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
VARI CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1994

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)
VARI CORPORATION

390 OLD READING PIKE
POTTSTOWN, PA 19464

2b Employer Identification Number (EIN)
23-2106519

2c Plan Sponsor's telephone number
610-970-2800

2d Business code (see instructions)
332900

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	TERRY RISMILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	217
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)**	169
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	160
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	46
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	206
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	206
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)**	213
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)**	205
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	6
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 2J 3D 3H 2T

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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
VARI CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VARI CORPORATION

D Employer Identification Number (EIN)
23-2106519

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
NATIONWIDE LIFE INSURANCE CO

(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
31-4156830	66869	21573	213	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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	768998
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	769839
c	Additions: (1) Contributions deposited during the year	7c(1)	18163		
	(2) Dividends and credits	7c(2)	7		
	(3) Interest credited during the year	7c(3)	13233		
	(4) Transferred from separate account	7c(4)	7544		
	(5) Other (specify below)	7c(5)	106		
	▶				
	(6)Total additions			7c(6)	39053
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	808892
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	35558		
	(2) Administration charge made by carrier	7e(2)	2427		
	(3) Transferred to separate account	7e(3)	132		
	(4) Other (specify below)	7e(4)	1777		
	▶				
	(5) Total deductions			7e(5)	39894
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	768998

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
VARI CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VARI CORPORATION

D Employer Identification Number (EIN)
23-2106519

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

NATIONWIDE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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)

KESTRA INVESTMENT SERVICES

5707 SOUTHWEST PARKWAY
BLDG. 2, SUITE 400
AUSTIN, TX 78735

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	NONE	44686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONWIDE LIFE INSURANCE CO

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
18 72 37 15 65	NONE	24205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TYCOR BENEFIT ADMINISTRATORS, INC.

955 CHESTERBROOK BLVD.
SUITE 310
WAYNE, PA 19087

(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?
14 22	NONE	1375	Yes [X] No [ ]	Yes [X] No [ ]	4161	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name: HERBEIN & COMPANY, INC.
b EIN: 23-2415973
c Position: ACCOUNTANT
d Address: 2763 CENTURY BLVD
READING, PA 19610
e Telephone: 610-378-1175

Explanation: HERBEIN & COMPANY, INC, WAS ACQUIRED BY CHERRY BEKAERT LLP

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
VARI CORPORATION 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
VARI CORPORATION

D Employer Identification Number (EIN)
23-2106519

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: AB GLBL BD 1

b Name of sponsor of entity listed in (a): ALLIANCE BERNSTEIN

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)
42-0127290-000	P	20370

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT SMCAP VAL R6

b Name of sponsor of entity listed in (a): AMERICAN CENTURY

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)
31-4177100-000	P	36502

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2010 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4177100-000	P	12249

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2020 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4177100-000	P	265824

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2025 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4177100-000	P	2640051

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2030 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4177100-000	P	3237279

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2035 TRGTDFTRTRMT R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4177100-000	P	1468442

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2040 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411063

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2045 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297457

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2050 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 517512

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2055 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324896

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2060 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113652

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS 2065 TRGT DT RETIRE INCOME R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30202

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM BAL R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128144

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM HJI INC TR R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17210

a Name of MTIA, CCT, PSA, or 103-12 IE: EUPAC FUND - CLASS R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322085

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R6

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17212

a Name of MTIA, CCT, PSA, or 103-12 IE:	BARON DISC INST		
b Name of sponsor of entity listed in (a):	BARON FUNDS		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	190439
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK HI YIELD PORT CLASS K		
b Name of sponsor of entity listed in (a):	BLACKROCK		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40802
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA EMRG MKTS CORE EQ 2 PORT - INST		
b Name of sponsor of entity listed in (a):	DFA		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44131
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA INTL VAL		
b Name of sponsor of entity listed in (a):	DFA		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25907
a Name of MTIA, CCT, PSA, or 103-12 IE:	DIAMOND HILL MDCAP		
b Name of sponsor of entity listed in (a):	DIAMOND HILL		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24706
a Name of MTIA, CCT, PSA, or 103-12 IE:	DODGECOX INTL STK CLASS I		
b Name of sponsor of entity listed in (a):	DODGE & COX		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63368
a Name of MTIA, CCT, PSA, or 103-12 IE:	FED HRMS GOV OBLGTNS PRMR		
b Name of sponsor of entity listed in (a):	FEDERATED HERMES		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152464
a Name of MTIA, CCT, PSA, or 103-12 IE:	FID 500 INDX		
b Name of sponsor of entity listed in (a):	FIDELITY		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	112536
a Name of MTIA, CCT, PSA, or 103-12 IE:	FID GLBL EXUS INDX		
b Name of sponsor of entity listed in (a):	FIDELITY		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21222
a Name of MTIA, CCT, PSA, or 103-12 IE:	FID INTL INDX		
b Name of sponsor of entity listed in (a):	FIDELITY		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61709

a Name of MTIA, CCT, PSA, or 103-12 IE: FID LG CAP GR INDX			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22771
a Name of MTIA, CCT, PSA, or 103-12 IE: FID LG CAP VAL INDX			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29659
a Name of MTIA, CCT, PSA, or 103-12 IE: FID MDCAP INDX			
b Name of sponsor of entity listed in (a): FIDELTY			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11308
a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41468
a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLN SMCAP GR R6			
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6458
a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS COGPTNRINTLOPPR R6			
b Name of sponsor of entity listed in (a): GOLDMAN SACHS			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	83153
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40289
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	890592
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN USRSRCHENHCDEQ R6			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	294056
a Name of MTIA, CCT, PSA, or 103-12 IE: TCW MTWST TOTAL RETURN BND CLASS 1			
b Name of sponsor of entity listed in (a): METROPOLITAN WEST			
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	109671

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MDCAP GR R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100242

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE INVESCO COR PLUS BND FND

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27566

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST AGGR R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89959

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST CONSRV R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51385

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST MOD AGGR R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25006

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST MOD CONSRV R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16637

a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89093

a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS COR BD R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22325

a Name of MTIA, CCT, PSA, or 103-12 IE: NW BNY MELLONW DYN US EQ INC CL R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22252

a Name of MTIA, CCT, PSA, or 103-12 IE: NW MEL DYNMC US COR R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22842

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27921

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30297

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

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21796

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28779

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX GD AS

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1794502

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EQ INC ADML

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157986

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXPLR ADML

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15449

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INTMDTRM BD INDXADML

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129030

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MID-CAP IDX FD AS

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687366

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511315

a Name of MTIA, CCT, PSA, or 103-12 IE:	VNGRD TTL BND MKT LDX ADM		
b Name of sponsor of entity listed in (a):	VANGUARD		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	265378
a Name of MTIA, CCT, PSA, or 103-12 IE:	VNGRD TTL INTLSTKINDX ADML		
b Name of sponsor of entity listed in (a):	VANGUARD		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	630407
a Name of MTIA, CCT, PSA, or 103-12 IE:	AS SPEC MDCAP VAL INST		
b Name of sponsor of entity listed in (a):	ALLSPRING		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	206480
a Name of MTIA, CCT, PSA, or 103-12 IE:	AB GLBL BD Z		
b Name of sponsor of entity listed in (a):	ALLIANCE BERNSTEIN		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14703
a Name of MTIA, CCT, PSA, or 103-12 IE:	AVNTS EMRG MKT EQ INST		
b Name of sponsor of entity listed in (a):	AVANTIS INVESTORS		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2071
a Name of MTIA, CCT, PSA, or 103-12 IE:	AVNTS US SMCAP VAL INST		
b Name of sponsor of entity listed in (a):	AVANTIS INVESTORS		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22242
a Name of MTIA, CCT, PSA, or 103-12 IE:	NW GWG USQUALTY EQ R6		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28918
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLKRK 60/40 TRGTALLOC K		
b Name of sponsor of entity listed in (a):	BLACKROCK		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	136141
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY TOTAL INTL INDEX FUND		
b Name of sponsor of entity listed in (a):	FIDELITY		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10945
a Name of MTIA, CCT, PSA, or 103-12 IE:	NW GENEVA MDCAP GR R6		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11026

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST

b Name of sponsor of entity listed in (a): AMERICAN CENTURY

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51831

a Name of MTIA, CCT, PSA, or 103-12 IE: COL OVRSEAS VAL INST3

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4789

a Name of MTIA, CCT, PSA, or 103-12 IE: COL COMMODITY STRAT FUND INST 3 CLA

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11100

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL REAL ESTATE INCOME R

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

c EIN-PN 31-4177100-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11207

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

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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
VARI CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VARI CORPORATION

D Employer Identification Number (EIN)
23-2106519

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)	120922	106403
(2) Participant contributions	1b(2)	5293	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	128700	195052
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	17405845
(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)	15165109	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	769840	768999
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	16189864	18476299
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	16189864	18476299

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)	241403	
(B) Participants	2a(1)(B)	529617	
(C) Others (including rollovers)	2a(1)(C)	125804	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		896824
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)	8705	
(F) Other	2b(1)(F)	13240	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21945
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2408586
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3327355
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	988923	
(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)		988923
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1105
h Interest expense	2h		
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)	50892	
(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)		50892
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1040920
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2286435
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CHERRY BEKAERT LLP **(2)** EIN: 56-0574444

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		143794
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
VARI CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VARI CORPORATION

D Employer Identification Number (EIN)
23-2106519

Part I Distributions

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

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

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

EIN(s): 04-3157927

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

VARI CORPORATION 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

And Report of Independent Auditor

Cherry Bekaert LLP
Your Guide Forward

VARI CORPORATION 401(k) PLAN
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Cherry Bekaert LLP
Your Guide Forward

Report of Independent Auditor

To the Plan Administrator and Participants
Vari Corporation 401(k) Plan
Pottstown, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of Vari Corporation 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Vari Corporation 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the 2025 financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report. We are required to be independent of Vari Corporation 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Vari Corporation 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Vari Corporation 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 Vari Corporation 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2025 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Part IV, Line 4a as of and for the year ended December 31, 2025 and Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Prior Period Financial Statements

The financial statements as of December 31, 2024, were audited by other auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated February 17, 2026, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Cherry Bekaert LLP

Reading, Pennsylvania
October 14, 2026

VARI CORPORATION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments:		
Investments, at fair value (see Note 3)	$ 17,405,845	$ 15,165,109
Investment, at contract value (see Note 9)	768,999	769,840
Total Investments	18,174,844	15,934,949
Receivables:		
Employer contributions	106,403	120,922
Participant contributions	-	5,293
Notes receivable from participants	195,052	128,700
Total Receivables	301,455	254,915
Net Assets Available for Benefits	$ 18,476,299	$ 16,189,864

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

VARI CORPORATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	2,408,586
Interest		13,240
Total Investment Income		2,421,826
Interest income on notes receivable from participants		8,705
Contributions:		
Employer		241,403
Participants		529,617
Rollovers		125,804
Total Contributions		896,824
Total Additions		3,327,355
Deductions from net assets attributed to:		
Benefits paid to participants		988,923
Corrective disbursement		1,105
Administrative expenses		50,892
Total Deductions		1,040,920
Net increase in net assets available for benefits		2,286,435
Net assets available for benefits, beginning of year		16,189,864
Net assets available for benefits, end of year	$	18,476,299

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

Note 1—Description of the Plan

The following description of the Vari Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all full-time employees of Vari Corporation (the "Company") besides leased employees and independent contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration – The Company has a Plan Administrative Committee who is responsible for the oversight of the Plan. The Plan Administrative Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance. All assets of the Plan are held at Nationwide Trust Company (the "qualified institution"). Certain administrative functions are performed by employees of the Plan Sponsor. These employees do not receive compensation from the Plan.

Eligibility – Employees must complete one year of service to be eligible to participate in the Plan. Employees are enrolled in the Plan on the first day of the month following when eligibility requirements are met.

Contributions – Each year, participants may contribute up to 100% of annual compensation, as defined in the Plan, either as pre-tax (traditional 401(k)) or post-tax (Roth 401(k)) or a combination of the two, up to the maximum allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. New employees of Pottstown Engineered Products, Inc. (PEP), an affiliate of the Company, hired after July 1, 2024 are automatically enrolled at a contribution rate of 3%. The Company may make a discretionary profit sharing contribution and a discretionary qualified nonelective contribution to eligible participants. For the year ended December 31, 2025, the Company contributed a discretionary profit sharing contribution equal to 2% of the participant's eligible annual wages plus 2% of wages in excess of the taxable wage base. There were no discretionary qualified nonelective contributions made for the Plan year ended December 31, 2025. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts – Each participant's account is credited with the participant's contributions, the Company's discretionary profit sharing contributions, and the Company's discretionary qualified nonelective contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are vested immediately in their contributions and discretionary qualified nonelective contributions plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Note 1—Description of the plan (continued)

Payment of Benefits – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or substantially equal installment payments, or lump-sum amount upon termination of employment upon request. If a participant's account is less than $5,000 at termination, the participant's vested balance may be distributed to an Individual Retirement Account. If a participant's account is less than $1,000 at termination, the participant's vested interest may be paid without a withdrawal request or consent of the participant. Hardship distributions are permitted from a participant's fully vested elective deferral account, qualified nonelective contribution accounts, and rollover account. In-service distributions are also permitted for participants upon reaching the age of 65 from all accounts.

Forfeited Accounts – At December 31, 2025 and 2024, forfeited nonvested accounts were $6,035 and $4,590, respectively. These accounts may be used to restore forfeitures, reduce Company contributions (or reallocate as Company contributions), or to pay plan expenses.

Note 2—Summary of significant accounting policies

Basis of Accounting – The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates – The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for the fully benefit-responsive guaranteed investment contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian, and insurance company. See Note 3 for discussion of fair value measurement.

Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to a fully benefit-responsive investment contract because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 9 for discussion of the fully benefit-responsive investment contract.

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

Investment Concentration – The Plan holds certain investments that represent 10% or more of the Plan's total investments at December 31:

	2025	2024
American Funds 2025 Target Date Retirement R6	$ 2,640,051	$ 2,251,503
American Funds 2030 Target Date Retirement R6	3,237,279	2,675,832

Contributions – Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation. The Company's discretionary profit sharing and qualified nonelective contributions are recorded in the year in which participant compensation is earned.

Note 2—Summary of significant accounting policies (continued)

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any 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. Delinquent participant loans are recorded as distributions based on the terms of the Plan.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Reclassifications – Certain items have been reclassified in the prior year financial statements to conform to the current year presentation. These changes had no impact on the net increase in net assets available for benefits.

Subsequent Events – In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2026, the date the financial statements were available to be issued.

Note 3—Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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 2 input must be observable for substantially the full term of the asset or liability.

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

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

Note 3—Fair value measurements (continued)

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

Pooled Separate Accounts – Valued at the net asset value ("NAV") of units held by the Plan at year-end provided by the issuer of the account. NAV is used as a practical expedient to estimate fair value and is based on the value of the underlying investment assets held through subaccounts of a separate account of an insurance company. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. Pooled separate accounts ("PSA") are comprised, primarily, of shares of mutual funds held through sub-accounts of an insurance company at December 31, 2025 and 2024. The PSAs seek to mirror the investment objectives and strategies of the underlying mutual fund for which the PSA is named. Certain PSAs are target date funds which seek capital appreciation and current income consistent with asset allocation that become more conservative over time to the specified retirement date. The investments are redeemable at the adjusted NAV on a daily basis under agreements with the insurance company. There are currently no redemption restrictions or unfunded commitments on these investments. Investments valued using NAV as a practical expedient are not reflected in the valuation hierarchy.

The following summary sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments measured at NAV*	$ -	$ -	$ -	$ 17,405,845
Investments at fair value	$ -	$ -	$ -	$ 17,405,845

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments measured at NAV*	$ -	$ -	$ -	$ 15,165,109
Investments at fair value	$ -	$ -	$ -	$ 15,165,109

* Certain investments measured at fair value using NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 4—Related party transactions and party-in-interest transactions

Notes receivable from participants qualify as party-in-interest transactions. Such transactions are permitted under the Plan and are exempt from the prohibition of party-in-interest transactions. Certain plan investments are managed by Nationwide Trust Company, FSB and Nationwide Life Insurance Company. Nationwide Trust Company, FSB is the custodian as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions. All other transactions which may be considered related party or parties-in-interest transactions relate to normal plan management, administrative services, and related payment of fees.

Note 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 would become 100% vested in their employer discretionary profit sharing contribution accounts.

Note 6—Tax status

The Company has adopted a Non-Standardized Pre-Approved Profit Sharing Plan with CODA sponsored by CCH Incorporated DBA FTWilliam Com. The non-standardized pre-approved profit sharing plan received an opinion letter from the IRS dated June 30, 2020, that the non-standardized pre-approved profit sharing plan was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the plan administrator and the Plan's tax counsel believe the Plan is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would 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 7—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.

Note 8—Certified investment information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of December 31, 2025 and 2024, and net appreciation in fair value of investments and interest for the year ended December 31, 2025, was obtained by management and agreed to, or derived from, information certified as complete and accurate by Nationwide Trust Company, FSB (qualified institution). The contract value of the group annuity contract as of December 31, 2025 and 2024 and interest for the year ended December 31, 2025 was certified by Nationwide Life Insurance Company (qualified institution).

Note 9—Group annuity contract with insurance company

The Plan holds a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company totaling $768,999 and $769,840 for December 31, 2025 and 2024, respectively. The guaranteed investment contract is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.95%. The crediting rate is reviewed on an annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 9—Group annuity contract with insurance company (continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan’s investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Note 10—Prohibited transactions

During the year ended December 31, 2025, the Company failed to remit timely to the Plan’s custodian certain employee contributions and loan repayments totaling $135,628. Delays in remitting payments to the custodian were due to administrative errors. The contributions were made during the 2025 audit year. However, the Company will need to calculate lost investment earnings and make those contributions due to the delay. The lost investment earnings related to these delays are not considered to be material to the financial statements.

During the year ended December 31, 2021, the Company failed to remit timely to the Plan’s custodian certain employee contributions and loan repayments totaling $8,166. Delays in remitting payments to the custodian were due to administrative errors. The contribution was made in February 2022. However, the Company did not calculate lost investment earnings and make those contributions at the time of contribution. The lost investment earnings related to these delays were remitted during the 2025 plan year.

SUPPLEMENTAL SCHEDULES

VARI CORPORATION 401(k) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4a
EIN NO. 23-2106519, PLAN NO. 002

DECEMBER 31, 2025

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Plan Year	*	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP & PTE 2002-51
2021	$ 8,166	$ -	$ 8,166	$ -	$ -
2025	135,628	135,628	-	-	-
	$ 143,794	$ 135,628	$ 8,166	$ -	$ -

* Amount includes participant loan payments.

VARI CORPORATION 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN 23-2106519, PLAN No. 002

DECEMBER 31, 2025

(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
*	Nationwide Fixed Select Option	Group Annuity Contract	**	$ 768,999
	AB Global Bond I	Pooled Separate Account	**	20,370
	AB Global Bond Fund - Class Z	Pooled Separate Account	**	14,703
	Allspring Special Mid Cap Value Fund Inst. Class	Pooled Separate Account	**	206,480
	American Century Small Cap Value R6	Pooled Separate Account	**	36,502
	American Funds 2010 Target Date Retirement R6	Pooled Separate Account	**	12,249
	American Funds 2020 Target Date Retirement R6	Pooled Separate Account	**	265,824
	American Funds 2025 Target Date Retirement R6	Pooled Separate Account	**	2,640,051
	American Funds 2030 Target Date Retirement R6	Pooled Separate Account	**	3,237,279
	American Funds 2035 Target Date Retirement R6	Pooled Separate Account	**	1,468,442
	American Funds 2040 Target Date Retirement R6	Pooled Separate Account	**	411,063
	American Funds 2045 Target Date Retirement R6	Pooled Separate Account	**	297,457
	American Funds 2050 Target Date Retirement R6	Pooled Separate Account	**	517,512
	American Funds 2055 Target Date Retirement	Pooled Separate Account	**	324,896
	American Funds 2060 Target Date Retirement	Pooled Separate Account	**	113,652
	American Funds 2065 Target Date Retirement	Pooled Separate Account	**	30,202
	American Funds American Balanced R6	Pooled Separate Account	**	128,144
	American Funds American High Income Trust R6	Pooled Separate Account	**	17,210
	American Funds EuroPacific Growth R6	Pooled Separate Account	**	322,085
	American Funds New World Fund R6	Pooled Separate Account	**	17,212
	Avantis Emerging Markets Equity Fund - Institutional Class	Pooled Separate Account	**	2,071
	Avantis U.S. Large Cap Value Inst.	Pooled Separate Account	**	51,831
	Avantis U.S. Small Cap Value Inst.	Pooled Separate Account	**	22,242
	Baron Discovery Inst	Pooled Separate Account	**	190,439
	BlackRock High Yield Bond Portfolio	Pooled Separate Account	**	40,802
	BlackRock 60/40 Target Allocation	Pooled Separate Account	**	136,141
	Columbia Commodity Strategy Fund Institutional Class III	Pooled Separate Account	**	11,100
	Columbia Overseas Value Fund Institutional Class III	Pooled Separate Account	**	4,789
	DFA Emerging Markets Core Equity Inst.	Pooled Separate Account	**	44,131
	DFA Internation Value	Pooled Separate Account	**	25,907
	Diamond Hill Mid Cap I	Pooled Separate Account	**	24,706
	Dodge & Cox International Stock I	Pooled Separate Account	**	63,368
	Federated Hermes Government Obligations Prmr	Pooled Separate Account	**	152,464
	Fidelity 500 Index	Pooled Separate Account	**	112,536
	Fidelity Global ex U.S. Index Fund	Pooled Separate Account	**	21,222
	Fidelity International Index	Pooled Separate Account	**	61,709
	Fidelity Large Cap Grade Index	Pooled Separate Account	**	22,771
	Fidelity Large Cap Value Index	Pooled Separate Account	**	29,659
	Fidelity Mid Cap Index	Pooled Separate Account	**	11,308
	Fidelity Total International Index	Pooled Separate Account	**	10,945
	Fidelity U.S. Bond Index	Pooled Separate Account	**	41,468
	Franklin Small Cap Growth Fund Class R6	Pooled Separate Account	**	6,458
	Goldman Sachs GQG Partners Intl. Opp. R6	Pooled Separate Account	**	83,153
	Invesco Global Real Estate Income Fund R6	Pooled Separate Account	**	11,207
	JPMorgan Equity Income R5	Pooled Separate Account	**	40,289
	JPMorgan Large Cap Growth Fund Class R6	Pooled Separate Account	**	890,592
	JPMorgan U.S. Research Enhanced Equity	Pooled Separate Account	**	294,056
	Metropolitan West Total Return Bond I	Pooled Separate Account	**	109,671
	Metropolitan West Total Return Bond I	Pooled Separate Account	**	109,671
	MFS Mid Cap Growth Fund Class R6	Pooled Separate Account	**	100,242

VARI CORPORATION 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN 23-2106519, PLAN No. 002

DECEMBER 31, 2025

(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 ($)	(e) Current Value ($)
*	Nationwide Geneva Mid Cap Growth Fund R6	Pooled Separate Account	**	$ 11,026
*	Nationwide GQG US Quality Equity Fund Class R6	Pooled Separate Account	**	28,918
*	Nationwide Invesco Core Plus Bond Fund I	Pooled Separate Account	**	27,566
*	Nationwide Investor Destinations Aggressive R6	Pooled Separate Account	**	89,959
*	Nationwide Investor Destinations Conservative R6	Pooled Separate Account	**	51,385
*	Nationwide Investor Destinations Moderately Aggressive R6	Pooled Separate Account	**	25,006
*	Nationwide Investor Destinations Moderately Conservative R6	Pooled Separate Account	**	16,637
*	Nationwide Loomis All Cap Growth R6	Pooled Separate Account	**	89,093
*	Nationwide Loomis Core Bond R6	Pooled Separate Account	**	22,325
*	Nationwide BNY Mellon Dynamic US Equity Income Fund	Pooled Separate Account	**	22,252
*	Nationwide Mellon Dynamic US Core R6	Pooled Separate Account	**	22,842
	PGIM Total Return Bond R6	Pooled Separate Account	**	27,921
	PIMCO Commodity Real Return Strategy	Pooled Separate Account	**	21,796
	PIMCO Real Return Fund Inst	Pooled Separate Account	**	30,297
	Principal Global Real Estate Securities R6	Pooled Separate Account	**	28,779
	Vanguard 500 Index Fund AS	Pooled Separate Account	**	1,794,502
	Vanguard Equity Income Adm	Pooled Separate Account	**	157,986
	Vanguard Explorer Adm	Pooled Separate Account	**	15,449
	Vanguard Intermediate-Term Bond Index Adm	Pooled Separate Account	**	129,030
	Vanguard Mid Cap Index Fund AS	Pooled Separate Account	**	687,366
	Vanguard Small Cap Index Fund AS	Pooled Separate Account	**	511,315
	Vanguard Total Bond Market Index Adm	Pooled Separate Account	**	265,378
	Vanguard Total Intl. Stock Index Adm	Pooled Separate Account	**	630,407
				$ 17,515,516
*	Participant Loans	Interest rate: 4.25% - 9.50% Maturing June 2026 - November 2030	- 0 -	$ 195,052

* A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments.

DRAFT

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.)
- ☒ 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:
- ☒ 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
VARI CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1994

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)

VARI CORPORATION

390 OLD READING PIKE

POTTSTOWN PA 19464

2b Employer Identification Number (EIN) 23-2106519

2c Plan Sponsor's telephone number 610-970-2800

2d Business code (see instructions) 332900

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	✓ [signature] 10/15/2025		Terry Rismiller
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

VARI CORPORATION 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN 23-2106519, PLAN No. 002

DECEMBER 31, 2025

(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
*	Nationwide Fixed Select Option	Group Annuity Contract	**	$ 768,999
	AB Global Bond I	Pooled Separate Account	**	20,370
	AB Global Bond Fund - Class Z	Pooled Separate Account	**	14,703
	Allspring Special Mid Cap Value Fund Inst. Class	Pooled Separate Account	**	206,480
	American Century Small Cap Value R6	Pooled Separate Account	**	36,502
	American Funds 2010 Target Date Retirement R6	Pooled Separate Account	**	12,249
	American Funds 2020 Target Date Retirement R6	Pooled Separate Account	**	265,824
	American Funds 2025 Target Date Retirement R6	Pooled Separate Account	**	2,640,051
	American Funds 2030 Target Date Retirement R6	Pooled Separate Account	**	3,237,279
	American Funds 2035 Target Date Retirement R6	Pooled Separate Account	**	1,468,442
	American Funds 2040 Target Date Retirement R6	Pooled Separate Account	**	411,063
	American Funds 2045 Target Date Retirement R6	Pooled Separate Account	**	297,457
	American Funds 2050 Target Date Retirement R6	Pooled Separate Account	**	517,512
	American Funds 2055 Target Date Retirement	Pooled Separate Account	**	324,896
	American Funds 2060 Target Date Retirement	Pooled Separate Account	**	113,652
	American Funds 2065 Target Date Retirement	Pooled Separate Account	**	30,202
	American Funds American Balanced R6	Pooled Separate Account	**	128,144
	American Funds American High Income Trust R6	Pooled Separate Account	**	17,210
	American Funds EuroPacific Growth R6	Pooled Separate Account	**	322,085
	American Funds New World Fund R6	Pooled Separate Account	**	17,212
	Avantis Emerging Markets Equity Fund - Institutional Class	Pooled Separate Account	**	2,071
	Avantis U.S. Large Cap Value Inst.	Pooled Separate Account	**	51,831
	Avantis U.S. Small Cap Value Inst.	Pooled Separate Account	**	22,242
	Baron Discovery Inst	Pooled Separate Account	**	190,439
	BlackRock High Yield Bond Portfolio	Pooled Separate Account	**	40,802
	BlackRock 60/40 Target Allocation	Pooled Separate Account	**	136,141
	Columbia Commodity Strategy Fund Institutional Class III	Pooled Separate Account	**	11,100
	Columbia Overseas Value Fund Institutional Class III	Pooled Separate Account	**	4,789
	DFA Emerging Markets Core Equity Inst.	Pooled Separate Account	**	44,131
	DFA Internation Value	Pooled Separate Account	**	25,907
	Diamond Hill Mid Cap I	Pooled Separate Account	**	24,706
	Dodge & Cox International Stock I	Pooled Separate Account	**	63,368
	Federated Hermes Government Obligations Prmr	Pooled Separate Account	**	152,464
	Fidelity 500 Index	Pooled Separate Account	**	112,536
	Fidelity Global ex U.S. Index Fund	Pooled Separate Account	**	21,222
	Fidelity International Index	Pooled Separate Account	**	61,709
	Fidelity Large Cap Grade Index	Pooled Separate Account	**	22,771
	Fidelity Large Cap Value Index	Pooled Separate Account	**	29,659
	Fidelity Mid Cap Index	Pooled Separate Account	**	11,308
	Fidelity Total International Index	Pooled Separate Account	**	10,945
	Fidelity U.S. Bond Index	Pooled Separate Account	**	41,468
	Franklin Small Cap Growth Fund Class R6	Pooled Separate Account	**	6,458
	Goldman Sachs GQG Partners Intl. Opp. R6	Pooled Separate Account	**	83,153
	Invesco Global Real Estate Income Fund R6	Pooled Separate Account	**	11,207
	JPMorgan Equity Income R5	Pooled Separate Account	**	40,289
	JPMorgan Large Cap Growth Fund Class R6	Pooled Separate Account	**	890,592
	JPMorgan U.S. Research Enhanced Equity	Pooled Separate Account	**	294,056
	Metropolitan West Total Return Bond I	Pooled Separate Account	**	109,671
	Metropolitan West Total Return Bond I	Pooled Separate Account	**	109,671
	MFS Mid Cap Growth Fund Class R6	Pooled Separate Account	**	100,242

VARI CORPORATION 401(k) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN 23-2106519, PLAN No. 002

DECEMBER 31, 2025

(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 ($)	(e) Current Value ($)
*	Nationwide Geneva Mid Cap Growth Fund R6	Pooled Separate Account	**	$ 11,026
*	Nationwide GQG US Quality Equity Fund Class R6	Pooled Separate Account	**	28,918
*	Nationwide Invesco Core Plus Bond Fund I	Pooled Separate Account	**	27,566
*	Nationwide Investor Destinations Aggressive R6	Pooled Separate Account	**	89,959
*	Nationwide Investor Destinations Conservative R6	Pooled Separate Account	**	51,385
*	Nationwide Investor Destinations Moderately Aggressive R6	Pooled Separate Account	**	25,006
*	Nationwide Investor Destinations Moderately Conservative R6	Pooled Separate Account	**	16,637
*	Nationwide Loomis All Cap Growth R6	Pooled Separate Account	**	89,093
*	Nationwide Loomis Core Bond R6	Pooled Separate Account	**	22,325
*	Nationwide BNY Mellon Dynamic US Equity Income Fund	Pooled Separate Account	**	22,252
*	Nationwide Mellon Dynamic US Core R6	Pooled Separate Account	**	22,842
	PGIM Total Return Bond R6	Pooled Separate Account	**	27,921
	PIMCO Commodity Real Return Strategy	Pooled Separate Account	**	21,796
	PIMCO Real Return Fund Inst	Pooled Separate Account	**	30,297
	Principal Global Real Estate Securities R6	Pooled Separate Account	**	28,779
	Vanguard 500 Index Fund AS	Pooled Separate Account	**	1,794,502
	Vanguard Equity Income Adm	Pooled Separate Account	**	157,986
	Vanguard Explorer Adm	Pooled Separate Account	**	15,449
	Vanguard Intermediate-Term Bond Index Adm	Pooled Separate Account	**	129,030
	Vanguard Mid Cap Index Fund AS	Pooled Separate Account	**	687,366
	Vanguard Small Cap Index Fund AS	Pooled Separate Account	**	511,315
	Vanguard Total Bond Market Index Adm	Pooled Separate Account	**	265,378
	Vanguard Total Intl. Stock Index Adm	Pooled Separate Account	**	630,407
				$ 17,515,516
*	Participant Loans	Interest rate: 4.25% - 9.50% Maturing June 2026 - November 2030	- 0 -	$ 195,052

* A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments.