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
ABT GLOBAL INC. EMPLOYEES STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1975

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)
ABT GLOBAL INC.

6130 EXECUTIVE BLVD
ROCKVILLE, MD 20852

2b Employer Identification Number (EIN) 93-4368162

2c Plan Sponsor's telephone number 617-492-7100

2d Business code (see instructions) 541600

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	WILLIAM CONNOLLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	WILLIAM CONNOLLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name ABT GLOBAL INC.

c Plan Name ABT ASSOCIATES INC. EMPLOYEES STOCK OWNERSHIP PLAN

4b EIN 93-4368162

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	2935
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)**	1155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2007
b	Retired or separated participants receiving benefits	**6b**	184
c	Other retired or separated participants entitled to future benefits	**6c**	630
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2821
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	2827
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)**	1637
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)**	1397
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2I 2P 2Q 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)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (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) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ABT GLOBAL INC. EMPLOYEES STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
93-4368162

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ABT GLOBAL INC. EMPLOYEES STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
93-4368162

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9513	3997
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2504115	1254744
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	114058866	58127561
(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	116572494	59386302
Liabilities			
1g Benefit claims payable	1g	1154	1154
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	22972961	22359676
1k Total liabilities (add all amounts in lines 1g through1j)	1k	22974115	22360830
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	93598379	37025472

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)	6864333	
(B) Participants	2a(1)(B)		
(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)		6864333
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	101184	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		101184
(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)	-55931305	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-55931305

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1
d Total income. Add all **income** amounts in column (b) and enter total	2d		-48965787
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7000474	
(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)		7000474
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		606646
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(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)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7607120
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-56572907
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: CBIZ CPAS P.C **(2)** EIN: 43-1947695

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		3000000
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
ABT GLOBAL INC. EMPLOYEES STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
93-4368162

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_____.

Financial Statements
and Supplementary Information

Abt Associates Inc.
Employees Stock Ownership Plan

December 31, 2025 and 2024

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

Financial Statements
and Supplementary Information

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CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

Independent Auditors' Report

The Board of Directors and Plan Administrator
Abt Associates Inc. Employees Stock Ownership Plan

Opinion

We have audited the financial statements of the Abt Associates Inc. Employees Stock Ownership 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 (liabilities) available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets (deficit) available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets (liabilities) available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets (deficit) available for benefits for the years then ended, 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Note 3 to the financial statements, the 2025 and 2024 financial statements include Plan sponsor securities fair valued at $58,127,561 and $114,058,866, respectively, (98% and 98% of Plan investments, respectively) whose fair value has been estimated by Stout Risius Ross, Inc., an independent appraisal firm, in the absence of readily ascertainable market values. We have examined the procedures used by the independent appraisal firm in arriving at its estimate of the fair value of such securities and have inspected underlying documentation and, under the circumstances, believe that such procedures are reasonable and the documentation appropriate. However, because of the inherent uncertainty of valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the securities existed, and the differences could be material.

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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

Boston, Massachusetts
October 15, 2026

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

Statements of Net Assets (Liabilities) Available for Benefits

	December 31,					
	2025			*2024*		
Assets	***Allocated***	***Unallocated***	***Total***	***Allocated***	***Unallocated***	***Total***
Investments at fair value:						
Abt Associates Inc. common stock (146,417.03 and 146,417.03 shares with a cost basis of $36,496,761 and $36,351,862 for 2025 and 2024, respectively)	$ 49,233,279	$ 8,894,282	$ 58,127,561	$ 95,918,046	$ 18,140,820	$ 114,058,866
Money market mutual fund	1,209,284	-	1,209,284	2,464,170	-	2,464,170
Total assets	**50,442,563**	**8,894,282**	**59,336,845**	**98,382,216**	**18,140,820**	**116,523,036**
Liabilities						
Loans payable	-	22,311,373	22,311,373	-	22,924,657	22,924,657
Total liabilities	**-**	**22,311,373**	**22,311,373**	**-**	**22,924,657**	**22,924,657**
Net assets (liabilities) available for benefits	**$ 50,442,563**	**$ (13,417,091)**	**$ 37,025,472**	**$ 98,382,216**	**$ (4,783,837)**	**$ 93,598,379**

See accompanying notes to financial statements.

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

Statement of Changes in Net Assets (Deficit) Available for Benefits

Year Ended December 31, 2025

	Allocated	*Unallocated*	*Total*
Additions to net assets attributed to:			
Interest and dividends	$ 101,185	$ -	$ 101,185
Contributions:			
Employer contributions	5,644,402	-	5,644,402
Mandatory under the loans payable	-	1,219,931	1,219,931
Allocation of 883.58 shares of Abt Associates Inc. common stock, at fair value	350,783	-	350,783
Total contributions	5,995,185	1,219,931	7,215,116
Total additions to net assets	**6,096,370**	**1,219,931**	**7,316,301**
Deductions from net assets attributed to:			
Net depreciation in fair value of Abt Associates Inc. common stock	47,035,549	8,895,756	55,931,305
Benefits paid to participants	7,000,474	-	7,000,474
Interest expense	-	606,646	606,646
Allocation of 883.58 shares of Abt Associates Inc. common stock, at fair value	-	350,783	350,783
Total deductions from net assets	**54,036,023**	**9,853,185**	**63,889,208**
Net decrease in net assets available for benefits	**(47,939,653)**	**(8,633,254)**	**(56,572,907)**
Net assets (deficit) available for benefits, beginning of year	98,382,216	(4,783,837)	93,598,379
Net assets (deficit) available for benefits, end of year	**$ 50,442,563**	**$ (13,417,091)**	**$ 37,025,472**

See accompanying notes to financial statements.

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

Statement of Changes in Net Assets (Deficit) Available for Benefits

Year Ended December 31, 2024

	Allocated	*Unallocated*	*Total*
Additions to net assets attributed to:			
Interest and dividends	$ 208,231	$ -	$ 208,231
Contributions:			
Employer contributions	6,601,739	-	6,601,739
Mandatory under the loans payable	-	1,219,931	1,219,931
Allocation of 883.58 shares of Abt Associates Inc. common stock, at fair value	688,312	-	688,312
Total contributions	7,290,051	1,219,931	8,509,982
Total additions to net assets	**7,498,282**	**1,219,931**	**8,718,213**
Deductions from net assets attributed to:			
Net depreciation in fair value of Abt Associates Inc. common stock	61,245,310	12,109,623	73,354,933
Benefits paid to participants	7,485,604	-	7,485,604
Interest expense	-	623,640	623,640
Allocation of 883.58 shares of Abt Associates Inc. common stock, at fair value	-	688,312	688,312
Total deductions from net assets	**68,730,914**	**13,421,575**	**82,152,489**
Net decrease in net assets before transfers	**(61,232,632)**	**(12,201,644)**	**(73,434,276)**
Transfers to Abt Associates Inc. Profit Sharing and Savings Plan	(964,471)	-	(964,471)
Net decrease in net assets available for benefits	**(62,197,103)**	**(12,201,644)**	**(74,398,747)**
Net assets available for benefits, beginning of year	160,579,319	7,417,807	167,997,126
Net assets (deficit) available for benefits, end of year	**$ 98,382,216**	**$ (4,783,837)**	**$ 93,598,379**

See accompanying notes to financial statements.

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Abt Associates Inc. Employees Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's information.

General

The Plan was established to provide retirement benefits to eligible employees of Abt Global Inc. and Subsidiaries (the "Employer" or "Company"). Employees are eligible to participate in the Plan if they meet the following conditions:

- The employee is a U.S. citizen or resident alien;
- The employee is at least 21 years of age; and
- The employee works 1,000 hours or more in their first anniversary year of employment or any calendar year thereafter.

Eligibility is tracked on a calendar year basis for any employee that does not meet the age or service requirement within their first year of employment. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan operates as a leveraged non-contributory, non-participant directed Employee Stock Ownership Plan ("ESOP"), and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 ("IRC"), as amended, and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Accordingly, the financial statements of the Plan as of and for the years ended December 31, 2025 and 2024 present separately the assets and liabilities and changes therein pertaining to the accounts of employees with rights in allocated common stock (allocated) and common stock not yet allocated to employees (unallocated).

During 2023, the Board of Directors of Abt Associates Inc. approved an amendment of the Plan to provide for "sustainability steps" to allow for inactive participants the options to take a distribution of up to 100 percent of their ESOP account balance in cash, convert shares of inactive participants to cash and transfer such amounts to the Abt Associates Inc. Profit Sharing and Savings Plan, and to facilitate the funding of any Plan participant who elected to diversify shares from their account. This resulted in 125,803 shares repurchased by the Company for approximately $144,044,000 and immediately retired. $37,271,541 of this balance was transferred to the participant accounts in the Abt Associates Inc. Profit Sharing and Savings Plan.

The Plan is leveraged whereby proceeds of borrowings from the Employer, as noted above, were used to purchase the Employer's common shares. The stock is held in a trust established under the Plan. The borrowings are to be repaid by Employer contributions to the trust fund. The borrowings are collateralized by the unallocated shares of stock. The Employer has no rights against shares once they are allocated under the ESOP.

Note 1 - Description of the Plan (Continued)

Employer Contributions and Allocations

The Company is obligated to make contributions in cash to the Plan equal to the amount necessary to enable the Plan its regularly scheduled payments of principal and interest due on its loan to the Employer. Contributions to the Plan are determined on an annual basis by the Employer's Board of Directors. Contributions for each year are allocated among participants:

- Who have met the eligibility requirements, and
- Who have completed 1,000 hours of service during the Plan year and
- Were employed by the Employer on the last day of the Plan year or
- Who terminated employment during the Plan year due to death, disability or retirement

Allocations are based on a participant's eligible compensation relative to total eligible compensation. Contributions to the Plan are subject to Internal Revenue Service limitations.

The Plan is obligated to repurchase shares from the participants, and the Employer will contribute cash to the Plan at such times and in amounts necessary to meet the Plan's repurchase obligation.

For the year ended December 31, 2025, the Employer elected a target allocation of 8.19% of eligible compensation per participant which amounted to $5,995,185 funded by share allocations of 884 and cash contribution amounting to $5,644,402 contributed during the Plan year end. For the year ended December 31, 2024, the Employer elected a target allocation of 4.83% of eligible compensation per participant which amounted to $7,290,051 funded by share allocations of 884 and cash contribution amounting to $6,601,740 contributed during the Plan year end.

Vesting

Participants' vested interests are based on years of continuous service. Participants begin vesting after two years of credited service and are 100% vested after five years of credited service. Participants also become fully vested upon death or disability during their employment.

Participant Accounts

Separate individual accounts are established for each participant. Each participant's account is adjusted for the fair value of the stock valued as of December 31, with pro rata allocations of Employer's contributions released by the Trustees from the unallocated account, (if applicable), dividends, forfeitures and any distributions they may have received during the year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Accounts are valued on a yearly basis as of December 31.

Note 1 - Description of the Plan (Continued)

Diversification

Diversification is offered to Participants close to retirement so that they may have the opportunity to move part of the value of their investment in Employer stock into investments, which are more diversified. Participants who are at least age 55 with at least 10 years of service in the Plan may elect to diversify the vested portion of their accounts equivalent to one-sixth of their vested Employer stock accounts. In the sixth year in which the diversification option is available, Participants may elect a distribution of a cumulative amount up to 50% of their Employer stock account.

Withdrawals and Distributions

Upon termination of service due to retirement or disability, as defined by the Plan, a participant will receive payment for the value of the vested shares in their account. Distributions will start the year after a participant leaves employment. Payment will be made in six equal annual installments at the fair value of the stock as of December 31 of the year prior to distribution. Participants have the option of electing to be paid in accordance with their election decision in six annual installments, or, if no election is made, their account balance will be transferred to the Abt Associates Inc. Profit Sharing and Savings Plan in six annual installments.

Voting Rights

The Trustee shall vote all shares of Employer stock held by the Plan with respect to all corporate matters upon which Company shareholders are entitled or permitted to vote. Notwithstanding the foregoing, each Participant in the Plan shall direct the Trustee as to voting of shares of Employer stock held in his or her account in the Trust and not held in the unallocated account with respect to any shareholder vote that is required for the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, or sale of substantially all the assets of a trade or business or a similar transaction specified in regulations under Section 409(e)(3) or the IRC.

Forfeitures

A participant who leaves the employ of the Employer forfeits any non-vested balance at the earlier of five consecutive breaks in service, defined as a 12 month period with less than 500 hours of service, or at the time the entire vested account is distributed to the Participant. Forfeited balances are reallocated each year on December 31 among eligible participants based upon their eligible compensation, relative to total eligible compensation for the Plan year. During 2025 and 2024, approximately $1,049,000 and $790,000, respectively, of forfeitures were reallocated to eligible participants.

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Plan Administration

The Plan's investment assets, which consist primarily of common stock issued by the Employer, are held by the Trustees who manage the assets and make distributions to participants. The Plan's Trustees are officers, former employees or directors of the Employer. Officers and employees of the Employer perform certain administrative functions. No such officer or employee receives compensation from the Plan. Certain Plan expenses are paid by the Employer.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Allocations

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

Investments, Investment Valuation and Income Recognition

Investments in Employer stock are reported at estimated fair value while all other investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Benefits to Participants

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan's management has evaluated subsequent events through October 15, 2026, the date that the financial statements were available to be issued.

Effective March 26, 2026, the Plan's legal name was changed to The Abt Global Inc. Employees Stock Ownership Plan.

Note 3 - Investments

Plan investments consist of Employer common stock and a money market mutual fund. The value of the Employer's common stock was determined by an independent appraiser as of December 31, 2025 and 2024. The Independent appraiser set the fair value of the Employer's common stock at $397.00 and $779.00 per share at December 31, 2025 and 2024, respectively. Allocated and unallocated shares at December 31 are as follows:

	2025		
	Allocated	***Unallocated***	***Total***
Number of shares	124,013.30	22,403.73	146,417.03
Cost	$ 14,874,386	$ 21,622,375	$ 36,496,761
Estimated fair value	$ 95,918,046	$ 18,140,820	$ 114,058,866

	2024		
	Allocated	***Unallocated***	***Total***
Number of shares	123,129.71	23,287.31	146,417.03
Cost	$ 13,878,627	$ 22,473,235	$ 36,351,862
Estimated fair value	$ 95,918,046	$ 18,140,820	$ 114,058,866

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

Note 4 - Fair Value Measurements (Continued)

Level II – Inputs to the valuation methodology include:

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

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

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Employer's Common Stock

The Employer's common stock is valued at the estimated fair value based upon an independent appraisal as of each of the Plan's year ends. The principal valuation techniques used in the appraisal were based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account the following unobservable inputs, historical and projected cash flow and net income, return on assets, return on equity, market comparables and estimated fair values of Employer assets and liabilities. Plan management has concluded, and the independent appraisers have agreed, that there is no discount for a limited marketability given the Employer's ability to honor put obligations when they arise.

The valuation process involves Plan management's selection of an independent appraiser. Plan management accumulates the data for the appraiser from the financial statements and forecasts of the Employer. The appraiser prepares a preliminary report which Plan Trustees review, discuss and approve.

The Abt Associates Inc. common stock at fair value held by the Plan as of December 31, 2025 and 2024 is $58,127,561 and $114,058,866, respectively. Based on the fair value hierarchy, the Abt Associates Inc. common stock is all Level III for the years ended December 31, 2025 and 2024.

Note 4 - Fair Value Measurements (Continued)

Money Market Mutual Fund

Valued at the daily closing price as reported by the fund. The money market mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily Net Asset Value ("NAV") and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded.

The money market mutual fund investment held by the Plan as of December 31, 2025 and 2024 amounted to $1,209,284 and $2,464,170, respectively, and, based on the fair value hierarchy, has been measured at Level I.

Note 5 - Benefits Payable

At December 31, 2025 and 2024, the Plan had approximately 13,500 and 7,100 shares of stock, respectively, eligible for distribution to participants eligible to begin payment of their benefit. Payments are made in six annual installments at the fair value of the stock determined by an independent appraiser as of December 31 of the year prior to distribution.

Note 6 - Loans Payable

On October 28, 2022, the Plan entered into a term loan agreement with the Employer for $10,525,941. The proceeds of the loan were used to purchase 9,423.40 shares of the Company's common stock. The shares are held in a trust established under the Plan. Unallocated shares are collateral for the loan. As the loan is repaid, shares are released from collateral and allocated to participants based on a participant's eligible compensation, relative to the total eligible compensation for the year. The Employer has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the ESOP.

The loan agreement bears interest at 3.43% and provides for principal and interest payments to be repaid through December 31, 2052 in annual installments of $551,942.82 due on December 31 of each year.

On September 2, 2021, the Plan entered into a term loan agreement with the Employer for $14,999,872. The proceeds of the loan were used to purchase 17,084.14 shares of the Company's common stock. The shares are held in a trust established under the Plan. Unallocated shares are collateral for the loan. As the loan is repaid, shares are released from collateral and allocated to participants based on a participant's eligible compensation, relative to the total eligible compensation for the year. The Employer has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the ESOP.

Notes to Financial Statements

Note 6 - Loans Payable (Continued)

The loan agreement bears interest at 2.08% and provides for principal and interest payments to be repaid through December 31, 2050 in annual installments of $667,987.72 due on December 31 of each year.

Future minimum principal payments are as follows:

2026	$ 629,040
2027	645,225
2028	660,325
2029	678,895
2030	696,447
Thereafter	19,001,441
Total	**$ 22,311,373**

Note 7 - Risks and Uncertainties

The Plan invests in certain investment securities including Employer stock and a money market fund. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events, such as an international conflict, which could impact the value of investment securities. 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.

Note 8 - Tax Status

The Plan obtained its latest determination letter on November 24, 2014, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan continues to be designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan continues to qualify under Section 401(a) and the related trust continues to be tax-exempt. Therefore, no provision for income taxes is included in the Plan's financial statements.

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

Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Employer 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 become fully vested, liabilities to parties other than participants will be satisfied first, and assets then remaining will be distributed to the Participants in accordance with the distribution provisions of the Plan. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

As a result of a reduction in the Plan Sponsor's workforce in 2025, the Company experienced a partial plan termination as defined by ERISA. Under ERISA, a partial plan termination occurs if a significant percentage of the Plan participants are terminated because of an action taken by the Plan Sponsor. If a partial plan termination occurs, full vesting in the Employer's contributions is required for the affected participants, but the remaining participants' vesting continues to be determined according to the Plan provisions. Management believes all affected participants were properly vested in accordance with the terms of a partial plan termination.

Note 10 - Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments include the shares of common stock of the Employer. A transaction involving Employer common stock is deemed to be a party-in-interest transaction. During the years ended December 31, 2025 and 2024, there were no related-party transactions.

Supplementary Information

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

(E.I.N. 04-2347643 - Plan Number 002)

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

December 31, 2025

(a)	*(b)* *Identity of Issue*	*(c)* *Description of Investment*	*(d)* *Cost*	*(e)* *Current Value*
*	Abt Associates Inc. Common Stock	124,013.30 shares of Common Stock	$ 36,496,761	$ 58,127,561
	GS Financial Square Government Fund	Money Market Mutual Fund		1,209,284
				$ 59,336,845

* Represents a party-in-interest as defined by ERISA.

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

(E.I.N. 04-2347643 - Plan Number 002)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of party involved	*(b) Description of asset (include interest rate and maturity in case of a loan)*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
Single Transactions:								
GS Financial Square Government Fund	6,981,563 Units Sold	$ -	$ 6,981,563	$ -	$ -	$ 6,981,563	$ 6,981,563	$ -
Multiple Transactions:								
GS Financial Square Government Fund	6,863,033 Units Bought In 8 Transactions	$ 6,863,033	$ -	$ -	$ -	$ 6,863,033	$ 6,863,033	$ -

ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

(E.I.N. 04-2347643 - Plan Number 002)

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				$ 59,336,845

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ABT ASSOCIATES INC.
EMPLOYEES STOCK OWNERSHIP PLAN

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Schedule H, Line 4j - Schedule of Reportable Transactions

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(a) Identity of party involved	*(b) Description of asset (include interest rate and maturity in case of a loan)*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
Single Transactions:								
GS Financial Square Government Fund	6,981,563 Units Sold	$ -	$ 6,981,563	$ -	$ -	$ 6,981,563	$ 6,981,563	$ -
Multiple Transactions:								
GS Financial Square Government Fund	6,863,033 Units Bought In 8 Transactions	$ 6,863,033	$ -	$ -	$ -	$ 6,863,033	$ 6,863,033	$ -

See Independent Auditors' Report.