans are treated as distributions based upon the terms of the plan document. No loans were deemed uncollectable at December 31, 2025 and 2024.

Investment valuation and income recognition
Plan assets and investments are reported at fair value (Note 4) which is the price that would be expected to be received to sell an asset or the amount paid to settle a liability in an orderly transaction to a third party at current market conditions. The Plan Administrator determines the fair value based on asset valuations provided by the custodian and investment advisors.

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

Contributions
Participant and Company matching contributions are recognized in the period related to the participant's compensation (even if not yet withheld).

Benefit payments
The payment of benefits is recorded when paid.

3. Information Certified or Provided by Matrix Trust Company and Ascensus Trust Company

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and income information for the year ended December 31, 2025 included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the current and former custodians and furnished to the Plan Administrator. Matrix Trust Company, former custodian, was the Custodian through July 17, 2025. Beginning July 18, 2025, Ascensus Trust Company is the current Custodian. The Plan Administrator has obtained certifications from the current and former custodians that information provided to the Plan Administrator by the current and former custodians related to the following assets and income is complete and accurate.

	2025	2024
Investments, at fair value		
Units of common collective trusts	$ 12,483,874	$ 10,910,155
Shares of registered investment companies	5,042,475	4,855,702
Money market fund	290,498	-
Net appreciation in fair value of investments	2,421,184	
Dividends on investments	61,313	
Interest income on investments	1,036	

4. Fair Value Measurements

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

Level 1 Observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Other inputs than quoted prices include in Level 1 that are directly or indirectly observable in the marketplace.

Level 3 Unobservable inputs which are supported by little or no market activity

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

The following is a description of the valuation methodologies used for assets measured on a recurring basis at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Shares of registered investment companies: Shares of registered investment companies, including money market funds, are valued at the unadjusted quoted prices of the shares held by the Plan at year-end.

Units of common collective trusts: Common collective trusts are valued at the net asset value (NAV) of the shares of the funds held by the Plan at year-end, as reported by the funds' investment managers. The NAVs are used as a practical expedient to estimate fair value. The NAVs are based on the fair value of the underlying investments held by the funds less liabilities. The practical expedient would not be used if it is determined to be probable that the Plan will sell the fund for an amount different from the reported NAV. The underlying assets of the common collective trusts vary by type and include primarily shares of target-date funds and mutual funds.

The methods above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 investments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value on a recurring basis, as of December 31, 2025 and 2024:

	Investments at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Money market fund	$ 290,498	$ -	$ -	$ 290,498
Shares of registered investment companies	5,042,475	-	-	5,042,475
	$ 5,332,973	$ -	$ -	5,332,973
Investments measured at NAV (a)				12,483,874
Total investments at fair value				$ 17,816,847

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Shares of registered investment companies	$ 4,855,702	$ -	$ -	$ 4,855,702
Investments measured at NAV (a)				10,910,155
Total investments at fair value				$ 15,765,857

(a) Certain investments that are measured at NAV per share (or its equivalent as a practical expedient) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one level to another.

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2025, there were no transfers in or out of Level 3.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2025 Fair Value	2024 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common collective trusts:					
Mutual funds	$ 2,758,476	$ 2,489,064	$ -	Daily	None
Stable value funds	628,955	196,672	-	Daily	None
Target-date funds	7,394,399	6,804,386	-	Daily	None
Multi-asset and balanced strategies	1,702,044	1,420,033	-	Daily	None
	$ 12,483,874	$ 10,910,155	$ -		

5. Risks and Uncertainties

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

6. Related-Party Transactions and Party-in-Interest Transactions

The Plan had elected certain investment options to be offered to participants that were issued by Ascensus and were managed by third party manager/advisors.

Employees of Axtella also provide services to the Plan as administrator and trustee. The employees are not paid from Plan assets nor are they granted any additional compensation for their services.

7. Income Tax Status

The Plan was established as a Prototype Non-standardized Profit Plan with Ascensus. The Department of Treasury issued an opinion letter to Ascensus on July 1, 2024. The Plan and sponsor have relied upon the opinion letter and believes that the Plan is in compliance with the Internal Revenue Code. No provision for income taxes, deferred tax assets or liabilities have been recorded.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain positions that more likely than not would not be sustained upon examinations. Through December 31, 2025 the Plan Administrator has determined that the Plan has maintained its tax-exempt status and there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress.

8. Plan Termination

The Plan may be terminated at any time and safe harbor contributions discontinued subject to the provisions of ERISA. Should the plan terminate and discontinue contributions, participant accounts will be distributed to participants and in accordance with the regulations of the IRS.

9. Subsequent Events

The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 14, 2026, the date the financial statements were available to be issued.

10. Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 18,120,914	$ 16,068,195
Adjustments for:		
Notes receivable from participants	(249,175)	(256,097)
Investments - participant loans	249,175	256,097
Net assets available for benefits per Form 5500	$ 18,120,914	$ 16,068,195

Axtella, LLC 401(k) Plan

EIN: 38-3627552
Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current value
		Units of Common Collective Trusts:		
	Wilmington Trust, N.A.	Callan GlidePath 2020 MO	**	$ 95,707
	Wilmington Trust, N.A.	Callan GlidePath 2025 MO	**	42,736
	Wilmington Trust, N.A.	Callan GlidePath 2030 MO	**	650,286
	Wilmington Trust, N.A.	Callan GlidePath 2035 MO	**	124,906
	Wilmington Trust, N.A.	Callan GlidePath 2040 MO	**	250,302
	Wilmington Trust, N.A.	Callan GlidePath 2045 MO	**	529,544
	Wilmington Trust, N.A.	Callan GlidePath 2050 MO	**	224,412
	Wilmington Trust, N.A.	Callan GlidePath 2055 MO	**	399,638
	Wilmington Trust, N.A.	Callan GlidePath 2060 MO	**	2,156,319
	Wilmington Trust, N.A.	Callan GlidePath 2065 MO	**	163,372
	Wilmington Trust, N.A.	Callan GlidePath Ret Inc MO	**	922,323
	Hand Benefits & Trust	Directions 1 - Conservative I	**	237,947
	Hand Benefits & Trust	Directions 2 - Moderately Conservative I	**	67,124
	Hand Benefits & Trust	Directions 3 - Moderate I	**	698,316
	Hand Benefits & Trust	Directions 4 - Moderately Aggressive I	**	337,822
	Hand Benefits & Trust	Directions 5 - Aggressive I	**	360,835
	Hand Benefits & Trust	Retirement Right Stable Value I	**	628,955
	Hand Benefits & Trust	State Street Emerging Mkt Ind SL II	**	219,016
	Hand Benefits & Trust	State Street Intl Ind Secs Lending IX	**	231,961
	Hand Benefits & Trust	State Street Retire Right Retirement I	**	5,779
	Hand Benefits & Trust	State Street Retire Right Target 2025 I	**	84,181
	Hand Benefits & Trust	State Street Retire Right Target 2030 I	**	188,042
	Hand Benefits & Trust	State Street Retire Right Target 2035 I	**	249,992
	Hand Benefits & Trust	State Street Retire Right Target 2040 I	**	10,181
	Hand Benefits & Trust	State Street Retire Right Target 2045 I	**	437,283
	Hand Benefits & Trust	State Street Retire Right Target 2050 I	**	392,095
	Hand Benefits & Trust	State Street Retire Right Target 2055 I	**	212,551
	Hand Benefits & Trust	State Street Retire Right Target 2060 I	**	212,028
	Hand Benefits & Trust	State Street Retire Right Target 2065 I	**	48,501
	State Street Global Advisors	State Street Russ Sm Cap Gr Ind NonLnd C	**	55,438
	State Street Global Advisors	State Street Russ Sm Cap Ind Secs Lnd II	**	114,295
	State Street Global Advisors	State Street Russ Sm Cap Va Ind NonLnd C	**	145,211
	State Street Global Advisors	State Street Russell L/C Grow th Idx II	**	555,877
	State Street Global Advisors	State Street Russell Lg Cap Val Ind II	**	212,231
	State Street Global Advisors	State Street S&P 500 Idx Sec Lend II	**	807,868
	State Street Global Advisors	State Street S&P Midcap Idx Sec Lend XIV	**	204,847
	State Street Global Advisors	State Street US Gov/Crt Bd Ind NonLnd C	**	205,953
		Total Units of Collective Investment Trusts:		12,483,874
		Shares of Registered Investment Companies:		
	AllianceBernstein	AB Discovery Value Z	**	156,454
	AllianceBernstein	AB Global Bond Z	**	50,882
	Allspring Fund Management LLC	Allspring Emerging Markets Equity R6	**	87,979
	Blackrock	BlackRock High Yield Portfolio K	**	87,991
	Blackrock	BlackRock Total Return K	**	152,201
	Boston Trust	Boston Trust Midcap	**	2,536
	Causew ay	Causew ay International Value Instl	**	49,648
	Legg Mason	ClearBridge Small Cap Grow th IS	**	75,203
	Cohen & Steers	Cohen & Steers Instl Realty Shares Instl	**	177,650
	Franklin Templeton Investments	Franklin Grow th R6	**	681,036

Axtella, LLC 401(k) Plan

EIN: 38-3627552
Plan Number: 001

Schedule H, Line 4i - 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 including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current value
	Harbor	Harbor Capital Appreciation Ret	**	535,548
	Hartford	Hartford Schroders Intl MultCap Val SDR	**	164,046
	Invesco	Invesco Global R6	**	205,151
	John Hancock	JHancock III Disc Val Mid Cap R6	**	186,850
	MFS	MFS International Diversification R6	**	39,268
	MFS	MFS International Grow th R6	**	206,934
	MFS	MFS Value R6	**	139,470
	Nationw ide	Nationw ide Geneva Small Cap Grow th R6	**	212,703
	T. Row e Price	T. Row e Price Grow th Stock I	**	604,051
	T. Row e Price	T. Row e Price Spect Mod Grw Alloc I	**	52,700
	T. Row e Price	T. Row e Price Spectrum Cons Alloc I	**	23,263
	T. Row e Price	T. Row e Price Spectrum Cons Alloc I	**	110,878
	TCW	T. Row e Price Spectrum Cons Alloc I	**	123,344
	Vanguard	T. Row e Price Spectrum Cons Alloc I	**	219,919
	Vanguard	T. Row e Price Spectrum Cons Alloc I	**	128,167
	Vanguard	T. Row e Price Spectrum Cons Alloc I	**	214,519
	Vanguard	T. Row e Price Spectrum Cons Alloc I	**	259,975
	William Blair	T. Row e Price Spectrum Cons Alloc I	**	94,109
		Total Shares of Registered Investment Companies:		5,042,475
		Interest-bearing cash:		
	Vanguard	Vanguard Treasury Money Market Fund		290,498
*	Participants	Participant loans (interest rates betw een 3.25% and 8.50%), maturing through October 2030.		249,175
				$ 18,066,022

*Party-in-interest, as defined by ERISA

**Cost information is not required for particpant-directed investments

The above information has been certified by Ascensus, the current Custodian, as complete and accurate.

Attachment to 2025 Form 5500

Assets Held at Year End

Plan Name AXTELLA, LLC 401(K) PLAN
Plan Sponsor Name AXTELLA, LLC
EIN 38-3627552
PN 001

(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
	Alliance Bernstein	AB Discovery Value Z	0	156,454
	Alliance Bernstein	AB Global Bond Z	0	50,882
	Allspring	Allspring Emerging Markets Equity R6	0	87,979
	Black Rock	BlackRock High Yield Portfolio K	0	87,991
	BlackRock	BlackRock Total Return K	0	152,201
	State Street	State Street US Gov/Crt Bd Ind NonLnd C	0	205,953
	Boston Trust	Boston Trust Midcap	0	2,536
	Causeway	Causeway International Value Instl	0	49,648
	Legg Mason	ClearBridge Small Cap Growth IS	0	75,203
	Cohen & Steers	Cohen & Steers Instl Realty Shares Instl	0	177,650
	Directions 1	Directions 1 - Conservative I	0	237,947
	Directions 2	Directions 2 - Moderately Conservative I	0	67,124
	Directions 3	Directions 3 - Moderate I	0	698,316
	Directions 4	Directions 4 - Moderately Aggressive I	0	337,822
	Directions 5	Directions 5 - Aggressive I	0	360,835
	State Street	State Street Emerging Mkt Ind SL II	0	219,016
	Franklin	Franklin Growth R6	0	681,036
	State Street	State Street Russ Sm Cap Va Ind NonLnd C	0	145,211
	Callan	Callan GlidePath 2020 MO	0	95,707
	Callan	Callan GlidePath 2025 MO	0	42,736
	Callan	Callan GlidePath 2030 MO	0	650,286
	Callan	Callan GlidePath 2035 MO	0	124,906
	Callan	Callan GlidePath 2040 MO	0	250,302
	Callan	Callan GlidePath 2045 MO	0	529,544
	Callan	Callan GlidePath 2050 MO	0	224,412
	Callan	Callan GlidePath 2055 MO	0	399,638
	Callan	Callan GlidePath 2060 MO	0	2,156,319
	Callan	Callan GlidePath 2065 MO	0	163,372
	Callan	Callan GlidePath Ret Inc MO	0	922,323
	State Street	State Street Russ Sm Cap Ind Secs Lnd II	0	114,295
	State Street	State Street Russell L/C Growth Idx II	0	555,877
	Retirement	Retirement Right Stable Value I	0	628,955
	Harbor	Harbor Capital Appreciation Ret	0	535,548
	Hartford	Hartford Schroders Intl MultCap Val SDR	0	164,047
	State Street	State Street Intl Ind Secs Lending IX	0	231,961
	Invesco	Invesco Global R6	0	205,151

(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
	John Hancock	JHancock III Disc Val Mid Cap R6	0	186,850
	TCW	TCW MetWest Total Return Bond Plan	0	123,344
	MFS	MFS International Diversification R6	0	39,268
	MFS	MFS International Growth R6	0	206,934
	MFS	MFS Value R6	0	139,470
	State Street	State Street S&P Midcap Idx Sec Lend XIV	0	204,847
	Nationwide	Nationwide Geneva Small Cap Growth R6	0	212,703
	State Street	State Street Russ Sm Cap Gr Ind NonLnd C	0	55,438
	State Street	State Street Retire Right Target 2025 I	0	84,181
	State Street	State Street Retire Right Target 2030 I	0	188,042
	State Street	State Street Retire Right Target 2035 I	0	249,992
	State Street	State Street Retire Right Target 2040 I	0	10,181
	State Street	State Street Retire Right Target 2045 I	0	437,283
	State Street	State Street Retire Right Target 2050 I	0	392,095
	State Street	State Street Retire Right Target 2055 I	0	212,551
	State Street	State Street Retire Right Target 2060 I	0	212,028
	State Street	State Street Retire Right Target 2065 I	0	48,501
	State Street	State Street Retire Right Retirement I	0	5,779
	State Street	State Street S&P 500 Idx Sec Lend II	0	807,868
	T. Rowe Price	T. Rowe Price Growth Stock I	0	604,051
	T. Rowe Price	T. Rowe Price Spectrum Cons Alloc I	0	23,264
	T. Rowe Price	T. Rowe Price Spectrum Mod Alloc I	0	110,878
	T. Rowe Price	T. Rowe Price Spect Mod Grw Alloc I	0	52,700
	State Street	State Street Russell Lg Cap Val Ind II	0	212,231
	Vanguard	Vanguard Equity Income Adm	0	219,919
	Vanguard	Vanguard Global Equity Inv	0	128,167
	Vanguard	Vanguard U.S. Growth Adm	0	214,519
	Vanguard	Vanguard Windsor II Adm	0	259,975
	William	William Blair Small-Mid Cap Growth R6	0	94,109
	Vanguard	Vanguard Treasury Money Market	0	290,498
	Participant's Loan Account	Various Rates and Maturities	0	249,175