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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2017

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)
HAVER ANALYTICS, INC.

60 EAST 42ND STREET
SUITE 3310
NEW YORK, NY 10165-0055

2b Employer Identification Number (EIN)
13-2965030

2c Plan Sponsor's telephone number
212-986-9300

2d Business code (see instructions)
518210

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.	10/15/2026	JOHN DENCKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JOHN DENCKER
	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**	175
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)**	106
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	98
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	73
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	172
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)**	169
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)**	168
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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:

2E 2F 2G 2I 2J 2K 2P 2Q 2T 3I

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	142	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	5347190
c	Additions: (1) Contributions deposited during the year	7c(1)	240302		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	299046		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1056781		
	▶ LOAN PAYMENT, INVESTMENT TRANSFER				
	(6)Total additions			7c(6)	1596129
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6943319
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	126506		
	(2) Administration charge made by carrier	7e(2)	24537		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	17668		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	168711
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6774608

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	535427	142	01/01/2025	12/31/2025

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	6362214

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	467968	142	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	4421536
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	106555		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	106555
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4528091
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	248712		
	(2) Administration charge made by carrier	7e(2)	15346		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ LOAN WITHDRAWAL, INVESTMENT TRANSFER, CONTRIBUTION CREDIT	7e(4)	454725		
	(5) Total deductions			7e(5)	718783
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3809308

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	160106	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	105329	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GLOBAL RETIREMENT PARTNERS LLC	27 99	105329
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

(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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-095	P	60670

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-118	P	1826173

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EQUITY INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-121	P	4475371

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

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

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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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240919	352842
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5155	4470
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1356677	1414687
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	131447	198803
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4759796	6362214
(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)	26628764	27035552
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9768726	10583915
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	6895196	8014154
(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	49786680	53966637
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		468
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	219777	203936
1k Total liabilities (add all amounts in lines 1g through1j)	1k	219777	204404
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	49566903	53762233

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)	426211	
(B) Participants	2a(1)(B)	898827	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1325038
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57324	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	12763	
(F) Other	2b(1)(F)	405601	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		475688
(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)	431870	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		431870
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1118956	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1118956

		(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)		1140758
(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)		3325613
c Other income	2c		-189
d Total income. Add all **income** amounts in column (b) and enter total	2d		7817734
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3456584	
(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)		3456584
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		5714
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	160106	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		160106
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3622404
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4195330
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
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
HAVER ANALYTICS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-2965030

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Haver Analytics Employee Stock Ownership 401(k) Plan

Financial Statements
and Supplemental Schedule
For the Year Ended December 31, 2025

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PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

To the Plan Administrator of
Haver Analytics Employee Stock Ownership 401(k) Plan

Opinion

We have audited the financial statements of Haver Analytics Employee Stock Ownership 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Haver Analytics Employee Stock Ownership 401(k) Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Haver Analytics Employee Stock Ownership 401(k) 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Haver Analytics Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 Haver Analytics Employee Stock Ownership 401(k) 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 Haver Analytics Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 14, 2026

Haver Analytics Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits
As of December 31, 2025

	Allocated	Unallocated	Total
ASSETS			
Interest brearing cash	$ 1,414,687	$ -	$ 1,414,687
Investments in Haver Analytics, Inc, common stock, at fair value	6,912,208	1,101,946	8,014,154
Investments, at fair value			
Mutual funds	27,035,571	-	27,035,571
Pooled separate accounts	6,362,214	-	6,362,214
Investment contracts, at contract value	10,583,914	-	10,583,914
Employer contribution receivable	352,842	-	352,842
Notes receivable from participants	198,727	-	198,727
Interest receivable	4,470	-	4,470
Total Assets	52,864,633	1,101,946	53,966,579
LIABILITIES			
Note payable	-	203,936	203,936
NET ASSETS AVAILABLE FOR BENEFITS	$ 52,864,633	$ 898,010	$ 53,762,643

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits
As of December 31, 2024

	Allocated	Unallocated	Total
ASSETS			
Interest bearing cash	$ 1,356,677	$ -	$ 1,356,677
Investments in Haver Analytics, Inc. common stock, at fair value	5,860,917	1,034,279	6,895,196
Investments at fair value			
Mutual funds	26,628,764	-	26,628,764
Pooled separate accounts	4,759,796	-	4,759,796
Investment contracts, at contract value	9,768,726	-	9,768,726
Employer contribution receivable	240,919	-	240,919
Notes receivable from participants	131,447	-	131,447
Interest receivable	5,155	-	5,155
Total Assets	48,752,401	1,034,279	49,786,680
LIABILITIES			
Note payable	-	219,777	219,777
NET ASSETS AVAILABLE FOR BENEFITS	$ 48,752,401	$ 814,502	$ 49,566,903

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

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

	Allocated	Unallocated	Total
ADDITIONS TO NET ASSETS			
Investment Income			
Dividend income	$ 817,643	$ -	$ 817,643
Net appreciation in fair value of other investments	4,486,495	-	4,486,495
Net appreciation of Haver Analytics, Inc. common stock, at fair value	951,115	167,844	1,118,959
Cash Interest	52,854	-	52,854
Interest income on notes receivable from participants	17,157	-	17,157
Contributions			
Employee	898,827	-	898,827
Employer	404,655	21,555	426,210
Allocation of Haver Analytics, Inc. common stock, at fair value	100,177	-	100,177
Total Additions to Net Assets	7,728,923	189,399	7,918,322
DEDUCTIONS FROM NET ASSETS			
Distributions to participants	3,456,584	-	3,456,584
Administrative expenses	160,107	-	160,107
Interest expense	-	5,714	5,714
Allocation of Haver Analytics, Inc. common stock, at fair value	-	100,177	100,177
Total Deductions from Net Assets	3,616,691	105,891	3,722,582
Net Increase	4,112,232	83,508	4,195,740
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	48,752,401	814,502	49,566,903
End of year	$ 52,864,633	$ 898,010	$ 53,762,643

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

Notes to Financial Statements
December 31, 2025

1. Description of Plan

The following description of the Haver Analytics Employee Stock Ownership 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

Haver Analytics, Inc. (the “Company” or the “Employer”) formed the Plan effective January 1, 2017. The Plan operates as a leveraged Employee Stock Ownership Plan (“ESOP”), and is designed to comply with Section 4975(e)(7) and the regulations of the Internal Revenue Code (“IRC”) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On November 7, 2017, the Plan purchased 3,024,209 shares of the Company’s common stock for $1,360,894 (the “Stock Purchase”), a portion of which was financed by a loan from the Company to the Plan (see note 7).

The Plan consists of the employer stock account (the “ESOP Account”) and the participant directed mutual funds, separate accounts and an insurance company general account (the “401(k) Accounts”).

Principal Financial Group (“Principal”) is the custodian and record-keeper of the ESOP and 401(k) Accounts.

Eligibility

An employee of the Company becomes an eligible participant in the Plan upon attainment of age 21 and completion of six months of service. Leased employees or employees covered by a collective bargaining agreement are not eligible to participate in the Plan.

Participant Contributions

Each year participants may contribute up to the amount allowed by the IRC of pretax annual compensation, as defined in the Plan agreement. The Plan allows for discretionary matching contributions by the Company. For the year ended December 31, 2025, the Employer approved contributions to the Plan were $426,210 of which $352,842 were paid in 2026.

The Employer contributions in 2025 included a discretionary contribution of $21,555 which will be used in 2026 to separate terminated participants from their investments in the Company’s common stock.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s matching contribution, (b) Plan earnings and (c) charges for certain account maintenance and service fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

1. Description of Plan (continued)

Vesting

Participants are immediately and fully vested in their elective deferral account and qualified non-elective contribution account. A participant is also 100% vested in cash dividends that the participant elects to have reinvested in the Plan. For Employer contributions made into the Plan, vesting in the Company's discretionary matching contributions is based on years of continuous service. A participant vests at a rate of 25% per year starting after year one and is 100% vested after four years of credited service.

Voting Rights and Dividends

Principal shall vote all shares of Company common stock held by the Plan with respect to all corporate matters upon which Company shareholders are entitled or permitted to vote. Each participant in the Plan shall direct the Custodian as to voting of shares of the Company's common stock held in his or her account in the Plan. Dividends on the Company's common stock may be paid directly to participants at the discretion of the Plan administrator. There were no dividends declared on the Company's common stock for the year ended December 31, 2025.

Notes Receivable from Participants

Participants may not borrow from their ESOP Account, however, participants may borrow from their 401(k) Accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's 401(k) account and bear interest at prime plus one percent per annum. Principal and interest are paid ratably through payroll deductions. Interest rates on such loans ranged from 7.75% to 9.5% at December 31, 2025 and 5.75% to 9.5% at December 31, 2024.

Investment Options

Upon enrollment in the Plan, participants may also direct their elective and Company contributions into the various investment options offered by the Plan. Participants may change their investment options at any time.

Payment of Benefits

Distributions from a participant's ESOP Account will be made in a single lump sum payment or in equal installments over a period not to exceed five years, if the vested balance does not exceed $1,130,000. If a participant's vested balance exceeds $1,130,000, distributions will be paid in equal installments over a period not to exceed five years plus one year for each $226,000 that the balance exceeds $1,130,000.

1. Description of Plan (continued)

Payment of Benefits (continued)

A participant's account balance from their 401(k) Accounts will be distributed in a lump-sum payment upon termination, disability, retirement or death. However, any non-vested portion of the account balance is forfeited, except in the case of disability, death or retirement. In the event of such separation prior to age 59-1/2, the participant may elect to defer the distribution until the participant reaches age 59-1/2 or to an earlier date, provided that the participant's eligible distribution exceeds $5,000. In all cases, an active participant's account must be distributed no later than April 1, of the year following the participant's reaching 73 years of age.

Hardship withdrawals are allowed under the Plan, and are generally defined as an immediate and heavy financial need for which funds are not reasonably available from other resources. Hardship situations are limited to the purchase of a primary residence, certain tuition expenses, certain funeral expenses, deductible unreimbursed medical expenses and the need to prevent eviction from, or foreclosure of a mortgage on, a principal residence. The withdrawal cannot exceed the amount of the immediate need, including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal. In accordance with Internal Revenue Service ("IRS") Regulations participants must first exhaust all other assets reasonably available to them prior to obtaining a hardship withdrawal.

Forfeited Accounts

Forfeitures are allocated to reduce Employer contributions to the Plan. The balance in the forfeiture account at December 31, 2025 and 2024 was $23,985 and $14,195, respectively. Forfeited non-vested accounts amounting to $13,603 were used to reduce Employer contributions during the year ended December 31, 2025.

Put Option

The Company shall issue a put option to each participant who receives a distribution of Company common stock that is not readily tradable on an established market. The put option shall permit the participant to sell such Company common stock at its then fair value to the Company. The Company can pay for the purchase over a period of five years.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make certain estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock ("allocated") and (b) stock not yet allocated to employees ("unallocated"), including shares that are committed to be released, and the participant directed contributions (allocated). Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Investment Valuation and Income Recognition

The Plan follows U.S. GAAP guidance on fair value measurements which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

The Plan’s investments in money market and mutual funds, were valued at fair value using Level 1 inputs and are based on the daily closing price as reported by the funds. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value (“NAV”) and to transact at that price.

The Plan’s investments in separate accounts were valued at fair value using level 2 inputs. Separate accounts are reported at the value reported to the Plan by the insurance company, which represents the fair value of the underlying investments comprising the accounts.

The Plan’s Principal Guaranteed Option Account and Principal Fixed Income Guaranteed Option are stated at contract value, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The Plan’s investment in common stock of the Company was valued using Level 3 inputs based on a valuation performed by an independent appraiser.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Significant Concentrations

The Plan maintains cash balances in financial institutions in excess of federally insured limits. The Plan has not experienced losses on its deposits.

Deposits held at financial institutions insured by the Federal Deposit Insurance Corporation ("FDIC") are insured up to $250,000. At times cash balances may exceed the FDIC limit. As of December 31, 2025, the Plan's uninsured cash balances on deposit totaled approximately $1.2 million.

Subsequent Events

Subsequent events were evaluated for disclosure and/or recognition in the financial statements through October 14, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The following table provides quantitative information about Level 3 fair value measurements of the Plan's investment in the Company's common stock at December 31, 2025 and 2024. The table below is not intended to be all inclusive, but provides the significant information on the Level 3 inputs:

December 31, 2025	**Fair Value**	**Primary Valuation Technique**	**Unobservable Inputs**
Haver Analytics, Inc.			
Common Stock	$ 8,014,154	Discounted Cash Flows	Weighted average cost of capital 14.7% Exit Multiple-8.0-8.9X of EBITDA
December 31, 2024			
Haver Analytics, Inc.			
Common Stock	$ 6,895,196	Discounted Cash Flows	Weighted average cost of capital 14.8% Exit Multiple-8.1-9.2X of EBITDA

3. Fair Value Measurements (continued)

For the foregoing valuation, the estimate of fair value is made at a point in time, based on relevant market data as well as the best information available about the investment. Fair value estimates for which no or limited observable market data is available are based on judgments regarding current economic conditions, liquidity discounts, credit and interest rate risks, loss experience and other factors. These estimates include significant uncertainty and judgments and cannot be determined with precision. As a result, such a calculation of fair value estimate may not be realizable on a current sale or immediate settlement of the investment. In addition, changes in the underlying assumptions used in the fair value measurement techniques including discount rates, liquidity risks and estimates of future cash flows, could significantly affect these fair value estimates.

Because of the inherent uncertainty of valuation of Level 3 input risks, the estimated fair value may differ from the value that would have been used had a ready market for these investments existed, and the differences could be material.

At December 31, 2025 and 2024, the cumulative appreciation of Level 3 investments amounted to $6,653,261 and $5,534,302, respectively.

During the year ended December 31, 2025, there were no transfers into or out of any level of the fair value hierarchy.

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

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

4. Fully Benefit-Responsive Investment Contracts

The Plan invests in two fully benefit-responsive investment contracts called the Principal Guaranteed Option Account and Principal Fixed Income Guaranteed Option Account (collectively, the "Funds"). The Funds maintain their contributions in insurance company general accounts. The Funds are recorded at contract value. Contract value is the relevant measurement attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Funds represented approximately 20% of the Plan's total net assets available for benefits at both December 31, 2025 and 2024. Participants may ordinarily withdraw or transfer all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The principal and previously credited interest is guaranteed by Principal. This guarantee is subject to Principal's financial strength and claims paying ability.

The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (Aa1 as of July 2025), Standard and Poor's (A+ as of April 2025), A.M. Best (A+ as of March 2025), and Fitch (AA- as of June 2025). The plan administrator does not believe that any events would limit the Plan's ability to transact at contract value.

5. 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 will become 100% vested in their accounts.

6. Tax Status

The Internal Revenue Service ("IRS") issued an opinion letter dated July 20, 2018 to the prototype plan document preparer, which states that the form of prototype plan qualified under the applicable provisions of the IRC.

The Plan recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition and/or disclosure. Plan years since 2022 are subject to examinations by the applicable taxing jurisdictions. There are currently no examinations in progress.

7. Note Payable

The Stock Purchase was partially financed by a loan from the Company to the Plan in the amount of $340,224 (the "ESOP Loan"). The ESOP Loan accrues interest at the annual rate of 2.6% and requires annual principal and interest payments of $21,555 payable on December 31 of each year. Future principal payments due on the ESOP Loan, through its maturity on December 31, 2037, are as follows

Year	
2026	$ 16,253
2027	16,676
2028	17,109
2029	17,554
2030	18,010
Thereafter	118,334
Total	$ 203,936

The shares are pledged as collateral for the Plan's debt to the Company. As the debt is repaid, shares are released from collateral and allocated to active employees based on the proportion of debt service paid in the year. As a result of the December 31, 2025 ESOP Loan payment made, 37,803 shares were committed to be released for allocation (the "Released Shares"). The estimated fair value of the Released Shares at December 31, 2025 was $100,177 ($2.65 per share).

In the event a terminated Plan participant desires to sell his or her shares of the Company's stock, the Company may be required to purchase the shares from the participant at the fair value. At December 31, 2025 and 2024, 2,608,381 and 2,570,578 shares, respectively, of the Company's common stock, with an aggregate fair value of approximately $6,912,000 and $5,861,000, respectively, were held by the Plan participants.

8. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

All transactions involving the Plan's investments in the Company's common stock qualify as exempt party-in-interest transactions under ERISA.

Certain employees, who may be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

Participants who are active employees of the Plan may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

9. Risks and Uncertainties

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

* * * * *

Haver Analytics Employee Stock Ownership 401(k) Plan

Schedule Pursuant to Department of Labor Requirements
As of December 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-2965030
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Investment in Haver Analytics, Inc	Common stock, 2,608,381 allocated shares	$ 1,156,760	$ 6,912,208
*	Investment in Haver Analytics, Inc	Common stock, 415,828 unallocated shares; collateral on ESOP loan to Haver Analytics, Inc. - maturity 12/31/37, 2.6% interest	204,134	1,101,946
	Total Common Stock		1,360,894	8,014,154
	MUTUAL FUNDS			
	Fidelity US Bond Index Fund	327,136	3,369,642	3,454,560
	T Rowe Price Institutional Floating Rate Fund	80,113	753,107	754,669
	American Century Small Cap Growth Fund	13,943	341,812	328,493
	Fidelity 500 Index Fund	46,695	6,785,685	11,100,300
	Fidelity Blue Chip Growth K6 Fund	72,462	2,562,461	3,205,726
	Fidelity Mid Cap Growth Index Fund	9,453	334,577	331,533
	Fidelity Mid Cap Index Fund	31,167	960,407	1,151,002
	Fidelity Mid Cap Value Index Fund	13,735	376,454	403,538
	Fidelity Small Cap Growth Index Fund	19,511	523,940	607,780
	Fidelity Small Cap Index Fund	25,410	678,539	785,919
	Fidelity Small Cap Value Index Fund	13,899	336,565	391,944
	Invesco Discovery Mid Cap Growth Fund	4,425	151,455	149,917
	JPMorgan Equity Income Fund	41,656	1,004,399	1,030,974
	JPMorgan Large Cap Growth Fund	2,303	209,827	199,097
	MFS Mid Cap Value Fund	9,700	305,888	303,132
	Vanguard Equity Income Fund	20,111	1,795,974	1,868,536
	MFS International Growth Fund	3,174	139,483	150,721
	New World Fund Inc	8,777	787,941	817,730
	Total Mutual Funds		21,418,158	27,035,571
	SEPARATE ACCOUNTS			
*	Principal Real Estate Investment - Real Estate Secs	694	62,868	60,670
*	Principal Global Investors-International Equity Index	95498	1,668,421	1,826,173
	Principal Global Investors-Principal Core Fixed Income	163,198	3,173,158	4,475,371
	Total Separate Accounts		4,904,447	6,362,214
	INSURANCE COMPANY GENERAL ACCOUNT, AT CONTRACT VALUE			
*	Principal Guaranteed Option	614,460	3,556,586	3,809,307
	Principal Fixed Income Guaranteed Option	320,126	6,341,388	6,774,607
	Total Insurance Company General Accounts		9,897,974	10,583,914
*	NOTES RECEIVABLE FROM PARTICIPANTS	Loans have interest rates between 7.75% and 9.50% with various maturity dates through 2029		198,727
			$37,581,473	$ 52,194,580

* Denotes a party-in-interest.

See independent auditors' report

Haver Analytics Employee Stock Ownership 401(k) Plan

Financial Statements
and Supplemental Schedule
For the Year Ended December 31, 2025

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PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

To the Plan Administrator of
Haver Analytics Employee Stock Ownership 401(k) Plan

Opinion

We have audited the financial statements of Haver Analytics Employee Stock Ownership 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Haver Analytics Employee Stock Ownership 401(k) Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Haver Analytics Employee Stock Ownership 401(k) 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Haver Analytics Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' 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 Haver Analytics Employee Stock Ownership 401(k) 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 Haver Analytics Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 14, 2026

Haver Analytics Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits
As of December 31, 2025

	Allocated	Unallocated	Total
ASSETS			
Interest brearing cash	$ 1,414,687	$ -	$ 1,414,687
Investments in Haver Analytics, Inc, common stock, at fair value	6,912,208	1,101,946	8,014,154
Investments, at fair value			
Mutual funds	27,035,571	-	27,035,571
Pooled separate accounts	6,362,214	-	6,362,214
Investment contracts, at contract value	10,583,914	-	10,583,914
Employer contribution receivable	352,842	-	352,842
Notes receivable from participants	198,727	-	198,727
Interest receivable	4,470	-	4,470
Total Assets	52,864,633	1,101,946	53,966,579
LIABILITIES			
Note payable	-	203,936	203,936
NET ASSETS AVAILABLE FOR BENEFITS	$ 52,864,633	$ 898,010	$ 53,762,643

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits
As of December 31, 2024

	Allocated	Unallocated	Total
ASSETS			
Interest bearing cash	$ 1,356,677	$ -	$ 1,356,677
Investments in Haver Analytics, Inc. common stock, at fair value	5,860,917	1,034,279	6,895,196
Investments at fair value			
Mutual funds	26,628,764	-	26,628,764
Pooled separate accounts	4,759,796	-	4,759,796
Investment contracts, at contract value	9,768,726	-	9,768,726
Employer contribution receivable	240,919	-	240,919
Notes receivable from participants	131,447	-	131,447
Interest receivable	5,155	-	5,155
Total Assets	48,752,401	1,034,279	49,786,680
LIABILITIES			
Note payable	-	219,777	219,777
NET ASSETS AVAILABLE FOR BENEFITS	$ 48,752,401	$ 814,502	$ 49,566,903

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

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

	Allocated	Unallocated	Total
ADDITIONS TO NET ASSETS			
Investment Income			
Dividend income	$ 817,643	$ -	$ 817,643
Net appreciation in fair value of other investments	4,486,495	-	4,486,495
Net appreciation of Haver Analytics, Inc. common stock, at fair value	951,115	167,844	1,118,959
Cash Interest	52,854	-	52,854
Interest income on notes receivable from participants	17,157	-	17,157
Contributions			
Employee	898,827	-	898,827
Employer	404,655	21,555	426,210
Allocation of Haver Analytics, Inc. common stock, at fair value	100,177	-	100,177
Total Additions to Net Assets	7,728,923	189,399	7,918,322
DEDUCTIONS FROM NET ASSETS			
Distributions to participants	3,456,584	-	3,456,584
Administrative expenses	160,107	-	160,107
Interest expense	-	5,714	5,714
Allocation of Haver Analytics, Inc. common stock, at fair value	-	100,177	100,177
Total Deductions from Net Assets	3,616,691	105,891	3,722,582
Net Increase	4,112,232	83,508	4,195,740
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	48,752,401	814,502	49,566,903
End of year	$ 52,864,633	$ 898,010	$ 53,762,643

See accompanying notes to the financial statements

Haver Analytics Employee Stock Ownership 401(k) Plan

Notes to Financial Statements
December 31, 2025

1. Description of Plan

The following description of the Haver Analytics Employee Stock Ownership 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

Haver Analytics, Inc. (the “Company” or the “Employer”) formed the Plan effective January 1, 2017. The Plan operates as a leveraged Employee Stock Ownership Plan (“ESOP”), and is designed to comply with Section 4975(e)(7) and the regulations of the Internal Revenue Code (“IRC”) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On November 7, 2017, the Plan purchased 3,024,209 shares of the Company’s common stock for $1,360,894 (the “Stock Purchase”), a portion of which was financed by a loan from the Company to the Plan (see note 7).

The Plan consists of the employer stock account (the “ESOP Account”) and the participant directed mutual funds, separate accounts and an insurance company general account (the “401(k) Accounts”).

Principal Financial Group (“Principal”) is the custodian and record-keeper of the ESOP and 401(k) Accounts.

Eligibility

An employee of the Company becomes an eligible participant in the Plan upon attainment of age 21 and completion of six months of service. Leased employees or employees covered by a collective bargaining agreement are not eligible to participate in the Plan.

Participant Contributions

Each year participants may contribute up to the amount allowed by the IRC of pretax annual compensation, as defined in the Plan agreement. The Plan allows for discretionary matching contributions by the Company. For the year ended December 31, 2025, the Employer approved contributions to the Plan were $426,210 of which $352,842 were paid in 2026.

The Employer contributions in 2025 included a discretionary contribution of $21,555 which will be used in 2026 to separate terminated participants from their investments in the Company’s common stock.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s matching contribution, (b) Plan earnings and (c) charges for certain account maintenance and service fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

1. Description of Plan (continued)

Vesting

Participants are immediately and fully vested in their elective deferral account and qualified non-elective contribution account. A participant is also 100% vested in cash dividends that the participant elects to have reinvested in the Plan. For Employer contributions made into the Plan, vesting in the Company's discretionary matching contributions is based on years of continuous service. A participant vests at a rate of 25% per year starting after year one and is 100% vested after four years of credited service.

Voting Rights and Dividends

Principal shall vote all shares of Company common stock held by the Plan with respect to all corporate matters upon which Company shareholders are entitled or permitted to vote. Each participant in the Plan shall direct the Custodian as to voting of shares of the Company's common stock held in his or her account in the Plan. Dividends on the Company's common stock may be paid directly to participants at the discretion of the Plan administrator. There were no dividends declared on the Company's common stock for the year ended December 31, 2025.

Notes Receivable from Participants

Participants may not borrow from their ESOP Account, however, participants may borrow from their 401(k) Accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's 401(k) account and bear interest at prime plus one percent per annum. Principal and interest are paid ratably through payroll deductions. Interest rates on such loans ranged from 7.75% to 9.5% at December 31, 2025 and 5.75% to 9.5% at December 31, 2024.

Investment Options

Upon enrollment in the Plan, participants may also direct their elective and Company contributions into the various investment options offered by the Plan. Participants may change their investment options at any time.

Payment of Benefits

Distributions from a participant's ESOP Account will be made in a single lump sum payment or in equal installments over a period not to exceed five years, if the vested balance does not exceed $1,130,000. If a participant's vested balance exceeds $1,130,000, distributions will be paid in equal installments over a period not to exceed five years plus one year for each $226,000 that the balance exceeds $1,130,000.

1. Description of Plan (continued)

Payment of Benefits (continued)

A participant's account balance from their 401(k) Accounts will be distributed in a lump-sum payment upon termination, disability, retirement or death. However, any non-vested portion of the account balance is forfeited, except in the case of disability, death or retirement. In the event of such separation prior to age 59-1/2, the participant may elect to defer the distribution until the participant reaches age 59-1/2 or to an earlier date, provided that the participant's eligible distribution exceeds $5,000. In all cases, an active participant's account must be distributed no later than April 1, of the year following the participant's reaching 73 years of age.

Hardship withdrawals are allowed under the Plan, and are generally defined as an immediate and heavy financial need for which funds are not reasonably available from other resources. Hardship situations are limited to the purchase of a primary residence, certain tuition expenses, certain funeral expenses, deductible unreimbursed medical expenses and the need to prevent eviction from, or foreclosure of a mortgage on, a principal residence. The withdrawal cannot exceed the amount of the immediate need, including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal. In accordance with Internal Revenue Service ("IRS") Regulations participants must first exhaust all other assets reasonably available to them prior to obtaining a hardship withdrawal.

Forfeited Accounts

Forfeitures are allocated to reduce Employer contributions to the Plan. The balance in the forfeiture account at December 31, 2025 and 2024 was $23,985 and $14,195, respectively. Forfeited non-vested accounts amounting to $13,603 were used to reduce Employer contributions during the year ended December 31, 2025.

Put Option

The Company shall issue a put option to each participant who receives a distribution of Company common stock that is not readily tradable on an established market. The put option shall permit the participant to sell such Company common stock at its then fair value to the Company. The Company can pay for the purchase over a period of five years.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make certain estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock ("allocated") and (b) stock not yet allocated to employees ("unallocated"), including shares that are committed to be released, and the participant directed contributions (allocated). Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Investment Valuation and Income Recognition

The Plan follows U.S. GAAP guidance on fair value measurements which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

The Plan’s investments in money market and mutual funds, were valued at fair value using Level 1 inputs and are based on the daily closing price as reported by the funds. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value (“NAV”) and to transact at that price.

The Plan’s investments in separate accounts were valued at fair value using level 2 inputs. Separate accounts are reported at the value reported to the Plan by the insurance company, which represents the fair value of the underlying investments comprising the accounts.

The Plan’s Principal Guaranteed Option Account and Principal Fixed Income Guaranteed Option are stated at contract value, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The Plan’s investment in common stock of the Company was valued using Level 3 inputs based on a valuation performed by an independent appraiser.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of the Plan are paid by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Significant Concentrations

The Plan maintains cash balances in financial institutions in excess of federally insured limits. The Plan has not experienced losses on its deposits.

Deposits held at financial institutions insured by the Federal Deposit Insurance Corporation ("FDIC") are insured up to $250,000. At times cash balances may exceed the FDIC limit. As of December 31, 2025, the Plan's uninsured cash balances on deposit totaled approximately $1.2 million.

Subsequent Events

Subsequent events were evaluated for disclosure and/or recognition in the financial statements through October 14, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The following table provides quantitative information about Level 3 fair value measurements of the Plan's investment in the Company's common stock at December 31, 2025 and 2024. The table below is not intended to be all inclusive, but provides the significant information on the Level 3 inputs:

December 31, 2025	**Fair Value**	**Primary Valuation Technique**	**Unobservable Inputs**
Haver Analytics, Inc.			
Common Stock	$ 8,014,154	Discounted Cash Flows	Weighted average cost of capital 14.7% Exit Multiple-8.0-8.9X of EBITDA
December 31, 2024			
Haver Analytics, Inc.			
Common Stock	$ 6,895,196	Discounted Cash Flows	Weighted average cost of capital 14.8% Exit Multiple-8.1-9.2X of EBITDA

3. Fair Value Measurements (continued)

For the foregoing valuation, the estimate of fair value is made at a point in time, based on relevant market data as well as the best information available about the investment. Fair value estimates for which no or limited observable market data is available are based on judgments regarding current economic conditions, liquidity discounts, credit and interest rate risks, loss experience and other factors. These estimates include significant uncertainty and judgments and cannot be determined with precision. As a result, such a calculation of fair value estimate may not be realizable on a current sale or immediate settlement of the investment. In addition, changes in the underlying assumptions used in the fair value measurement techniques including discount rates, liquidity risks and estimates of future cash flows, could significantly affect these fair value estimates.

Because of the inherent uncertainty of valuation of Level 3 input risks, the estimated fair value may differ from the value that would have been used had a ready market for these investments existed, and the differences could be material.

At December 31, 2025 and 2024, the cumulative appreciation of Level 3 investments amounted to $6,653,261 and $5,534,302, respectively.

During the year ended December 31, 2025, there were no transfers into or out of any level of the fair value hierarchy.

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

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

4. Fully Benefit-Responsive Investment Contracts

The Plan invests in two fully benefit-responsive investment contracts called the Principal Guaranteed Option Account and Principal Fixed Income Guaranteed Option Account (collectively, the "Funds"). The Funds maintain their contributions in insurance company general accounts. The Funds are recorded at contract value. Contract value is the relevant measurement attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Funds represented approximately 20% of the Plan's total net assets available for benefits at both December 31, 2025 and 2024. Participants may ordinarily withdraw or transfer all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The principal and previously credited interest is guaranteed by Principal. This guarantee is subject to Principal's financial strength and claims paying ability.

The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (Aa1 as of July 2025), Standard and Poor's (A+ as of April 2025), A.M. Best (A+ as of March 2025), and Fitch (AA- as of June 2025). The plan administrator does not believe that any events would limit the Plan's ability to transact at contract value.

5. 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 will become 100% vested in their accounts.

6. Tax Status

The Internal Revenue Service ("IRS") issued an opinion letter dated July 20, 2018 to the prototype plan document preparer, which states that the form of prototype plan qualified under the applicable provisions of the IRC.

The Plan recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition and/or disclosure. Plan years since 2022 are subject to examinations by the applicable taxing jurisdictions. There are currently no examinations in progress.

7. Note Payable

The Stock Purchase was partially financed by a loan from the Company to the Plan in the amount of $340,224 (the "ESOP Loan"). The ESOP Loan accrues interest at the annual rate of 2.6% and requires annual principal and interest payments of $21,555 payable on December 31 of each year. Future principal payments due on the ESOP Loan, through its maturity on December 31, 2037, are as follows

Year	
2026	$ 16,253
2027	16,676
2028	17,109
2029	17,554
2030	18,010
Thereafter	118,334
Total	$ 203,936

The shares are pledged as collateral for the Plan's debt to the Company. As the debt is repaid, shares are released from collateral and allocated to active employees based on the proportion of debt service paid in the year. As a result of the December 31, 2025 ESOP Loan payment made, 37,803 shares were committed to be released for allocation (the "Released Shares"). The estimated fair value of the Released Shares at December 31, 2025 was $100,177 ($2.65 per share).

In the event a terminated Plan participant desires to sell his or her shares of the Company's stock, the Company may be required to purchase the shares from the participant at the fair value. At December 31, 2025 and 2024, 2,608,381 and 2,570,578 shares, respectively, of the Company's common stock, with an aggregate fair value of approximately $6,912,000 and $5,861,000, respectively, were held by the Plan participants.

8. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

All transactions involving the Plan's investments in the Company's common stock qualify as exempt party-in-interest transactions under ERISA.

Certain employees, who may be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

Participants who are active employees of the Plan may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

9. Risks and Uncertainties

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

* * * * *

Haver Analytics Employee Stock Ownership 401(k) Plan

Schedule Pursuant to Department of Labor Requirements
As of December 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-2965030
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Investment in Haver Analytics, Inc	Common stock, 2,608,381 allocated shares	$ 1,156,760	$ 6,912,208
*	Investment in Haver Analytics, Inc	Common stock, 415,828 unallocated shares; collateral on ESOP loan to Haver Analytics, Inc. - maturity 12/31/37, 2.6% interest	204,134	1,101,946
	Total Common Stock		1,360,894	8,014,154
	MUTUAL FUNDS			
	Fidelity US Bond Index Fund	327,136	3,369,642	3,454,560
	T Rowe Price Institutional Floating Rate Fund	80,113	753,107	754,669
	American Century Small Cap Growth Fund	13,943	341,812	328,493
	Fidelity 500 Index Fund	46,695	6,785,685	11,100,300
	Fidelity Blue Chip Growth K6 Fund	72,462	2,562,461	3,205,726
	Fidelity Mid Cap Growth Index Fund	9,453	334,577	331,533
	Fidelity Mid Cap Index Fund	31,167	960,407	1,151,002
	Fidelity Mid Cap Value Index Fund	13,735	376,454	403,538
	Fidelity Small Cap Growth Index Fund	19,511	523,940	607,780
	Fidelity Small Cap Index Fund	25,410	678,539	785,919
	Fidelity Small Cap Value Index Fund	13,899	336,565	391,944
	Invesco Discovery Mid Cap Growth Fund	4,425	151,455	149,917
	JPMorgan Equity Income Fund	41,656	1,004,399	1,030,974
	JPMorgan Large Cap Growth Fund	2,303	209,827	199,097
	MFS Mid Cap Value Fund	9,700	305,888	303,132
	Vanguard Equity Income Fund	20,111	1,795,974	1,868,536
	MFS International Growth Fund	3,174	139,483	150,721
	New World Fund Inc	8,777	787,941	817,730
	Total Mutual Funds		21,418,158	27,035,571
	SEPARATE ACCOUNTS			
*	Principal Real Estate Investment - Real Estate Secs	694	62,868	60,670
*	Principal Global Investors-International Equity Index	95498	1,668,421	1,826,173
	Principal Global Investors-Principal Core Fixed Income	163,198	3,173,158	4,475,371
	Total Separate Accounts		4,904,447	6,362,214
	INSURANCE COMPANY GENERAL ACCOUNT, AT CONTRACT VALUE			
*	Principal Guaranteed Option	614,460	3,556,586	3,809,307
	Principal Fixed Income Guaranteed Option	320,126	6,341,388	6,774,607
	Total Insurance Company General Accounts		9,897,974	10,583,914
*	NOTES RECEIVABLE FROM PARTICIPANTS	Loans have interest rates between 7.75% and 9.50% with various maturity dates through 2029		198,727
			$37,581,473	$ 52,194,580

* Denotes a party-in-interest.

See independent auditors' report