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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                           |
| 1a      | Name of plan<br>USTC GROUP 401(K) PLAN                                                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>01/01/1990                                                                                                                                                                                                                                                                                                                             |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>USTC UNITED STATES TECHNOLOGIES COMMUNICATIONS CORP<br><br>225 RARITAN CENTER PARKWAY<br>EDISON, NJ 08837 |
| 2b      | Employer Identification Number (EIN)<br>30-0943214                                                                                                                                                                                                                                                                                                               |
| 2c      | Plan Sponsor's telephone number<br>516-659-2661                                                                                                                                                                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>541990                                                                                                                                                                                                                                                                                                                       |

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. | 10/09/2024 | PAUL LINDSTROM                                               |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 544                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 458<br><b>6a(2)</b> 430<br><b>6b</b> 1<br><b>6c</b> 73<br><b>6d</b> 504<br><b>6e</b> 0<br><b>6f</b> 504<br><b>6g(1)</b> 420<br><b>6g(2)</b> 382<br><b>6h</b> 25 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                         |

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

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                             |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>USTC GROUP 401(K) PLAN</div>                                                                      | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>USTC UNITED STATES TECHNOLOGIES COMMUNICATIONS CORP</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>30-0943214</div> |

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 |
| FIDELITY INVESTMENTS INSTITUTIONAL |                                                                                                        |
| 04-2647786                         |                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 30568                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 25852                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                            |
| (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. |                                              |
| C&S REALTY SHARES I - SS&C GIDS, I<br><br>39-1657495                | 0.10%                                                                                                                                                              |                                              |

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2023</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p> |
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                    |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>USTC GROUP 401(K) PLAN</u>                                                                             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>USTC UNITED STATES TECHNOLOGIES COMMUNICATIONS CORP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>30-0943214</u> |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2065 M

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

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>32-6528132-044</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29197</u> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AS SPL MD CAP VAL E2

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>84-6615098-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>446851</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2020 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0337987-432</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>586233</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2045 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0337987-437</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>506300</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2055 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0337987-439</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>292840</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GG TRP STABLE VAL S

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>86-1182766-655</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1647949</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2060 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0337987-424</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158119</u> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2030 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-434 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1901457 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2040 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-436 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1474918 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET INC M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-440 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 575936 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2025 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-433 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1325204 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CB SMALL CAP GROWTH

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-4065336-434 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189434 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2035 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-435 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661370 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2050 M

**b** Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-438 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900122 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>USTC GROUP 401(K) PLAN</b>                                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>USTC UNITED STATES TECHNOLOGIES COMMUNICATIONS CORP</b>                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>30-0943214</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 36                    | 5242            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 399696                | 452808          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 8969152               | 10695930        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   | 12327836              | 12243530        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 21696720              | 23397510        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 21696720              | 23397510        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 626685     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 1700348    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 681103     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3008136   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 92         |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 20192      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 20284     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 237488     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 237488    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 1192052   |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1904815   |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 6362775   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 4600482 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0       |         |
| (3) Other .....                                                                      | 2e(3)  | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 4600482 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         | 0       |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 5083    |
| h Interest expense .....                                                             | 2h     |         | 0       |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  | 0       |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 0       |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 26392   |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 0       |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 25852   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 0       |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 0       |         |
| (8) Legal fees .....                                                                 | 2i(8)  | 0       |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 0       |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 0       |         |
| (11) Other expenses .....                                                            | 2i(11) | 4176    |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 56420   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 4661985 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1700790 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (2) From this plan .....                                 | 2l(2) |  | 0       |

**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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ 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: **POOLER CPA GROUP LLC**

(2) EIN: **82-4354021**

**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        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> 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.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>780141</b> |
| <b>b</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.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>c</b> 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.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>d</b> 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.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>385000</b> |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>g</b> 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? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>h</b> 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? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |               |
| <b>j</b> 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.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| <b>n</b> 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. ....                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>USTC GROUP 401(K) PLAN                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>USTC UNITED STATES TECHNOLOGIES COMMUNICATIONS CORP                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>30-0943214                                            |     |
| 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                                                                                               |     |
| 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):<br>EIN(s): 04-6568107                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2023 v. 230707                                                           |     |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> 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).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input checked="" type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

# **USTC GROUP 401(K) PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

**AND**

**SUPPLEMENTAL SCHEDULES  
DECEMBER 31, 2023 AND 2022**



Pooler  
CPA Group, LLC

# USTC GROUP 401(K) PLAN

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## **Independent Auditor's Report**

To the Administrative Committee of the  
USTC Group 401(k) Plan  
Edison, NJ

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

We have performed audits of the accompanying financial statements of the USTC Group 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the USTC Group 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the 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 financial statements referred to above 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).

### **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the USTC Group 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the USTC Group 401(k) Plan's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the USTC Group 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

## Supplemental Schedules Required by ERISA

The supplemental schedules, the Schedule of Assets (Held at End of Year), December 31, 2023, the Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and 2022, are presented for the purpose of additional analysis and is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 is 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 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).

*Pooler*  
*CPA Group, LLC*

Pooler CPA Group, LLC  
Memphis, Indiana  
September 26, 2024

# USTC GROUP 401(K) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2023 AND 2022

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|                                              | 2023                 | 2022                 |
|----------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                |                      |                      |
| <b>Investments at Fair Value, see Note D</b> | \$ 22,944,702        | \$ 21,297,024        |
| <b>Receivables</b>                           |                      |                      |
| Participants' Contributions                  | 53,484               | 90,880               |
| Employer Contributions                       | 20,152               | 35,108               |
| Notes Receivable from Participants           | 452,808              | 399,696              |
| <b>Total Receivables</b>                     | 526,444              | 525,684              |
| <b>TOTAL ASSETS</b>                          | 23,471,146           | 21,822,708           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>     | <u>\$ 23,471,146</u> | <u>\$ 21,822,708</u> |

# USTC GROUP 401(K) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2023

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### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

#### INVESTMENT INCOME (LOSS)

|                                                                 |                  |
|-----------------------------------------------------------------|------------------|
| Interest and dividend income                                    | \$ 237,580       |
| Net appreciation (depreciation)<br>in fair value of investments | 3,096,867        |
| Total Investment Income (Loss)                                  | <u>3,334,447</u> |

|                                                       |        |
|-------------------------------------------------------|--------|
| Interest Income on Notes Receivable from Participants | 20,192 |
|-------------------------------------------------------|--------|

#### CONTRIBUTIONS

|                     |                  |
|---------------------|------------------|
| Participants        | 1,662,952        |
| Rollovers           | 681,103          |
| Employer            | 611,729          |
| Total Contributions | <u>2,955,784</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>6,310,423</u> |
|-----------------|------------------|

### DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 4,605,565        |
| Recordkeeping fees            | 26,392           |
| Investment advisory fees      | 25,852           |
| Other expenses                | 4,176            |
| Total Deductions              | <u>4,661,985</u> |

|                         |           |
|-------------------------|-----------|
| NET INCREASE (DECREASE) | 1,648,438 |
|-------------------------|-----------|

### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                      |
|-------------------|----------------------|
| Beginning of Year | <u>21,822,708</u>    |
| End of Year       | <u>\$ 23,471,146</u> |

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### NOTE A – PLAN DESCRIPTION

The following description of the USTC Group 401(k) Plan (the “Plan”), formerly the USTC United States Technologie 401(k) Profit Sharing Plan and Trust, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### *GENERAL*

The Plan is a defined contribution 401(k) and profit-sharing plan sponsored by USTC United States Technologie with the following participating employers:

- Comstar Supply, Inc.
- Multicom, Inc.
- Walker and Associates, Inc.

The Plan sponsor and participating employers are hereon referred to as the “Company” and “Employer.” The Plan has a year end of December 31<sup>st</sup>. The Plan was formed effective January 1, 2020. The most recent amendment became effective November 15, 2022, which added the participating employers noted above.

The provisions of the Plan are included in the official Plan document, which legally governs the operations of the Plan and is available for more detailed information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *ELIGIBILITY*

Covered employees of the Company who have completed one month of service may join the Plan. There is no age requirement to enter the Plan. An employee who has met the eligibility requirements may enter the Plan immediately after the requirements are met.

#### *PARTICIPANT AND COMPANY CONTRIBUTIONS*

Each year, participants may elect to make pre-tax contributions to the Plan from 1 percent to 92 percent of eligible compensation, subject to a maximum annual limitation set by the Internal Revenue Service (IRS). After-tax Roth contributions are also permitted. Participants who have attained age 50 or more before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan using amounts distributed to them from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a matching contribution to the Plan. The match is 50 percent of the first 6 percent of the elective contributions the employee makes to the Plan. Employees are eligible for the match after one month of service. The matching contribution is invested as directed by the participant.

In addition, the Company may also make a discretionary profit-sharing contribution to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Company as defined in the Plan document. Employees are eligible for the match after one year of service. For the plan years ended December 31, 2023 and 2022, there were no discretionary profit-sharing contributions made.

#### *PARTICIPANT ACCOUNTS*

Each participant’s account is credited with the participant’s contribution as well as the Company match and discretionary profit-sharing contributions, and an allocation 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.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### NOTE A – PLAN DESCRIPTION – CONT.

#### *VESTING AND FORFEITURES*

Vesting is based on years of service for employer contributions. Participants are immediately vested in their elective (voluntary) contributions and any earnings thereon. Interests in the Company's matching and discretionary profit-sharing contributions and earnings thereon vest as follows:

| <u>Years of Service</u> | <u>Vesting %</u> |
|-------------------------|------------------|
| 1                       | 0%               |
| 2                       | 20%              |
| 3                       | 40%              |
| 4                       | 60%              |
| 5                       | 80%              |
| 6                       | 100%             |

Upon termination of active participation in the Plan, other than as a result of retirement, total or permanent disability or death, the non-vested portion of the participant's account will be forfeited. Forfeitures of non-vested accounts may be used to reduce future employer contributions or used toward allowable administrative expenses. There were no forfeitures used toward employer contributions or allowable administrative expenses in 2023. As of December 31, 2023 and 2022, there was \$57,078 and \$24,937 in the forfeiture account, respectively.

#### *PAYMENT OF BENEFITS*

Distributions of benefits are defined in the Plan document. Generally, upon termination of employment, death, disability, or normal retirement, a participant (or designated beneficiary) may elect to receive 100% of his or her vested account balance in either a lump sum cash payment or a direct rollover to another qualified plan, or partial payouts. Participants who have attained age 59 1/2 may also withdraw all or a portion of their vested account balances. Minimum distributions are required once the participant reaches age 73 and 72 in 2023 and 2022, respectively. Distributions may also be made in the case of certain financial hardships.

#### *NOTES RECEIVABLE FROM PARTICIPANTS*

The Plan provides that participants can borrow funds of at least \$1,000 up to a maximum equal to the lesser of 50 percent of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The term of the loan cannot exceed five years, except if the loan proceeds are used to finance the purchase of a primary residence, in which case the loan term may not exceed 10 years. Principal and interest is paid ratably through payroll deductions. A participant may have one loan outstanding at a time.

### NOTE B – SUMMARY OF ACCOUNTING POLICIES

#### *BASIS OF ACCOUNTING*

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

#### *USE OF ESTIMATES*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could vary from these estimates.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### **NOTE B – SUMMARY OF ACCOUNTING POLICIES – CONT.**

#### *INVESTMENT VALUATION AND INCOME RECOGNITION*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note D for a discussion of fair value measurements.

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

#### *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. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

#### *PAYMENT OF BENEFITS*

Benefit payments to participants and their beneficiaries are recorded when paid.

#### *OPERATING EXPENSES*

Certain expenses of maintaining the Plan are paid 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 are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation of the fair value of the investments.

#### *DATE OF MANAGEMENT REVIEW*

Subsequent events were evaluated through September 26, 2024, which is the date the financial statements were available to be issued. Management is not required to and has not evaluated events or transactions that occurred after September 26, 2024.

### **NOTE C – UNAUDITED INVESTMENT INFORMATION CERTIFIED BY TRUSTEE**

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations and disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the trustee, Fidelity Management Trust Company, and was not subjected to any auditing procedures performed by the independent public accountants.

- a. All investments shown in the accompanying statements of net assets available for benefits.
- b. Net investment income from the investments, as shown in the accompanying statement of changes in net assets available for benefits, including dividends and interest income and net realized and unrealized appreciation (depreciation) in the fair value of assets.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB (Financial Accounting Standards Board) ASC (Accounting Standards Codification) 820 are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Level 2 | <p>Inputs to the valuation method include</p> <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset and liability; and</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement of the assets and liabilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no transfers between levels in 2023 or 2022.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2023 or 2022.

**Money Market Fund:** Valued based on quoted prices in active markets for identical securities.

**Common Collective Trusts:** Valued at the NAV of the units in the listed common collective trusts in the Schedule of Assets (Held at End of Year). The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

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

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| <b>Assets at Fair Value as of December 31, 2023</b>  |               |         |         |               |
|------------------------------------------------------|---------------|---------|---------|---------------|
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 5,242      | \$ -    | \$ -    | \$ 5,242      |
| Mutual Funds                                         | 12,243,530    | -       | -       | 12,243,530    |
| Total Assets in the Fair Value Hierarchy             | 12,248,772    | -       | -       | 12,248,772    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 10,695,930    |
| Total Assets at Fair Value                           | \$ 12,248,772 | \$ -    | \$ -    | \$ 22,944,702 |
| <b>Assets at Fair Value as of December 31, 2022</b>  |               |         |         |               |
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 36         | \$ -    | \$ -    | \$ 36         |
| Mutual Funds                                         | 12,327,836    | -       | -       | 12,327,836    |
| Total Assets in the Fair Value Hierarchy             | 12,327,872    | -       | -       | 12,327,872    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 8,969,152     |
| Total Assets at Fair Value                           | \$ 12,327,872 | \$ -    | \$ -    | \$ 21,297,024 |

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

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

#### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

| December 31, 2023        | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------|---------------|----------------------|----------------------|--------------------------|
| Common Collective Trusts | \$ 10,695,930 | Not Applicable       | Daily                | Not Applicable           |

| December 31, 2022       | Fair Value   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|-------------------------|--------------|----------------------|----------------------|--------------------------|
| Common Collective Trust | \$ 8,969,152 | Not Applicable       | Daily                | Not Applicable           |

### NOTE E – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Fidelity Management Trust Company is the custodian of the Plan assets. Fidelity provides third party administrative and recordkeeping services. Pooler CPA Group, LLC is the Plan auditor. SageView Advisory Group provides investment advisory services. Therefore, these transactions qualify as party-in interest transactions.

Audit fees and certain other administrative expenses are rendered by parties in interest and are paid by the Company. The Company also provides certain administrative services for the Plan for which it receives no compensation.

### NOTE F - 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 statement of net assets available for benefits.

### NOTE G – TAX STATUS

The Plan, which is a prototype plan sponsored by FMR, LLC and has received a favored opinion letter dated June 30, 2020, in which the Internal Revenue Service has stated that the Plan Document is acceptable under section 401 of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### NOTE H – 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 percent vested in their employer contributions, if any.

### NOTE I – DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2023 and 2022, the Plan remitted employee contributions in the amount of \$642,918 and \$137,223, respectively, beyond the normal remittance time periods that the Plan usually submits contributions to the trustee. The Company is in the process of rectifying the participant accounts affected by the late remittances as of the date of the auditor's report for 2022 and 2023. The lost earnings have been calculated for the delinquent contributions for 2023, which are immaterial, and have not been accrued within these financial statements.

### NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of the years ended December 31, 2023 and 2022:

|                                                                | 2023                 | 2022                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 23,471,146        | \$ 21,822,708        |
| Less: Participants' Contributions Receivable                   | (53,484)             | (90,880)             |
| Less: Employer Contributions Receivable                        | (20,152)             | (35,108)             |
| Net Assets Available for Benefits per the Form 5500            | <u>\$ 23,397,510</u> | <u>\$ 21,696,720</u> |

The following is a reconciliation of total contributions per the financial statements to the Form 5500 as of and for the year ended December 31, 2023:

|                                                  |                     |
|--------------------------------------------------|---------------------|
| Total Contributions per the Financial Statements | \$ 2,955,784        |
| Add: 2022 Participants' Contributions Receivable | 90,880              |
| Add: 2022 Employer Contributions Receivable      | 35,108              |
| Less: 2023 Participant Contributions Receivable  | (53,484)            |
| Less: 2023 Employer Contributions Receivable     | (20,152)            |
| Total Contributions per the Form 5500            | <u>\$ 3,008,136</u> |

## SUPPLEMENTAL SCHEDULES

# USTC GROUP 401(K) PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

| (a) | (b)                                                             | (c)                                                                                                         | (d)  | (e)           |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------|---------------|
|     |                                                                 | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | Cost | Current Value |
|     | Identity of Issue, Borrower, Lessor, or Similar Party           |                                                                                                             |      |               |
|     | <b>Money Market Fund</b>                                        |                                                                                                             |      |               |
| *   | Fidelity Government Money Market                                | Money Market Fund                                                                                           | **   | \$ 5,242      |
|     | <b>Common Collective Trusts:</b>                                |                                                                                                             |      |               |
|     | Allspring Special Mid Cap Value CIT                             | Common Collective Trust                                                                                     | **   | 446,851       |
|     | State Street Target Retirement 2025                             | Common Collective Trust                                                                                     | **   | 1,325,204     |
|     | State Street Target Retirement 2040                             | Common Collective Trust                                                                                     | **   | 1,474,918     |
|     | State Street Target Retirement 2060                             | Common Collective Trust                                                                                     | **   | 158,119       |
|     | T. Rowe Price Stable Value Fund                                 | Common Collective Trust                                                                                     | **   | 1,647,949     |
|     | State Street Target Retirement 2030                             | Common Collective Trust                                                                                     | **   | 1,901,457     |
|     | State Street Target Retirement 2035                             | Common Collective Trust                                                                                     | **   | 661,370       |
|     | State Street Target Retirement 2065                             | Common Collective Trust                                                                                     | **   | 29,197        |
|     | State Street Target Retirement 2020                             | Common Collective Trust                                                                                     | **   | 586,233       |
|     | State Street Target Retirement 2045                             | Common Collective Trust                                                                                     | **   | 506,300       |
|     | ClearBridge Small Cap Growth                                    | Common Collective Trust                                                                                     | **   | 189,434       |
|     | State Street Target Retirement 2055                             | Common Collective Trust                                                                                     | **   | 292,840       |
|     | State Street Target Retirement Income                           | Common Collective Trust                                                                                     | **   | 575,936       |
|     | State Street Target Retirement 2050                             | Common Collective Trust                                                                                     | **   | 900,122       |
|     | <b>Total Common Collective Trusts</b>                           |                                                                                                             |      | 10,695,930    |
|     | <b>Mutual Funds:</b>                                            |                                                                                                             |      |               |
|     | PIMCO Income                                                    | Registered Investment Company                                                                               | **   | 225,130       |
|     | Mass Mutual Total Return Bond                                   | Registered Investment Company                                                                               | **   | 583,084       |
|     | Cohen & Steers Realty Shares                                    | Registered Investment Company                                                                               | **   | 124,058       |
|     | State Street Emerging Markets Equity Index                      | Registered Investment Company                                                                               | **   | 111,109       |
|     | American Funds Balanced                                         | Registered Investment Company                                                                               | **   | 2,035,532     |
|     | JP Morgan Equity Income                                         | Registered Investment Company                                                                               | **   | 462,310       |
|     | PIMCO RAE US Small Cap                                          | Registered Investment Company                                                                               | **   | 53,125        |
|     | JP Morgan Mid Cap Growth                                        | Registered Investment Company                                                                               | **   | 460,324       |
|     | JP Morgan Large Cap Growth                                      | Registered Investment Company                                                                               | **   | 1,800,280     |
|     | John Hancock Alternate Asset                                    | Registered Investment Company                                                                               | **   | 4,794         |
| *   | Fidelity US Bond Index                                          | Registered Investment Company                                                                               | **   | 531,401       |
| *   | Fidelity 500 Index                                              | Registered Investment Company                                                                               | **   | 3,576,761     |
| *   | Fidelity Mid Cap Index                                          | Registered Investment Company                                                                               | **   | 536,181       |
| *   | Fidelity Small Cap Index                                        | Registered Investment Company                                                                               | **   | 628,890       |
| *   | Fidelity International Index                                    | Registered Investment Company                                                                               | **   | 1,104,389     |
| *   | Fidelity Inflation Protection Bond Index                        | Registered Investment Company                                                                               | **   | 6,162         |
|     | <b>Total Mutual Funds</b>                                       |                                                                                                             |      | 12,243,530    |
| *   | Notes Receivable from Participants                              | Maturity dates from 2024 to 2044<br>Interest rates from 3.25% - 9.50%                                       | -    | 452,808       |
|     | <b>TOTAL ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR</b> |                                                                                                             |      | \$ 23,397,510 |

(\*) Denotes parties in interest

(\*\*) Cost omitted for participant-directed investments

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan                                                   |         | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included<br><input checked="" type="checkbox"/> |         | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| \$                                                                                                       | 642,918 | \$ 642,918                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2022

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan                                                   |         | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included<br><input checked="" type="checkbox"/> |         | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| \$                                                                                                       | 137,223 | \$ 137,223                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |

# **USTC GROUP 401(K) PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

**AND**

**SUPPLEMENTAL SCHEDULES  
DECEMBER 31, 2023 AND 2022**



Pooler  
CPA Group, LLC

# USTC GROUP 401(K) PLAN

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## **Independent Auditor's Report**

To the Administrative Committee of the  
USTC Group 401(k) Plan  
Edison, NJ

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

We have performed audits of the accompanying financial statements of the USTC Group 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the USTC Group 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the 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 financial statements referred to above 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).

### **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the USTC Group 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the USTC Group 401(k) Plan's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the USTC Group 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

## Supplemental Schedules Required by ERISA

The supplemental schedules, the Schedule of Assets (Held at End of Year), December 31, 2023, the Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and 2022, are presented for the purpose of additional analysis and is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 is 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 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).

*Pooler*  
*CPA Group, LLC*

Pooler CPA Group, LLC  
Memphis, Indiana  
September 26, 2024

# USTC GROUP 401(K) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2023 AND 2022

---

|                                              | 2023                 | 2022                 |
|----------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                |                      |                      |
| <b>Investments at Fair Value, see Note D</b> | \$ 22,944,702        | \$ 21,297,024        |
| <b>Receivables</b>                           |                      |                      |
| Participants' Contributions                  | 53,484               | 90,880               |
| Employer Contributions                       | 20,152               | 35,108               |
| Notes Receivable from Participants           | 452,808              | 399,696              |
| <b>Total Receivables</b>                     | 526,444              | 525,684              |
| <b>TOTAL ASSETS</b>                          | 23,471,146           | 21,822,708           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>     | <u>\$ 23,471,146</u> | <u>\$ 21,822,708</u> |

# USTC GROUP 401(K) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2023

---

### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

#### INVESTMENT INCOME (LOSS)

|                                                                 |                  |
|-----------------------------------------------------------------|------------------|
| Interest and dividend income                                    | \$ 237,580       |
| Net appreciation (depreciation)<br>in fair value of investments | 3,096,867        |
| Total Investment Income (Loss)                                  | <u>3,334,447</u> |

|                                                       |        |
|-------------------------------------------------------|--------|
| Interest Income on Notes Receivable from Participants | 20,192 |
|-------------------------------------------------------|--------|

#### CONTRIBUTIONS

|                     |                  |
|---------------------|------------------|
| Participants        | 1,662,952        |
| Rollovers           | 681,103          |
| Employer            | 611,729          |
| Total Contributions | <u>2,955,784</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>6,310,423</u> |
|-----------------|------------------|

### DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 4,605,565        |
| Recordkeeping fees            | 26,392           |
| Investment advisory fees      | 25,852           |
| Other expenses                | 4,176            |
| Total Deductions              | <u>4,661,985</u> |

|                         |           |
|-------------------------|-----------|
| NET INCREASE (DECREASE) | 1,648,438 |
|-------------------------|-----------|

### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                      |
|-------------------|----------------------|
| Beginning of Year | <u>21,822,708</u>    |
| End of Year       | <u>\$ 23,471,146</u> |

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

---

### NOTE A – PLAN DESCRIPTION

The following description of the USTC Group 401(k) Plan (the “Plan”), formerly the USTC United States Technologie 401(k) Profit Sharing Plan and Trust, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### *GENERAL*

The Plan is a defined contribution 401(k) and profit-sharing plan sponsored by USTC United States Technologie with the following participating employers:

- Comstar Supply, Inc.
- Multicom, Inc.
- Walker and Associates, Inc.

The Plan sponsor and participating employers are hereon referred to as the “Company” and “Employer.” The Plan has a year end of December 31<sup>st</sup>. The Plan was formed effective January 1, 2020. The most recent amendment became effective November 15, 2022, which added the participating employers noted above.

The provisions of the Plan are included in the official Plan document, which legally governs the operations of the Plan and is available for more detailed information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *ELIGIBILITY*

Covered employees of the Company who have completed one month of service may join the Plan. There is no age requirement to enter the Plan. An employee who has met the eligibility requirements may enter the Plan immediately after the requirements are met.

#### *PARTICIPANT AND COMPANY CONTRIBUTIONS*

Each year, participants may elect to make pre-tax contributions to the Plan from 1 percent to 92 percent of eligible compensation, subject to a maximum annual limitation set by the Internal Revenue Service (IRS). After-tax Roth contributions are also permitted. Participants who have attained age 50 or more before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan using amounts distributed to them from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a matching contribution to the Plan. The match is 50 percent of the first 6 percent of the elective contributions the employee makes to the Plan. Employees are eligible for the match after one month of service. The matching contribution is invested as directed by the participant.

In addition, the Company may also make a discretionary profit-sharing contribution to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Company as defined in the Plan document. Employees are eligible for the match after one year of service. For the plan years ended December 31, 2023 and 2022, there were no discretionary profit-sharing contributions made.

#### *PARTICIPANT ACCOUNTS*

Each participant’s account is credited with the participant’s contribution as well as the Company match and discretionary profit-sharing contributions, and an allocation 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.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

---

### NOTE A – PLAN DESCRIPTION – CONT.

#### *VESTING AND FORFEITURES*

Vesting is based on years of service for employer contributions. Participants are immediately vested in their elective (voluntary) contributions and any earnings thereon. Interests in the Company's matching and discretionary profit-sharing contributions and earnings thereon vest as follows:

| <u>Years of Service</u> | <u>Vesting %</u> |
|-------------------------|------------------|
| 1                       | 0%               |
| 2                       | 20%              |
| 3                       | 40%              |
| 4                       | 60%              |
| 5                       | 80%              |
| 6                       | 100%             |

Upon termination of active participation in the Plan, other than as a result of retirement, total or permanent disability or death, the non-vested portion of the participant's account will be forfeited. Forfeitures of non-vested accounts may be used to reduce future employer contributions or used toward allowable administrative expenses. There were no forfeitures used toward employer contributions or allowable administrative expenses in 2023. As of December 31, 2023 and 2022, there was \$57,078 and \$24,937 in the forfeiture account, respectively.

#### *PAYMENT OF BENEFITS*

Distributions of benefits are defined in the Plan document. Generally, upon termination of employment, death, disability, or normal retirement, a participant (or designated beneficiary) may elect to receive 100% of his or her vested account balance in either a lump sum cash payment or a direct rollover to another qualified plan, or partial payouts. Participants who have attained age 59 1/2 may also withdraw all or a portion of their vested account balances. Minimum distributions are required once the participant reaches age 73 and 72 in 2023 and 2022, respectively. Distributions may also be made in the case of certain financial hardships.

#### *NOTES RECEIVABLE FROM PARTICIPANTS*

The Plan provides that participants can borrow funds of at least \$1,000 up to a maximum equal to the lesser of 50 percent of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The term of the loan cannot exceed five years, except if the loan proceeds are used to finance the purchase of a primary residence, in which case the loan term may not exceed 10 years. Principal and interest is paid ratably through payroll deductions. A participant may have one loan outstanding at a time.

### NOTE B – SUMMARY OF ACCOUNTING POLICIES

#### *BASIS OF ACCOUNTING*

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

#### *USE OF ESTIMATES*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could vary from these estimates.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### **NOTE B – SUMMARY OF ACCOUNTING POLICIES – CONT.**

#### *INVESTMENT VALUATION AND INCOME RECOGNITION*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note D for a discussion of fair value measurements.

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

#### *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. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

#### *PAYMENT OF BENEFITS*

Benefit payments to participants and their beneficiaries are recorded when paid.

#### *OPERATING EXPENSES*

Certain expenses of maintaining the Plan are paid 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 are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation of the fair value of the investments.

#### *DATE OF MANAGEMENT REVIEW*

Subsequent events were evaluated through September 26, 2024, which is the date the financial statements were available to be issued. Management is not required to and has not evaluated events or transactions that occurred after September 26, 2024.

### **NOTE C – UNAUDITED INVESTMENT INFORMATION CERTIFIED BY TRUSTEE**

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations and disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the trustee, Fidelity Management Trust Company, and was not subjected to any auditing procedures performed by the independent public accountants.

- a. All investments shown in the accompanying statements of net assets available for benefits.
- b. Net investment income from the investments, as shown in the accompanying statement of changes in net assets available for benefits, including dividends and interest income and net realized and unrealized appreciation (depreciation) in the fair value of assets.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB (Financial Accounting Standards Board) ASC (Accounting Standards Codification) 820 are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Level 2 | <p>Inputs to the valuation method include</p> <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset and liability; and</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement of the assets and liabilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no transfers between levels in 2023 or 2022.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2023 or 2022.

**Money Market Fund:** Valued based on quoted prices in active markets for identical securities.

**Common Collective Trusts:** Valued at the NAV of the units in the listed common collective trusts in the Schedule of Assets (Held at End of Year). The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

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

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Assets at Fair Value as of December 31, 2023         |               |         |         |               |
|------------------------------------------------------|---------------|---------|---------|---------------|
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 5,242      | \$ -    | \$ -    | \$ 5,242      |
| Mutual Funds                                         | 12,243,530    | -       | -       | 12,243,530    |
| Total Assets in the Fair Value Hierarchy             | 12,248,772    | -       | -       | 12,248,772    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 10,695,930    |
| Total Assets at Fair Value                           | \$ 12,248,772 | \$ -    | \$ -    | \$ 22,944,702 |
| Assets at Fair Value as of December 31, 2022         |               |         |         |               |
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 36         | \$ -    | \$ -    | \$ 36         |
| Mutual Funds                                         | 12,327,836    | -       | -       | 12,327,836    |
| Total Assets in the Fair Value Hierarchy             | 12,327,872    | -       | -       | 12,327,872    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 8,969,152     |
| Total Assets at Fair Value                           | \$ 12,327,872 | \$ -    | \$ -    | \$ 21,297,024 |

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

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

#### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

| December 31, 2023        | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------|---------------|----------------------|----------------------|--------------------------|
| Common Collective Trusts | \$ 10,695,930 | Not Applicable       | Daily                | Not Applicable           |

| December 31, 2022       | Fair Value   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|-------------------------|--------------|----------------------|----------------------|--------------------------|
| Common Collective Trust | \$ 8,969,152 | Not Applicable       | Daily                | Not Applicable           |

### NOTE E – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Fidelity Management Trust Company is the custodian of the Plan assets. Fidelity provides third party administrative and recordkeeping services. Pooler CPA Group, LLC is the Plan auditor. SageView Advisory Group provides investment advisory services. Therefore, these transactions qualify as party-in interest transactions.

Audit fees and certain other administrative expenses are rendered by parties in interest and are paid by the Company. The Company also provides certain administrative services for the Plan for which it receives no compensation.

### NOTE F - 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 statement of net assets available for benefits.

### NOTE G – TAX STATUS

The Plan, which is a prototype plan sponsored by FMR, LLC and has received a favored opinion letter dated June 30, 2020, in which the Internal Revenue Service has stated that the Plan Document is acceptable under section 401 of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

---

### NOTE H – 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 percent vested in their employer contributions, if any.

### NOTE I – DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2023 and 2022, the Plan remitted employee contributions in the amount of \$642,918 and \$137,223, respectively, beyond the normal remittance time periods that the Plan usually submits contributions to the trustee. The Company is in the process of rectifying the participant accounts affected by the late remittances as of the date of the auditor's report for 2022 and 2023. The lost earnings have been calculated for the delinquent contributions for 2023, which are immaterial, and have not been accrued within these financial statements.

### NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of the years ended December 31, 2023 and 2022:

|                                                                | 2023                 | 2022                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 23,471,146        | \$ 21,822,708        |
| Less: Participants' Contributions Receivable                   | (53,484)             | (90,880)             |
| Less: Employer Contributions Receivable                        | (20,152)             | (35,108)             |
| Net Assets Available for Benefits per the Form 5500            | <u>\$ 23,397,510</u> | <u>\$ 21,696,720</u> |

The following is a reconciliation of total contributions per the financial statements to the Form 5500 as of and for the year ended December 31, 2023:

|                                                  |                     |
|--------------------------------------------------|---------------------|
| Total Contributions per the Financial Statements | \$ 2,955,784        |
| Add: 2022 Participants' Contributions Receivable | 90,880              |
| Add: 2022 Employer Contributions Receivable      | 35,108              |
| Less: 2023 Participant Contributions Receivable  | (53,484)            |
| Less: 2023 Employer Contributions Receivable     | (20,152)            |
| Total Contributions per the Form 5500            | <u>\$ 3,008,136</u> |

## SUPPLEMENTAL SCHEDULES

# USTC GROUP 401(K) PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

| (a) | (b)                                                             | (c)                                                                                                         | (d)  | (e)           |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------|---------------|
|     |                                                                 | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | Cost | Current Value |
|     | Identity of Issue, Borrower, Lessor, or Similar Party           |                                                                                                             |      |               |
|     | <b>Money Market Fund</b>                                        |                                                                                                             |      |               |
| *   | Fidelity Government Money Market                                | Money Market Fund                                                                                           | **   | \$ 5,242      |
|     | <b>Common Collective Trusts:</b>                                |                                                                                                             |      |               |
|     | Allspring Special Mid Cap Value CIT                             | Common Collective Trust                                                                                     | **   | 446,851       |
|     | State Street Target Retirement 2025                             | Common Collective Trust                                                                                     | **   | 1,325,204     |
|     | State Street Target Retirement 2040                             | Common Collective Trust                                                                                     | **   | 1,474,918     |
|     | State Street Target Retirement 2060                             | Common Collective Trust                                                                                     | **   | 158,119       |
|     | T. Rowe Price Stable Value Fund                                 | Common Collective Trust                                                                                     | **   | 1,647,949     |
|     | State Street Target Retirement 2030                             | Common Collective Trust                                                                                     | **   | 1,901,457     |
|     | State Street Target Retirement 2035                             | Common Collective Trust                                                                                     | **   | 661,370       |
|     | State Street Target Retirement 2065                             | Common Collective Trust                                                                                     | **   | 29,197        |
|     | State Street Target Retirement 2020                             | Common Collective Trust                                                                                     | **   | 586,233       |
|     | State Street Target Retirement 2045                             | Common Collective Trust                                                                                     | **   | 506,300       |
|     | ClearBridge Small Cap Growth                                    | Common Collective Trust                                                                                     | **   | 189,434       |
|     | State Street Target Retirement 2055                             | Common Collective Trust                                                                                     | **   | 292,840       |
|     | State Street Target Retirement Income                           | Common Collective Trust                                                                                     | **   | 575,936       |
|     | State Street Target Retirement 2050                             | Common Collective Trust                                                                                     | **   | 900,122       |
|     | <b>Total Common Collective Trusts</b>                           |                                                                                                             |      | 10,695,930    |
|     | <b>Mutual Funds:</b>                                            |                                                                                                             |      |               |
|     | PIMCO Income                                                    | Registered Investment Company                                                                               | **   | 225,130       |
|     | Mass Mutual Total Return Bond                                   | Registered Investment Company                                                                               | **   | 583,084       |
|     | Cohen & Steers Realty Shares                                    | Registered Investment Company                                                                               | **   | 124,058       |
|     | State Street Emerging Markets Equity Index                      | Registered Investment Company                                                                               | **   | 111,109       |
|     | American Funds Balanced                                         | Registered Investment Company                                                                               | **   | 2,035,532     |
|     | JP Morgan Equity Income                                         | Registered Investment Company                                                                               | **   | 462,310       |
|     | PIMCO RAE US Small Cap                                          | Registered Investment Company                                                                               | **   | 53,125        |
|     | JP Morgan Mid Cap Growth                                        | Registered Investment Company                                                                               | **   | 460,324       |
|     | JP Morgan Large Cap Growth                                      | Registered Investment Company                                                                               | **   | 1,800,280     |
|     | John Hancock Alternate Asset                                    | Registered Investment Company                                                                               | **   | 4,794         |
| *   | Fidelity US Bond Index                                          | Registered Investment Company                                                                               | **   | 531,401       |
| *   | Fidelity 500 Index                                              | Registered Investment Company                                                                               | **   | 3,576,761     |
| *   | Fidelity Mid Cap Index                                          | Registered Investment Company                                                                               | **   | 536,181       |
| *   | Fidelity Small Cap Index                                        | Registered Investment Company                                                                               | **   | 628,890       |
| *   | Fidelity International Index                                    | Registered Investment Company                                                                               | **   | 1,104,389     |
| *   | Fidelity Inflation Protection Bond Index                        | Registered Investment Company                                                                               | **   | 6,162         |
|     | <b>Total Mutual Funds</b>                                       |                                                                                                             |      | 12,243,530    |
| *   | Notes Receivable from Participants                              | Maturity dates from 2024 to 2044<br>Interest rates from 3.25% - 9.50%                                       | -    | 452,808       |
|     | <b>TOTAL ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR</b> |                                                                                                             |      | \$ 23,397,510 |

(\*) Denotes parties in interest

(\*\*) Cost omitted for participant-directed investments

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan            |         | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|-------------------------------------------------------------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included |         | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| <input checked="" type="checkbox"/>                               |         |                                                         |                                                                                           |                                                |                                                                                           |
| \$                                                                | 642,918 | \$ 642,918                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2022

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan                                                   | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included<br><input checked="" type="checkbox"/> | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| \$ 137,223                                                                                               | \$ 137,223                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |

# **USTC GROUP 401(K) PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

**AND**

**SUPPLEMENTAL SCHEDULES  
DECEMBER 31, 2023 AND 2022**



Pooler  
CPA Group, LLC

# USTC GROUP 401(K) PLAN

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## **Independent Auditor's Report**

To the Administrative Committee of the  
USTC Group 401(k) Plan  
Edison, NJ

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

We have performed audits of the accompanying financial statements of the USTC Group 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the USTC Group 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the 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 financial statements referred to above 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).

### **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the USTC Group 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the USTC Group 401(k) Plan's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the USTC Group 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

## Supplemental Schedules Required by ERISA

The supplemental schedules, the Schedule of Assets (Held at End of Year), December 31, 2023, the Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and 2022, are presented for the purpose of additional analysis and is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 is 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 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).

*Pooler*  
*CPA Group, LLC*

Pooler CPA Group, LLC  
Memphis, Indiana  
September 26, 2024

# USTC GROUP 401(K) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2023 AND 2022

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|                                              | 2023                 | 2022                 |
|----------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                |                      |                      |
| <b>Investments at Fair Value, see Note D</b> | \$ 22,944,702        | \$ 21,297,024        |
| <b>Receivables</b>                           |                      |                      |
| Participants' Contributions                  | 53,484               | 90,880               |
| Employer Contributions                       | 20,152               | 35,108               |
| Notes Receivable from Participants           | 452,808              | 399,696              |
| <b>Total Receivables</b>                     | 526,444              | 525,684              |
| <b>TOTAL ASSETS</b>                          | 23,471,146           | 21,822,708           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>     | <u>\$ 23,471,146</u> | <u>\$ 21,822,708</u> |

# USTC GROUP 401(K) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2023

---

### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

#### INVESTMENT INCOME (LOSS)

|                                                                 |                  |
|-----------------------------------------------------------------|------------------|
| Interest and dividend income                                    | \$ 237,580       |
| Net appreciation (depreciation)<br>in fair value of investments | 3,096,867        |
| Total Investment Income (Loss)                                  | <u>3,334,447</u> |

|                                                       |        |
|-------------------------------------------------------|--------|
| Interest Income on Notes Receivable from Participants | 20,192 |
|-------------------------------------------------------|--------|

#### CONTRIBUTIONS

|                     |                  |
|---------------------|------------------|
| Participants        | 1,662,952        |
| Rollovers           | 681,103          |
| Employer            | 611,729          |
| Total Contributions | <u>2,955,784</u> |

|                 |                  |
|-----------------|------------------|
| Total Additions | <u>6,310,423</u> |
|-----------------|------------------|

### DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 4,605,565        |
| Recordkeeping fees            | 26,392           |
| Investment advisory fees      | 25,852           |
| Other expenses                | 4,176            |
| Total Deductions              | <u>4,661,985</u> |

|                         |           |
|-------------------------|-----------|
| NET INCREASE (DECREASE) | 1,648,438 |
|-------------------------|-----------|

### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                      |
|-------------------|----------------------|
| Beginning of Year | <u>21,822,708</u>    |
| End of Year       | <u>\$ 23,471,146</u> |

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

---

### NOTE A – PLAN DESCRIPTION

The following description of the USTC Group 401(k) Plan (the “Plan”), formerly the USTC United States Technologie 401(k) Profit Sharing Plan and Trust, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### *GENERAL*

The Plan is a defined contribution 401(k) and profit-sharing plan sponsored by USTC United States Technologie with the following participating employers:

- Comstar Supply, Inc.
- Multicom, Inc.
- Walker and Associates, Inc.

The Plan sponsor and participating employers are hereon referred to as the “Company” and “Employer.” The Plan has a year end of December 31<sup>st</sup>. The Plan was formed effective January 1, 2020. The most recent amendment became effective November 15, 2022, which added the participating employers noted above.

The provisions of the Plan are included in the official Plan document, which legally governs the operations of the Plan and is available for more detailed information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *ELIGIBILITY*

Covered employees of the Company who have completed one month of service may join the Plan. There is no age requirement to enter the Plan. An employee who has met the eligibility requirements may enter the Plan immediately after the requirements are met.

#### *PARTICIPANT AND COMPANY CONTRIBUTIONS*

Each year, participants may elect to make pre-tax contributions to the Plan from 1 percent to 92 percent of eligible compensation, subject to a maximum annual limitation set by the Internal Revenue Service (IRS). After-tax Roth contributions are also permitted. Participants who have attained age 50 or more before the end of the Plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan using amounts distributed to them from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a matching contribution to the Plan. The match is 50 percent of the first 6 percent of the elective contributions the employee makes to the Plan. Employees are eligible for the match after one month of service. The matching contribution is invested as directed by the participant.

In addition, the Company may also make a discretionary profit-sharing contribution to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Company as defined in the Plan document. Employees are eligible for the match after one year of service. For the plan years ended December 31, 2023 and 2022, there were no discretionary profit-sharing contributions made.

#### *PARTICIPANT ACCOUNTS*

Each participant’s account is credited with the participant’s contribution as well as the Company match and discretionary profit-sharing contributions, and an allocation 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.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

---

### NOTE A – PLAN DESCRIPTION – CONT.

#### *VESTING AND FORFEITURES*

Vesting is based on years of service for employer contributions. Participants are immediately vested in their elective (voluntary) contributions and any earnings thereon. Interests in the Company's matching and discretionary profit-sharing contributions and earnings thereon vest as follows:

| <u>Years of Service</u> | <u>Vesting %</u> |
|-------------------------|------------------|
| 1                       | 0%               |
| 2                       | 20%              |
| 3                       | 40%              |
| 4                       | 60%              |
| 5                       | 80%              |
| 6                       | 100%             |

Upon termination of active participation in the Plan, other than as a result of retirement, total or permanent disability or death, the non-vested portion of the participant's account will be forfeited. Forfeitures of non-vested accounts may be used to reduce future employer contributions or used toward allowable administrative expenses. There were no forfeitures used toward employer contributions or allowable administrative expenses in 2023. As of December 31, 2023 and 2022, there was \$57,078 and \$24,937 in the forfeiture account, respectively.

#### *PAYMENT OF BENEFITS*

Distributions of benefits are defined in the Plan document. Generally, upon termination of employment, death, disability, or normal retirement, a participant (or designated beneficiary) may elect to receive 100% of his or her vested account balance in either a lump sum cash payment or a direct rollover to another qualified plan, or partial payouts. Participants who have attained age 59 1/2 may also withdraw all or a portion of their vested account balances. Minimum distributions are required once the participant reaches age 73 and 72 in 2023 and 2022, respectively. Distributions may also be made in the case of certain financial hardships.

#### *NOTES RECEIVABLE FROM PARTICIPANTS*

The Plan provides that participants can borrow funds of at least \$1,000 up to a maximum equal to the lesser of 50 percent of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The term of the loan cannot exceed five years, except if the loan proceeds are used to finance the purchase of a primary residence, in which case the loan term may not exceed 10 years. Principal and interest is paid ratably through payroll deductions. A participant may have one loan outstanding at a time.

### NOTE B – SUMMARY OF ACCOUNTING POLICIES

#### *BASIS OF ACCOUNTING*

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

#### *USE OF ESTIMATES*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could vary from these estimates.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### **NOTE B – SUMMARY OF ACCOUNTING POLICIES – CONT.**

#### *INVESTMENT VALUATION AND INCOME RECOGNITION*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note D for a discussion of fair value measurements.

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

#### *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. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

#### *PAYMENT OF BENEFITS*

Benefit payments to participants and their beneficiaries are recorded when paid.

#### *OPERATING EXPENSES*

Certain expenses of maintaining the Plan are paid 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 are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation of the fair value of the investments.

#### *DATE OF MANAGEMENT REVIEW*

Subsequent events were evaluated through September 26, 2024, which is the date the financial statements were available to be issued. Management is not required to and has not evaluated events or transactions that occurred after September 26, 2024.

### **NOTE C – UNAUDITED INVESTMENT INFORMATION CERTIFIED BY TRUSTEE**

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor Rules and Regulations and disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the trustee, Fidelity Management Trust Company, and was not subjected to any auditing procedures performed by the independent public accountants.

- a. All investments shown in the accompanying statements of net assets available for benefits.
- b. Net investment income from the investments, as shown in the accompanying statement of changes in net assets available for benefits, including dividends and interest income and net realized and unrealized appreciation (depreciation) in the fair value of assets.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB (Financial Accounting Standards Board) ASC (Accounting Standards Codification) 820 are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Level 2 | <p>Inputs to the valuation method include</p> <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset and liability; and</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement of the assets and liabilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no transfers between levels in 2023 or 2022.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2023 or 2022.

**Money Market Fund:** Valued based on quoted prices in active markets for identical securities.

**Common Collective Trusts:** Valued at the NAV of the units in the listed common collective trusts in the Schedule of Assets (Held at End of Year). The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

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

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Assets at Fair Value as of December 31, 2023         |               |         |         |               |
|------------------------------------------------------|---------------|---------|---------|---------------|
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 5,242      | \$ -    | \$ -    | \$ 5,242      |
| Mutual Funds                                         | 12,243,530    | -       | -       | 12,243,530    |
| Total Assets in the Fair Value Hierarchy             | 12,248,772    | -       | -       | 12,248,772    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 10,695,930    |
| Total Assets at Fair Value                           | \$ 12,248,772 | \$ -    | \$ -    | \$ 22,944,702 |
| Assets at Fair Value as of December 31, 2022         |               |         |         |               |
|                                                      | Level 1       | Level 2 | Level 3 | Total         |
| Money Market Fund                                    | \$ 36         | \$ -    | \$ -    | \$ 36         |
| Mutual Funds                                         | 12,327,836    | -       | -       | 12,327,836    |
| Total Assets in the Fair Value Hierarchy             | 12,327,872    | -       | -       | 12,327,872    |
| Other Investments Measured at<br>Net Asset Value (a) |               |         |         | 8,969,152     |
| Total Assets at Fair Value                           | \$ 12,327,872 | \$ -    | \$ -    | \$ 21,297,024 |

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

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

### NOTE D – FAIR VALUE MEASUREMENTS – CONT.

#### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

| December 31, 2023        | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------|---------------|----------------------|----------------------|--------------------------|
| Common Collective Trusts | \$ 10,695,930 | Not Applicable       | Daily                | Not Applicable           |

| December 31, 2022       | Fair Value   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|-------------------------|--------------|----------------------|----------------------|--------------------------|
| Common Collective Trust | \$ 8,969,152 | Not Applicable       | Daily                | Not Applicable           |

### NOTE E – RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Fidelity Management Trust Company is the custodian of the Plan assets. Fidelity provides third party administrative and recordkeeping services. Pooler CPA Group, LLC is the Plan auditor. SageView Advisory Group provides investment advisory services. Therefore, these transactions qualify as party-in interest transactions.

Audit fees and certain other administrative expenses are rendered by parties in interest and are paid by the Company. The Company also provides certain administrative services for the Plan for which it receives no compensation.

### NOTE F - 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 statement of net assets available for benefits.

### NOTE G – TAX STATUS

The Plan, which is a prototype plan sponsored by FMR, LLC and has received a favored opinion letter dated June 30, 2020, in which the Internal Revenue Service has stated that the Plan Document is acceptable under section 401 of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# USTC GROUP 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

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### NOTE H – 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 percent vested in their employer contributions, if any.

### NOTE I – DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2023 and 2022, the Plan remitted employee contributions in the amount of \$642,918 and \$137,223, respectively, beyond the normal remittance time periods that the Plan usually submits contributions to the trustee. The Company is in the process of rectifying the participant accounts affected by the late remittances as of the date of the auditor's report for 2022 and 2023. The lost earnings have been calculated for the delinquent contributions for 2023, which are immaterial, and have not been accrued within these financial statements.

### NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of the years ended December 31, 2023 and 2022:

|                                                                | 2023                 | 2022                 |
|----------------------------------------------------------------|----------------------|----------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 23,471,146        | \$ 21,822,708        |
| Less: Participants' Contributions Receivable                   | (53,484)             | (90,880)             |
| Less: Employer Contributions Receivable                        | (20,152)             | (35,108)             |
| Net Assets Available for Benefits per the Form 5500            | <u>\$ 23,397,510</u> | <u>\$ 21,696,720</u> |

The following is a reconciliation of total contributions per the financial statements to the Form 5500 as of and for the year ended December 31, 2023:

|                                                  |                     |
|--------------------------------------------------|---------------------|
| Total Contributions per the Financial Statements | \$ 2,955,784        |
| Add: 2022 Participants' Contributions Receivable | 90,880              |
| Add: 2022 Employer Contributions Receivable      | 35,108              |
| Less: 2023 Participant Contributions Receivable  | (53,484)            |
| Less: 2023 Employer Contributions Receivable     | (20,152)            |
| Total Contributions per the Form 5500            | <u>\$ 3,008,136</u> |

## SUPPLEMENTAL SCHEDULES

# USTC GROUP 401(K) PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

| (a) | (b)                                                             | (c)                                                                                                         | (d)  | (e)                         |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------|-----------------------------|
|     | Identity of Issue, Borrower, Lessor, or Similar Party           | Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | Cost | Current Value               |
|     | <b>Money Market Fund</b>                                        |                                                                                                             |      |                             |
| *   | Fidelity Government Money Market                                | Money Market Fund                                                                                           | **   | \$ 5,242                    |
|     | <b>Common Collective Trusts:</b>                                |                                                                                                             |      |                             |
|     | Allspring Special Mid Cap Value CIT                             | Common Collective Trust                                                                                     | **   | 446,851                     |
|     | State Street Target Retirement 2025                             | Common Collective Trust                                                                                     | **   | 1,325,204                   |
|     | State Street Target Retirement 2040                             | Common Collective Trust                                                                                     | **   | 1,474,918                   |
|     | State Street Target Retirement 2060                             | Common Collective Trust                                                                                     | **   | 158,119                     |
|     | T. Rowe Price Stable Value Fund                                 | Common Collective Trust                                                                                     | **   | 1,647,949                   |
|     | State Street Target Retirement 2030                             | Common Collective Trust                                                                                     | **   | 1,901,457                   |
|     | State Street Target Retirement 2035                             | Common Collective Trust                                                                                     | **   | 661,370                     |
|     | State Street Target Retirement 2065                             | Common Collective Trust                                                                                     | **   | 29,197                      |
|     | State Street Target Retirement 2020                             | Common Collective Trust                                                                                     | **   | 586,233                     |
|     | State Street Target Retirement 2045                             | Common Collective Trust                                                                                     | **   | 506,300                     |
|     | ClearBridge Small Cap Growth                                    | Common Collective Trust                                                                                     | **   | 189,434                     |
|     | State Street Target Retirement 2055                             | Common Collective Trust                                                                                     | **   | 292,840                     |
|     | State Street Target Retirement Income                           | Common Collective Trust                                                                                     | **   | 575,936                     |
|     | State Street Target Retirement 2050                             | Common Collective Trust                                                                                     | **   | 900,122                     |
|     | <b>Total Common Collective Trusts</b>                           |                                                                                                             |      | <u>10,695,930</u>           |
|     | <b>Mutual Funds:</b>                                            |                                                                                                             |      |                             |
|     | PIMCO Income                                                    | Registered Investment Company                                                                               | **   | 225,130                     |
|     | Mass Mutual Total Return Bond                                   | Registered Investment Company                                                                               | **   | 583,084                     |
|     | Cohen & Steers Realty Shares                                    | Registered Investment Company                                                                               | **   | 124,058                     |
|     | State Street Emerging Markets Equity Index                      | Registered Investment Company                                                                               | **   | 111,109                     |
|     | American Funds Balanced                                         | Registered Investment Company                                                                               | **   | 2,035,532                   |
|     | JP Morgan Equity Income                                         | Registered Investment Company                                                                               | **   | 462,310                     |
|     | PIMCO RAE US Small Cap                                          | Registered Investment Company                                                                               | **   | 53,125                      |
|     | JP Morgan Mid Cap Growth                                        | Registered Investment Company                                                                               | **   | 460,324                     |
|     | JP Morgan Large Cap Growth                                      | Registered Investment Company                                                                               | **   | 1,800,280                   |
|     | John Hancock Alternate Asset                                    | Registered Investment Company                                                                               | **   | 4,794                       |
| *   | Fidelity US Bond Index                                          | Registered Investment Company                                                                               | **   | 531,401                     |
| *   | Fidelity 500 Index                                              | Registered Investment Company                                                                               | **   | 3,576,761                   |
| *   | Fidelity Mid Cap Index                                          | Registered Investment Company                                                                               | **   | 536,181                     |
| *   | Fidelity Small Cap Index                                        | Registered Investment Company                                                                               | **   | 628,890                     |
| *   | Fidelity International Index                                    | Registered Investment Company                                                                               | **   | 1,104,389                   |
| *   | Fidelity Inflation Protection Bond Index                        | Registered Investment Company                                                                               | **   | 6,162                       |
|     | <b>Total Mutual Funds</b>                                       |                                                                                                             |      | <u>12,243,530</u>           |
| *   | Notes Receivable from Participants                              | Maturity dates from 2024 to 2044<br>Interest rates from 3.25% - 9.50%                                       | -    | 452,808                     |
|     | <b>TOTAL ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR</b> |                                                                                                             |      | <u><u>\$ 23,397,510</u></u> |

(\*) Denotes parties in interest

(\*\*) Cost omitted for participant-directed investments

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2023

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan                                                   |         | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included<br><input checked="" type="checkbox"/> |         | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| \$                                                                                                       | 642,918 | \$ 642,918                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |

# USTC GROUP 401(K) PLAN

## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2022

EIN: 30-0943214 PLAN NUMBER: 001

INFORMATION IN SUPPORT OF FORM 5500, SCHEDULE H, PART IV, LINE 4(a)

| Participants Contributions<br>Transferred Late to Plan                                                   |         | Total that Constitute Nonexempt Prohibited Transactions |                                                                                           |                                                |                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are Included<br><input checked="" type="checkbox"/> |         | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>Voluntary Fiduciary<br>Correction Program<br>(VFCP) | Contributions<br>Pending Correction<br>in VFCP | Total Fully Corrected<br>Under VFCP and<br>Prohibited<br>Transaction<br>Exemption 2002-51 |
| \$                                                                                                       | 137,223 | \$ 137,223                                              | \$ -                                                                                      | \$ -                                           | \$ -                                                                                      |