# 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
ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1986

**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)
ADVANCED TECHNOLOGY SERVICES, INC.

8201 NORTH UNIVERSITY STREET
PEORIA, IL 61615

**2b** Employer Identification Number (EIN)
26-1499204

**2c** Plan Sponsor's telephone number
309-693-4022

**2d** Business code (see instructions)
811310

**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 | JASON MONTGOMERY |
| | **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** | 3305 |
| **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)** | 2062 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1791 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1341 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3132 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 4 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 3136 |
| **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)** | 3281 |
| **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)** | 3097 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 349 |
| **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 3F

**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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC.

**D** Employer Identification Number (EIN)
26-1499204

## 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

MERRILL LYNCH
1033 SKOKIE BOULEVARD
SUITE 500
NORTHBROOK, IL 60062-4108

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

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

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

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

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 64 99<br>15 62 50 | NONE | 288489 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

GREATBANC TRUST COMPANY

801 WARRENVILLE RD
STE 500
LISLE, IL 60532

| (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 | 19875 | Yes [ ] No [X] | Yes [ ] No [ ] | 0 | Yes [ ] No [ ] |

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

RSM US LLP.

5155 PAYSPHERE CIRCLE
CHICAGO, IL 60674

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 1575 | Yes [ ] No [X] | Yes [ ] No [ ] | 0 | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(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 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
ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
26-1499204

## 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: CL) PUTNAM STABLE VALUE FUND 35 BPS

**b** Name of sponsor of entity listed in (a): PUTNAM STABLE VALUE FUNDS

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-3159710-273 | C | 6430380 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**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
ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC.

**D** Employer Identification Number (EIN)
26-1499204

## 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 | 79485 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 2667672 | 38255 |
| **(2)** Participant contributions | 1b(2) | 835451 | 190619 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | 64648 |
| **(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) | | 0 |
| **(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) | 3190179 | 3112150 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 5956865 | 6430380 |
| **(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) | 174975295 | 192523383 |
| **(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) | 17440870 | 6475754 |
| **(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 | 205145817 | 208835189 |
| **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 | 205145817 | 208835189 |

## 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) | 2121425 | |
| **(B)** Participants | 2a(1)(B) | 12365313 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1357003 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 15843741 |
| **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) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 264198 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 264198 |
| **(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) | 12306955 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 12306955 |
| **(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) | | |
| (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) | | 14542927 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 42957821 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 38958510 | |
| (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) | | 38958510 |
| 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) | 288489 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 1575 | |
| (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) | 19875 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 309939 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 39268449 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3689372 |
| 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 US 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 | | 3851 |
| **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 | | 2000000 |
| **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
ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED TECHNOLOGY SERVICES, INC.

**D** Employer Identification Number (EIN)
26-1499204

## 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): 45-0404698

**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 Q703678A .

# Advanced Technology Services, Inc.
# 401(k) Profit Sharing Plan

Financial Report
December 31, 2025

**Contents**


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RSM US LLP

# Independent Auditor's Report

Participants and ATS 401(k) Profit Sharing Plan Committee
Advanced Technology Services, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Advanced Technology Services, Inc. 401(k) Profit Sharing 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).

## 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.



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**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 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 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 Schedules Required by ERISA**
The supplemental schedules of Schedule H, Line 4a—schedule of delinquent participant contributions for the year ended December 31, 2025, and schedule H, line 4i—schedule of assets (held at year end) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 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 supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by 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

Schaumburg, Illinois
October 12, 2026

**Advanced Technology Services, Inc.**
**401(k) Profit Sharing Plan**

**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | **2025** | 2024 |
|---|---|---|
| **Assets** | | |
| Investments at fair value | **$ 205,429,517** | $ 198,373,030 |
| Cash | **64,648** | 79,485 |
| Receivables: | | |
| Notes from participants | **3,112,150** | 3,190,179 |
| Employer contributions | **38,255** | 2,667,672 |
| Participant contributions | **190,619** | 835,451 |
| | **3,341,024** | 6,693,302 |
| **Net assets available for benefits** | **$ 208,835,189** | $ 205,145,817 |

See notes to financial statements.

**Advanced Technology Services, Inc.**
**401(k) Profit Sharing Plan**

**Statement of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2025**

| | |
|---|---|
| Investment gain: | |
| Net appreciation in fair value of investments | $ 14,542,927 |
| Dividends | 12,306,955 |
| | 26,849,882 |
| Interest income on notes from participants | 264,198 |
| Contributions: | |
| Employer | 2,121,425 |
| Participants | 12,365,313 |
| Rollover | 1,357,003 |
| | 15,843,741 |
| **Total** | 42,957,821 |
| Deductions: | |
| Benefits paid | 38,958,510 |
| Administrative and other expenses | 309,939 |
| **Total deductions** | 39,268,449 |
| **Net increase in net assets available for benefits** | 3,689,372 |
| Net assets available for benefits: | |
| Beginning | 205,145,817 |
| Ending | $ 208,835,189 |

See notes to financial statements.

## Note 1. Plan Description

The following description of Advanced Technology Services, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan covering all full-time and part-time employees of Advanced Technology Services, Inc. (the Company, Plan Sponsor or Employer) who are age 18 or older and meet other eligibility requirements as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The ATS 401(k) Profit Sharing Plan Committee is responsible for oversight of the Plan.

**Contributions:** Participants may elect to reduce their salary and have the amount contributed to the Plan. The elective deferral amount may not be more than the lesser of: (a) 100% of their eligible compensation for the period, (b) the maximum dollar limit allowed under the requirements of the Internal Revenue Code (IRC) ($23,500 for 2025) or (c) such lesser amount as determined by the discrimination tests for the Plan. Participants who will be age 50 or older during the plan year can make additional special catch-up contributions (up to $7,500 additional for 2025). The Plan includes a Roth option to allow contributions to be made on a post-tax basis.

Participants are automatically enrolled at a deferral rate of 5% of compensation unless they make an elective deferral election or otherwise opt out. Participants begin their elective deferral contributions immediately. Prior to January 1, 2011, all contributions were made pretax (tax deferred). Contributions of distributions to participants from another qualified plan are permitted as defined in the Plan and are reflected as rollover contributions.

The Plan provides for discretionary matching contributions by the Company. Matching contributions applicable to the year ended December 31, 2025, consisted of a standard match of 25% of the first 10% of each participant's elective salary deferral. As the Company did not attain its budget fiscal opening income in 2025, there was no supplemental match The Company may also make a discretionary profit-sharing contribution each year. Participants must be in the active employ of the Company on the last day of the plan year and meet all other eligibility requirements to receive any profit-sharing contribution. There was no profit-sharing contribution made applicable to the year ended December 31, 2025. Contributions are subject to certain limitations. Participants direct the investment of contributions into various investment options offered by the Plan.

**Investment options:** The plan offers mutual funds, a common/collective trust fund and Advanced Technology Services, Inc. common stock (through the Company Stock Fund as more fully described in Note 5 to the financial statements) as investment options for participants. Participants can direct their accounts directly into the investments offered by the Plan. Participants may change their investment options daily n all funds other than the Company Stock Fund.

Prior to January 1, 2023, participants who invested in the Company Stock Fund has no right to transfer the invested funds to any other designated investment option provided by the Plan, nor to direct GreatBanc Trust Company in any manner with respect to the management or disposition of the Company's shares held in the Company Stock Fund. Additionally, participants who invested in the Company Stock Fund have the sole right to receive, in cash, the value of the Company's shares held in their accounts at the time they become eligible to receive a distribution from the Plan or cease to be an active employee of the Company. Effective January 1, 2023, the Company Stock Fund ceased to be an investment option for participants as more fully described in Note 9.

**Note 1. Plan Description (Continued)**

**Participant accounts:** Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's discretionary profit-sharing contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or participant transactions, 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 elective and, if applicable, rollover contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. The Plan has a three-year, cliff-vesting schedule (100% after three years of service).

**Forfeited accounts:** Forfeitures of terminated participants' nonvested accounts may be used to reduce future employer contributions. As of December 31, 2025 and 2024, forfeited nonvested accounts totaled approximately $32,000 and $65,000, respectively. During the year ended December 31, 2025, approximately $634,000 was used to reduce Employer contributions.

**Payment of benefits:** On termination of service, death, disability or retirement, a participant with a vested account balance greater than $7,000 may elect to receive:

1. a lump-sum amount equal to the value of his or her vested account balance, or

2. annual or more frequent periodic payments of substantially equal amounts over a period as defined in the plan document until the entire account balance has been fully distributed.

If a participant's vested account balance is $7,000 or less, a lump-sum amount distribution is the required form of payment on termination of service, death, disability or retirement.

Additionally, a participant may also elect to have a portion or all of his or her distributions paid in the form of a direct trustee-to-trustee transfer to another eligible retirement plan designated by the participant.

Any distribution of a participant's account will first be distributed from investments in the participant's account other than the Company Stock Fund. After liquidation of all other investments in the participant's account, the Company Stock Fund will then be liquidated according to the Company's Stock Election Administration Policy. The primary differences in Company Stock Fund distributions are that such distributions will only be made on an annual basis following the close of the trading window (as more fully described in Note 5 to the financial statements), while other distributions are generally available for distribution within a brief period of time following termination of service, and the Company Stock Fund of plan participants who are no longer active employees of the Company but have not requested a distribution of their accounts under the Plan, will be liquidated as of the next following trading window with the proceeds reinvested in accordance with the participant's most recent investment direction on file with the Plan Administrator for non-Company Stock Fund investment options.

Also, a participant may receive a distribution of his or her elective deferral contributions:

1. if the Plan terminates and there is no successor Plan,

2. if the Company or most of its working assets are sold to another unrelated company,

3. if the Company sells its interest in a subsidiary to another unrelated company, or

4. if a participant has a financial hardship as defined in the Plan. Hardship distributions are not offered with respect to a participant's amounts in the Company Stock Fund.

### Note 1. Plan Description (Continued)

**Notes receivable from participants:** Participants may borrow from their non-Company Stock Fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms include a maximum of five years, unless the loan is for the purchase of a primary residence. In that case, the maximum term for a loan is 30 years. Loans are collateralized by the balance in a participant's account and bear interest at the prime rate (as specified in the Wall Street Journal) plus a margin. Principal and interest are paid ratably through payroll deductions.

### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared under the accrual method of accounting.

**Use of estimates in the preparation of financial statements:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Investment valuation and income recognition:** The Plan's investments are reported at fair 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. The ATS 401(k) Profit Sharing Plan Committee determines the Plan's valuation policies utilizing information provided by the Plan trustees. The methods used to determine the fair value of investments are described in Note 4.

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:** Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which participant compensation is earned.

**Notes receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document. Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes, and accordingly, have been included as an investment in the supplemental schedule of assets (held at end of year).

**Payment of benefits:** Benefits are recorded when paid.

**Administrative expenses:** Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employees receive compensation from the Plan. Certain other administrative expenses are also paid directly by the Company.

**Subsequent events:** The Plan Administrator has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

### Note 3. Information Certified and Provided by GreatBanc Trust Company and Ascensus Trust Company

The following is a summary of the Plan's asset and income information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by GreatBanc Trust Company and Ascensus Trust Company, qualified institutions.

Ascensus Trust Company, certified to the completeness and accuracy of the following as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

| | 2025 | 2024 |
|---|---|---|
| Shares of registered investment companies (mutual funds) | $ 192,523,383 | $ 174,975,295 |
| Common/collective trust fund | 6,430,380 | 5,956,865 |
| Notes receivable from participants | 3,112,150 | 3,190,179 |
| Net appreciation in fair value of investments | 16,208,121 | |
| Dividends | 12,306,955 | |
| Interest income on notes from participants | 264,198 | |

### Note 3. Information Certified and Provided by GreatBanc Trust Company and Ascensus Trust Company (Continued)

GreatBanc Trust Company, certified to the completeness and accuracy of the following, to the best of their knowledge as of December 31, 2025 and 2024, and for the year ended December 31, 2025:

| | 2025 | 2024 |
|---|---|---|
| Advanced Technology Services, Inc. common stock | $ 6,475,754 | $ 17,440,870 |
| Net depreciation in fair value of Advanced Technology Services, Inc. common stock | (1,665,194) | |

Shares held in Advanced Technology Services, Inc. common stock as of December 31, 2025 and 2024, were 176,211 and 377,508, respectively.

### Note 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Note 4. Fair Value Measurements (Continued)**

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

***Shares of registered investment companies (mutual funds):*** Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

***Common/collective trust fund:*** The units of investment in the common/collective trust fund are stated at NAV which is based on the aggregate fair value of the underlying assets of the trust in relation to the total number of units outstanding. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

***Advanced Technology Services, Inc. common stock:*** The fair value of the Company's common shares (assuming full dilution of shares and equivalents outstanding) held by the Plan at year-end is valued at estimated fair value based upon an independent appraisal. The appraisals for valuations performed as of December 31, 2025 and 2024, were based upon a combination of the income and market valuation techniques.

### Note 4. Fair Value Measurements (Continued)

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

| | 2025 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Shares of registered investment companies (mutual funds) | $ 192,523,383 | $ - | $ - | $ 192,523,383 |
| Advanced Technology Services, Inc. common stock | - | - | 6,475,754 | 6,475,754 |
| Total investments in the fair value hierarchy | $ 192,523,383 | $ - | $ 6,475,754 | 198,999,137 |
| Investments measured at NAV* | | | | 6,430,380 |
| Investments, at fair value | | | | $ 205,429,517 |

| | 2024 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Shares of registered investment companies (mutual funds) | $ 174,975,295 | $ - | $ - | $ 174,975,295 |
| Advanced Technology Services, Inc. common stock | - | - | 17,440,870 | 17,440,870 |
| Total investments in the fair value hierarchy | $ 174,975,295 | $ - | $ 17,440,870 | 192,416,165 |
| Investments measured at NAV* | | | | 5,956,865 |
| Investments, at fair value | | | | $ 198,373,030 |

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

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024:

| | Fair Value | | Unfunded | Redemption | Redemption |
|---|---|---|---|---|---|
| Investment | 2025 | 2024 | Commitment | Frequency | Notice Period |
| Common/collective trust fund: | | | | | |
| Putnam Stable Value Fund | $ 6,430,380 | $ 5,956,865 | $ - | Daily | None |

**Changes in fair value of levels:** 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 fair value 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.

### Note 4. Fair Value Measurements (Continued)

For the year ended December 31, 2025, 201,297 shares with a fair value of approximately $9,300,000 were redeemed by the Company, as discussed in Note 5.

**Quantitative information about significant unobservable inputs used in Level 3 fair value measurements:** The following table represents the Plan's Level 3 assets, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs:

| | Fair Value | | | |
|---|---|---|---|---|
| Instrument | 2025 | 2024 | Valuation Techniques | Unobservable Inputs |
| Advanced Technology Services, Inc. | | | | |
| common stock | $ 6,475,754 | $ 17,440,870 | Discounted cash flow | - Weighted-average cost of capital |
| | | | | - Projected adjusted EBITDA |
| | | | Guideline Public | - EBIT multiple |
| | | | Companies | - EBITDA multiple |

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, 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 financial instruments could result in a different fair value measurement as of the reporting date.

### Note 5. Advanced Technology Services, Inc. Common Stock

During 2011, the Plan was amended to provide an investment opportunity for participants to transfer up to 50% of their existing vested account balances into a newly created investment option within the Plan known as the Company Stock Fund (CSF) which provides participants with a beneficial (indirect) interest in shares of the Company's common stock. Balances transferred are drawn first from amounts attributable to the participant's Employer matching contribution account portion and then from amounts attributable to the participant's elective deferral account portion. In addition, balances transferred to the CSF are withdrawn on a pro rata basis from the participant's existing investment fund selections. Initial shares of common stock acquired by the Plan were made at estimated fair value with such value determined by GreatBanc Trust Company, with the advice of its independent financial advisor and based on an appraisal. Shares of common stock acquired by the Plan are held in the Plan's trust by GreatBanc Trust Company (the CSF Trustee).

Prior to January 1, 2023, Plan participants who own a beneficial interest in the Company's common stock held by the Plan may have an annual opportunity to transfer additional portions of their vested account balances to the CSF if: (i) participants separate from the Company during the year and their shares in the CSF are made available, (ii) distribution eligible participants make liquidation/distribution elections, and/or (iii) stockholders of the Company sell their shares to the CSF and such shares are made available. To the extent that shares are available under or for acquisition by the CSF, on an annual basis, shortly after the fair value of the Company's stock is established by the CSF Trustee and plan accounts are reconciled, eligible participants of the Plan may acquire available shares of the Company's common stock during a limited period of time (i.e., a Trading Window). Shares of the Company's common stock held in a participant's account who has ceased to be an active employee of the Company may become available for sale during the Trading Window. To the extent that there are excess available shares (those offered to but not acquired by the Plan's participants) the Company is required to purchase such excess shares from the Plan at fair value, based upon an independent appraisal.

### Note 5. Advanced Technology Services, Inc. Common Stock (Continued)

Effective as of January 1, 2023, and by virtue of the Tolling Agreement with the Department of Labor (DOL) (see Note 9), the Company decided to discontinue this investment opportunity and wind down the CSF no later than December 31, 2026. Plan participants were given the option to elect, during the Trading Window, to transfer all or some portion of their CSF balances into other available investment options offered by the Plan.

On April 18, 2025, the annual Trading Window CSF offering closed, whereby 201,297 shares of common stock of the Company, with an approximate fair value of $9,300,000 based upon the fair value determined by an independent appraisal, were redeemed on April 21, 2025, by the Plan Sponsor from the Plan.

The Plan's investment in the common stock of Advanced Technology Services, Inc. represents 3% and 9% of the Plan's total assets as of December 31, 2025 and 2024, respectively.

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

The Plan held and sold shares of the Company's common stock during the year. The Company is the Plan Sponsor and, therefore, these transactions qualify as party-in-interest transactions.

Certain administrative fees for audit services, trust services and investment management are paid by the Plan. The Plan paid approximately $231,000 for these services for the year ended December 31, 2025. The Company also provides certain additional administrative services to the Plan at no cost to the Plan.

### Note 7. Tax Status

The Plan has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the IRC. The Plan has been amended since adopting the pre-approved plan document; however, the Plan Administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

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

### Note 8. Plan Termination

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

### Note 9. Risks and Uncertainties

The Plan invests in various investment securities, including Company stock. Investment securities are exposed to various risks such as interest rate, market and credit risks, as well as valuation assumptions based on earnings, cash flows and other such techniques. Due to the level of risk associated with certain investment securities, and to uncertainties inherent in estimates and assumptions, 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 reported in the statements of net assets available for benefits.

## Note 9. Risks and Uncertainties (Continued)

In February 2020, the Plan received a notice from the DOL indicating that the 2016 to 2018 plan years have been selected for investigation.

On February 7, 2023, the Plan Sponsor and the DOL have entered into a Tolling Agreement, which is intended to provide the Plan Sponsor an opportunity to voluntarily terminate the CSF and to take any other agreed upon corrective action to address the DOL claims. The Plan Sponsor has agreed to freeze new investments into the CSF (see Note 5), and to incrementally wind it down and liquidate it over a period ending no later than December 31, 2026. CSF balances of terminated participants will be liquidated and purchased by the Company during the annual Trading Window, and reinvested at the direction of such participants. Additionally, during this Trading Window, participants who are age 59½ or older who ceased to be an active employee of the Company on or prior to December 31, 2021 (retirees) and active or terminated participants who are subject to required minimum distributions (RMD participants) will also be given the opportunity to divest out of the CSF and invest such balances into other investment options. Furthermore, restrictions on the ability of actively employed participants to transfer amounts invested in the CSF to other investment options have been eliminated.

Plan participants who were employed as of April 3, 2023, were given the option to elect, during the Trading Window, to transfer all or some portion of their Company Stock Fund balances into other available investment options offered by the Plan. There is an annual limit on Company purchases. Except for 2026, that annual limit is 25% of the number of shares of the Company's common stock held by the CSF Trustee as of December 31, 2022. In the event that liquidations of the CSF holdings of terminated, retirees and RMD participants, when combined with the elections to divest by active participants, exceeds this annual limit, the elections to divest of active participants will be prorated so the total does not exceed the annual limit. To the extent that liquidations during the Trading Window do not exceed the limit for a given year, the unused amount will be added to and included for purposes of the limit on Company purchases in the following year. For the year ended December 31, 2025, 201,297 shares were liquidated, via sale by the Plan to the Company, which represented 28% of shares of Company's common stock held by the CSF trustee as of December 31, 2022 of 661,701 shares plus 46,657 shares that were unused during the 2023 and 2024 Trading Windows.

On February 26, 2024, the Plan Sponsor and the DOL entered into a Second Tolling Agreement, which extended the terms of the original tolling agreement through April 2025. Additionally, on March 17, 2025, the Plan Sponsor and the DOL entered into a Third Tolling Agreement, which extended the terms of the original tolling agreement through April 2026. On April 20, 2026, the remaining 176,211 shares of the Company's common stock held by the Plan, with a fair value of approximately $6,500,000, were redeemed by the Plan Sponsor. This redemption completed the liquidation of the Company Stock Fund and represented the final disposition of the Company's common stock held by the Plan.

The Plan Sponsor intends to cooperate with the DOL to resolve any matters that may be identified in order to maintain the plan's qualified status. As the investigation is ongoing, the ultimate outcome is uncertain; therefore, no adjustment has been reflected in the financial statements.

## Note 10. Plan Operational Defect

During 2019, the Plan Sponsor discovered that it had inadvertently failed to enroll certain eligible employees and it was discovered that this error affected certain participants back to the 2011 Plan year, when the Plan adopted an auto enrollment provision. The Plan Sponsor has corrected these errors by ensuring the eligible employees were properly enrolled, and has deposited approximately $260,000 of corrective contributions including lost earnings, in February 2021. In addition, the Plan Sponsor used approximately $1,302,000 of forfeitures in February 2021 to fund the remainder of the corrective contributions. The Plan Sponsor intends to submit the correction to the Voluntary Correction Program (VCP) for IRS approval following the conclusion of the DOL investigation referenced in Note 9 above.

### Note 11. Prohibited Transactions

During 2024, the Plan Sponsor inadvertently failed to deposit $3,851, of participant contributions and loan repayments within the timeframe as stated by the DOL regulations. The Plan Sponsor deposited lost earnings amounting to $93 in September 2025 to correct this failure. The Plan Sponsor filed Form 5330 and paid the applicable excise tax to the IRS. The correction and excise tax were paid from the assets of the Plan Sponsor and not from the assets of the Plan.

### Note 12. Subsequent Events

On April 18, 2026, the annual Trading Window CSF offering closed, whereby 176,211 shares of common stock of the Company, with a fair value of approximately $6,500,000 based upon the fair value determined by an independent appraisal, were redeemed by the Plan sponsor on April 20, 2026, from the Plan. This transaction qualifies as a party-in-interest transaction.

**Advanced Technology Services, Inc.**
**401(k) Profit Sharing Plan**

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions**
**Year Ended December 31, 2025**

Employer Identification Number: 26-1499204
Plan Number: 001

| Participant contributions transferred late to plan | Total that Constitutes Nonexempt Prohibited Transaction | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| $3,851 | $3,851 | | | |
| [X] Check here if late participant loan contributions are included | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2024 | $ - | $ 3,851 | $ - | $ - |

**Advanced Technology Services, Inc.**
**401(k) Profit Sharing Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)**
**December 31, 2025**

Employer Identification Number: 26-1499204
Plan Number: 001

| | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value | (d) Cost** | (e) Current Value |
|---|---|---|---|---|
| | | Shares of registered investment companies (mutual funds): | | |
| | MFS | Growth A | ** | $ 14,467,298 |
| | PIMCO | Income A | ** | 540,869 |
| | PGIM | High Yield CL A | ** | 759,456 |
| | Putnam | Large Cap Value Y | ** | 10,723,915 |
| | PGIM | Total Return Bond R4 | ** | 3,556,214 |
| | Columbia | Large Cap Index I | ** | 7,204,464 |
| | MFS | International Growth R4 | ** | 6,244,097 |
| | BlackRock | Total Return Fund A | ** | 6,466 |
| | Janus Henderson | Enterprise A | ** | 3,610,505 |
| | Alliance Bernstein | Small Cap Growth Portfolio I | ** | 6,077,346 |
| | T. Rowe Price | Capital Appreciation | ** | 26,099,333 |
| | DFA | Inflation Protected Sec Port | ** | 170,688 |
| | T. Rowe Price | International Value Eq Fund 1 | ** | 1,564,688 |
| | TIAA-CREF | Lifecycle Index 2010 Premier | ** | 228,282 |
| | TIAA-CREF | Lifecycle Index 2015 Premier | ** | 1,687,659 |
| | TIAA-CREF | Lifecycle Index 2020 Premier | ** | 4,413,233 |
| | TIAA-CREF | Lifecycle Index 2025 Premier | ** | 9,086,811 |
| | TIAA-CREF | Lifecycle Index 2030 Premier | ** | 15,992,949 |
| | TIAA-CREF | Lifecycle Index 2035 Premier | ** | 16,899,632 |
| | TIAA-CREF | Lifecycle Index 2040 Premier | ** | 13,022,621 |
| | TIAA-CREF | Lifecycle Index 2045 Premier | ** | 15,247,775 |
| | TIAA-CREF | Lifecycle Index 2050 Premier | ** | 14,473,624 |
| | TIAA-CREF | Lifecycle Index 2055 Premier | ** | 6,823,620 |
| | TIAA-CREF | Lifecycle Index 2060 Premier | ** | 6,717,965 |
| | JPMorgan | Undiscovered Managers Behavioral Value Fund R5 | ** | 1,761,315 |
| | Victory | Established Value A | ** | 4,580,038 |
| | TIAA-CREF | Lifecycle Index Retirement Income Premier | ** | 53,920 |
| | Principal | Real Estate Securities A | ** | 508,600 |
| | | | | 192,523,383 |
| | | Common/collective trust fund: | | |
| | Putnam | Stable Value Fund | ** | 6,430,380 |
| | | Employer common stock: | | |
| * | Advanced Technology Services, Inc. | Common stock | ** | 6,475,754 |
| * | Participants | Participant loans: | | |
| | | 4.25% to 9.50%, maturing from January 2026 to December 2052 | ** | 3,112,150 |
| | | | | $ 208,541,667 |

* Represents a party-in-interest.
** Not applicable, participant-directed plan.

The Advanced Technology Services, Inc. common stock above has been certified by GreatBanc Trust Company, a trustee of the Plan, as complete and accurate to the best of their knowledge. All information above other than Advanced Technology Services, Inc. common stock has been certified by Ascensus Trust Company, a trustee of the Plan, as complete and accurate.

**Attachment to 2025 Form 5500**

**Assets Held at Year End**

**Plan Name** ADVANCED TECHNOLOGY SERVICES, INC. 401(K) PSP
**Plan Sponsor Name** ADVANCED TECHNOLOGY SERVICES, INC.
**EIN** 26-1499204
**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 |
|---|---|---|---|---|
| | Putnam | Putnam Stable Value Fund 35 BPS | 0 | 6,430,380 |
| | T. Rowe Price | T. Rowe Price Capital Apprec Inv | 0 | 26,099,333 |
| | Victory | Victory Sycamore Established Value A | 0 | 4,580,038 |
| | Putnam | GM Putnam Stable Value Fund 35 BPS | 0 | 0 |
| | ATS | ATS Company Stock | 0 | 6,475,754 |
| | Columbia | Columbia Large Cap Index I | 0 | 7,204,464 |
| | Janus Henderson | Janus Henderson Enterprise A | 0 | 3,610,505 |
| | BlackRock | BlackRock Total Return Inv A | 0 | 6,466 |
| | DFA | DFA Inflation-Protected Sec Port I | 0 | 170,688 |
| | PGIM | PGIM High Yield CL A | 0 | 759,456 |
| | MFS | MFS International Growth R4 | 0 | 6,244,097 |
| | PIMCO | PIMCO Income A | 0 | 540,869 |
| | Nuveen | Nuveen Lifecycle Index 2015 Premier | 0 | 1,687,659 |
| | Nuveen | Nuveen Lifecycle Index 2030 Premier | 0 | 15,992,949 |
| | Nuveen | Nuveen Lifecycle Index Retire Inc Prem | 0 | 53,920 |
| | Nuveen | Nuveen Lifecycle Index 2050 Premier | 0 | 14,473,624 |
| | Nuveen | Nuveen Lifecycle Index 2045 Premier | 0 | 15,247,775 |
| | Nuveen | Nuveen Lifecycle Index 2040 Premier | 0 | 13,022,621 |
| | Nuveen | Nuveen Lifecycle Index 2010 Premier | 0 | 228,282 |
| | Nuveen | Nuveen Lifecycle Index 2025 Premier | 0 | 9,086,811 |
| | Nuveen | Nuveen Lifecycle Index 2020 Premier | 0 | 4,413,233 |
| | Nuveen | Nuveen Lifecycle Index 2035 Premier | 0 | 16,899,632 |
| | Nuveen | Nuveen Lifecycle Index 2055 Premier | 0 | 6,823,620 |
| | Nuveen | Nuveen Lifecycle Index 2060 Premier | 0 | 6,717,964 |
| | MFS | MFS Growth A | 0 | 14,467,298 |
| | Alliance Bernstein | AB Small Cap Growth Portfolio I | 0 | 6,077,346 |
| | Undiscovered | Undiscovered Mgrs Behavioral Val R5 | 0 | 1,761,315 |
| | Principal | Principal Real Estate Securities Instl | 0 | 508,600 |
| | PGIM | PGIM Total Return Bond R4 | 0 | 3,556,214 |
| | Putnam | Putnam Large Cap Value Y | 0 | 10,723,915 |
| | T. Rowe Price | T. Rowe Price Intl Value Eq Fund I | 0 | 1,564,688 |
| | Participant's Loan Account | Various Rates and Maturities | 0 | 3,112,150 |
| | Ascensus Trust Company | Contribution Account | 0 | 64,648 |