Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TECH USA GOVERNMENT SOLUTIONS LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TECH USA GOVERNMENT SOLUTIONS LLC

8334 VETERANS HIGHWAY
MILLERSVILLE, MD 21108-2524

2b Employer Identification Number (EIN) 26-3853945

2c Plan Sponsor's telephone number 703-964-1568

2d Business code (see instructions) 561300

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.	10/05/2026	MARIA STERANKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	292
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	240
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	221
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	272
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	272
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	169
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	165
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
TECH USA GOVERNMENT SOLUTIONS LLC 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TECH USA GOVERNMENT SOLUTIONS LLC	26-3853945	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SS&C

P INV20250930-1034-3709-A
30 BRAINTREE HILL PARK
BRAINTREE, MA 02184-8747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 59	AFFILIATE OF RECORDKEEPE	3340	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

T. ROWE PRICE RPS, INC.

52-1309931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 37 38 49 50 52 57 59 62 63 64 65	RECORD KEEPER	2960	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TECH USA GOVERNMENT SOLUTIONS LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TECH USA GOVERNMENT SOLUTIONS LLC

D Employer Identification Number (EIN)
26-3853945

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6286	5753
(2) Participant contributions	1b(2)	15371	14970
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	126095	261145
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	168175	227910
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11622049	12006620
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	11937976	12516398
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	13031	6264
1k Total liabilities (add all amounts in lines 1g through1j)	1k	13031	6264
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	11924945	12510134

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	264304	
(B) Participants	2a(1)(B)	808451	
(C) Others (including rollovers)	2a(1)(C)	186434	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1259189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8829	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11507	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20336
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	600598	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		600598
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1056290
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2936413
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2344924	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2344924
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6300	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2351224
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		585189
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FITZPATRICK, LEARY & SZARKO, LLC **(2)** EIN: 46-2982708

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
TECH USA GOVERNMENT SOLUTIONS LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TECH USA GOVERNMENT SOLUTIONS LLC

D Employer Identification Number (EIN)
26-3853945

Part I Distributions

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

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

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

EIN(s): 04-3157927

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

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

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A .

Tech USA Government Solutions, LLC 401(k) Plan

Audited Financial Statements

December 31, 2025 and 2024

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Independent Auditor's Report

Plan Administrator and Plan Sponsor
Tech USA Government Solutions, LLC 401(k) Plan
Millersville, Maryland

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

We have performed audits of the financial statements of Tech USA Government Solutions, LLC 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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Tech USA Government Solutions, LLC 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, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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.

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- 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 Tech USA Government Solutions, LLC 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 Tech USA Government Solutions, LLC 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Tech USA Government Solutions, LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Tech USA Government Solutions, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes at End of Year as of and for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Fitzpatrick, Leary & Szarko, LLC

Lutherville, MD
August 28, 2026

Tech USA Government Solutions, LLC 401(k) Plan

Statements of Net Assets Available For Benefits

December 31,	2025	2024
Assets		
Investments at fair value (See Note 4)	$ 12,267,765	$ 11,748,144
Receivables:		
Participant contributions	14,970	15,371
Employer matching contributions	5,753	6,286
Notes receivable from participants, less allowance for doubtful accounts of $6,996 for 2025 and $81,306 for 2024	224,752	118,809
Total receivables	245,475	140,466
Total assets	12,513,240	11,888,610
Liabilities:		
Excess contributions payable	6,264	13,031
Total liabilities	6,264	13,031
Net Assets Available for Benefits	$ 12,506,976	$ 11,875,579

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

Tech USA Government Solutions, LLC 401(k) Plan

Statements of Changes in Net Assets Available For Benefits

For the years ended December 31,	2025	2024
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 609,427	$ 445,759
Interest on participant loans	11,507	13,781
Net appreciation in fair value of investments	1,056,290	1,050,941
Net investment income	1,677,224	1,510,481
Contributions:		
Participant salary reduction contributions	808,451	813,540
Participant rollover contributions	186,434	114,160
Employer matching contributions, net of participant forfeitures of $45,614 for 2025 and $47,834 for 2024	264,304	255,760
Total contributions	1,259,189	1,183,460
Total additions	2,936,413	2,693,941
Deductions from net assets attributed to:		
Benefits paid to participants	2,298,716	998,769
Deemed distributions	-	49,366
Administrative expenses	6,300	2,680
Total deductions	2,305,016	1,050,815
Net increase in net assets available for benefits	631,397	1,643,126
Net assets available for benefits, beginning of year	11,875,579	10,232,453
Net assets available for benefits, end of year	$ 12,506,976	$ 11,875,579

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

Tech USA Government Solutions, LLC 401(k) Plan

Notes to Financial Statements

For the years ended December 31, 2025 and 2024

1. Description of Plan

The following description of the Tech USA Government Solutions, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. Tech USA Government Solutions, LLC (the "Plan Sponsor") is the Plan Sponsor.

General

The Plan is a defined contribution plan, established on January 1, 2010, which provides for an individual account for each participant and provides benefits upon retirement based on amounts contributed by employee and employer matching (and discretionary contributions, if approved) plus earnings on those contributions under section 401(k) of the Internal Revenue Code. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 24 investment options (23 mutual funds and an interest-bearing cash account) for its participants. The participants may redirect their investments at any time to any of the available funds in the Plan. The significant investment strategies for each fund are implicit in the names of the funds. The Plan Administrator and the Plan Trustee are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

The Plan covers all employees of the Plan Sponsor who have thirty days of service and who are age 21 or older. An employee becomes eligible to enroll in the Plan the first day of the calendar quarter following the date on which the age and service requirements are met.

Contributions

Participants may contribute up to $23,500 and $23,000 per year for the years ended December 31, 2025 and 2024, respectively, the maximum amounts allowable by Internal Revenue Code ("IRC") Sections 401(k), 402(g), 404 and 415. All employees over the age of 50 before the close of the Plan year are eligible to make catch-up contributions totaling $7,500 per employee per year for each of the years ended December 31, 2025 and 2024, respectively, under IRC Sections 401(a)(30), 402(g), and 414(v). Under the SECURE 2.0 Act, any employee aged 60 to 63 before the close of the Plan year is eligible to make an additional enhanced catch-up contribution of $3,750 beginning with the 2025 Plan Year. The participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Plan Sponsor contributes 50% of the first 6% of compensation that a participant contributes to the Plan. Additional discretionary contributions may be contributed at the option of the Plan Sponsor. The Plan Sponsor made no discretionary contributions to the Plan for 2025 or 2024.

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Plan Sponsor's matching (and discretionary, if applicable) contributions and Plan earnings (losses), less any direct administrative expenses. Any discretionary contribution for a particular Plan year would be allocated to participants' accounts based on the percentage of each participant's eligible compensation compared to total eligible compensation for that year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Plan Sponsor's matching contribution portion of their accounts is based on years of continuous service. The standard measure for one year of service is the completion of 1,000 hours of service during the Plan year. Participants vest at a rate of twenty percent per year starting with year two. A participant is one hundred percent vested after six years of credited service with the Plan Sponsor. If a participant terminates employment due to death, disability or attainment of age 65, the Plan's normal retirement age, the participant becomes 100% vested in their total account balance. Any employer discretionary contributions that are not vested are forfeited upon termination.

If a terminated participant receives a distribution of their vested balance, as defined by the Plan, is re-employed prior to incurring five consecutive one-year breaks in service, and such participant restores their vested balance, the amount forfeited will be restored to their account. If the participant does not return, the forfeitures may be treated as additional Plan Sponsor contributions for the Plan year in which the forfeitures occurred.

Notes Receivable from Participants

The Plan allows for participants to borrow funds from the Plan. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans shall be treated as directed investments from the participant's account under the Plan. All loans provide for level amortization over a period not to exceed five years; however, this term can be extended if the loan is used by the participant for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the Wall Street Journal prime rate plus 1% at the date of the loan. As of December 31, 2025 and 2024, notes receivable from participants totaled $231,748 and $200,115 respectively. Notes receivable from participants have been reduced by an allowance for doubtful accounts totaling $6,996 and $81,306 at December 31, 2025 and 2024, respectively. Interest rates on all loans ranged from 4.25% to 9.50% for the years ended December 31, 2025 and 2024, respectively. Principal and interest are paid ratably through weekly payroll deductions.

1. Description of Plan (continued)

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly, quarterly or annual installments over a period of years not longer than the participant's life expectancy or the joint and last survivor life expectancies of the participant and the participant's beneficiary. If the vested value of the participant's account is $3,500 or less, the entire vested account will be distributed in a lump-sum payment. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum payment. Beginning in 2019, the Plan was amended to include automatic rollovers without participant consent, for distributions upon termination of employment, to an IRA account if the participant's vested account balance is $5,000 or less. This amount was increased to $7,000 during the year ended December 31, 2024.

Each participant who has not attained age 59-1/2 may make a hardship withdrawal if the participant demonstrates to the Plan Administrator that the withdrawal is necessitated by the participant's immediate and heavy financial need (subject to certain requirements) and the participant lacks the available resources. A hardship withdrawal may not exceed the amount of the immediate and heavy financial need, and is limited to the participant's elective deferrals and the related earnings as of the end of the last Plan year plus the vested portion of the participant's employer contribution account.

Forfeited Accounts

The balance in the forfeited non-vested accounts was $-0- and $492 at December 31, 2025 and 2024, respectively, and will be used to reduce future employer contributions. Employer contributions during 2025 and 2024 were reduced by $45,614 and $47,834, respectively, from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

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

2. Summary of Significant Accounting Policies (continued)

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 Plan Sponsor determines the Plan's valuation policies utilizing information provided by investment advisors and the custodian. See Note 4 for discussion of fair value measurements.

Income is recognized using a daily valuation method based on the daily changes in the market value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized gains and losses on investments bought and sold during the year and the Plan's unrealized gains and losses on the investments held at year end.

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 when they are incurred. If a participant ceases to make loan payments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced by a charge to the allowance for doubtful accounts, and a benefit payment is recorded. When a distributing event occurs (such as separation from service or retirement), the loan balance and corresponding allowance are reversed and removed from the books of the Plan.

Plan Expenses

Certain expenses incurred in maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant’s account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments. Expenses for the trustee and certain record keeping fees are paid directly from the Plan.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions (see Note 5).

Funding Policy

Contributions are funded as accrued.

Payment of Benefits

Benefit payments are recorded when paid.

3. Certified Information

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Accordingly, as permitted under such election, the following information related to investments of participants and notes receivable from participants, including investments and notes receivable held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Reliance Trust (the trustee of the Plan):

Investments at fair value:	2025	2024
Interest bearing cash	$ 261,145	$ 126,095
Mutual funds	12,006,620	11,622,049
Total investments at fair value	$ 12,267,765	$ 11,748,144
Notes receivable from participants	$ 231,748	$ 200,115
Interest and dividends	$ 609,427	$ 445,759
Interest on participant loans	11,507	13,781
Net appreciation in fair value of investments	1,056,290	1,050,941
Total investment income	$ 1,677,224	$ 1,510,481

Notes receivable from participants reported on the Statements of Net Assets Available for Benefits is reduced by an allowance for doubtful accounts related to certain deemed distributions from prior years totaling $6,996 and $81,306 at December 31, 2025 and 2024, respectively.

4. Fair Value Measurements

Generally accepted accounting principles establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 at the measurement date.

4. Fair Value Measurements (continued)

Level 2 - Inputs other than quoted prices included with Level 1 that are observable for the asset or liability, either directly or indirectly such as:

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

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

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

The asset 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.

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

Money-market funds: The money market fund objective is to earn interest while maintaining a net asset value of $1 per share. The fund's portfolio is comprised of short-term securities representing high-quality, liquid debt and monetary instruments.

Mutual funds: Mutual funds are 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 SEC. These funds are required to publish 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 net asset value is defined as a readily determinable fair value.

4. Fair Value Measurements (continued)

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 261,145	$ -	$ -	$ 261,145
Mutual funds	12,006,620	-	-	12,006,620
Investments at fair value	$12,267,765	$ -	$ -	$ 12,267,765

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 126,095	$ -	$ -	$ 126,095
Mutual funds	11,622,049	-	-	11,622,049
Investments at fair value	$11,748,144	$ -	$ -	$ 11,748,144

5. Excess Contributions Payable

The Plan is required to satisfy the nondiscrimination requirements of the Internal Revenue Code (the "Code"), including the Actual Deferral Percentage ("ADP") and, if applicable, the Actual Contribution Percentage ("ACP") tests. Failure to satisfy these requirements may require the Plan to distribute excess contributions, together with related earnings, to affected participants.

As of December 31, 2025 and 2024, the Plan had recorded liabilities of $6,264 and $13,031, respectively, for excess contributions determined to be refundable to participants as a result of the Plan's failure to satisfy the applicable nondiscrimination testing requirements for the respective plan years. These amounts are included in excess contributions payable in the accompanying “Statements of Net assets Available for Benefits”. The Plan refunded the excess contributions for the year ended December 31, 2025 in August 2026. The Plan refunded the excess contributions for the year ended December 31, 2024 in March 2025.

6. Related Party / Party-in-Interest Transactions

The Plan invests in shares of mutual funds offered by T. Rowe Price as directed by each participant. T. Rowe Price Investment Services, Inc. may receive compensation from the T. Rowe Price mutual funds for their shareholder services provided; therefore, these transactions qualify as party-in-interest transactions. Investment management and related fees will vary depending on the investment chosen. Details as to these and other expenses are disclosed in the applicable prospectus for each fund, and are included in net appreciation (depreciation) in fair value of investments as they are paid through revenue sharing, rather than a direct payment.

6. Related Party / Party-in-Interest Transactions (continued)

Participant loan servicing and distribution fees totaling $2,960 and $2,680 were charged directly to the participants' accounts for the years ended December 31, 2025 and 2024, respectively. These amounts have been reflected in the accompanying "Statements of Changes in Net Assets Available for Benefits" as administrative expenses.

Expenses for the quarterly Plan recordkeeping, administrative fees, and trustee fees of $7,320 for the year ended December 31, 2025 were paid as follows: $3,340 paid directly by the Plan and $3,980 paid directly by the Plan Sponsor. Similar expenses, totaling $7,140 were paid entirely by the Plan Sponsor in 2024. The amounts paid directly by the Plan for the year ended December 31, 2025 has been included in administrative expenses in the accompanying 2025 "Statements of Changes in Net Assets Available for Benefits.

Certain personnel of the Plan Sponsor perform administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. Plan Termination

As more fully discussed in Note 11 – Subsequent Events, the Plan merged into a successor 401(k) plan, and the plan assets were transferred to the successor plan in March 2026. In connection with the merger, participants became 100 percent vested in their account balances in accordance with the provisions of the successor Plan.

8. 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 such investments, and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risk in the near-term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. Plan assets are not FDIC insured.

9. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes the Plan is qualified and the related trust is tax-exempt.

9. Tax Status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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. The Plan administrator believes the Plan is subject to income tax examinations by tax authorities for the current year and the last three years.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of notes receivable from participants, less allowance for doubtful accounts, per the financial statements at December 31, 2025 and 2024 to the Form 5500:

	2025	2024
Notes receivable from participants, less allowance for doubtful accounts per the financial statements	$ 224,752	$ 118,809
Adjustment to record deemed distribution of certain delinquent participant loan balances	3,158	49,366
Notes receivable from participants, less allowance for doubtful accounts per Form 5500	$ 227,910	$ 168,175

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to the Form 5500:

	2025	2023
Net assets available for benefits per the financial statements	$ 12,506,976	$ 11,875,579
Adjustment to record deemed distribution of certain delinquent participant loan balances	3,158	49,366
Net assets available for benefits per Form 5500	$ 12,510,134	$ 11,924,945

10. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2025 and 2024 to the Form 5500:

	2025	2024
Benefits paid to participants per the financial statements	$ 2,298,716	$ 998,769
Adjustment to record delinquent participant loan balances deemed distributed in prior year	46,208	-
Benefits paid to participants per Form 5500	$ 2,344,924	$ 998,769

The following is a reconciliation of deemed distributions per the financial statements for the years ended December 31, 2025 and 2024 to the Form 5500:

	2025	2024
Deemed distributions per the financial statements	$ -	$ 49,366
Adjustment to reverse deemed distribution of certain delinquent participant loan balances not recorded on Form 5500	-	(49,366)
Deemed distributions per Form 5500	$ -	$ -

The following is a reconciliation of the increase in net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to the Form 5500:

	2025	2024
Increase in net assets available for benefits per the financial statements	$ 631,397	$ 1,643,126
Difference in deemed distributions	(46,208)	49,366
Increase in net assets available for benefits per Form 5500	$ 585,189	$ 1,692,492

11. Subsequent Events

Effective January 1, 2025, the members and stockholders of Tech USA Government Solutions, LLC sold their ownership interest to System One Holdings, LLC, however, no significant changes were made to the Plan during the year ended December 31, 2025.

11. Subsequent Events (continued)

Subsequent to year-end, in March 2026, the Tech USA Government Solutions, LLC 401(k) Plan was merged with a successor 401(k) Plan, and substantially all of its net assets available for benefits were transferred to the GAP Solutions, Inc. 401(k) Profit Sharing Plan & Trust Savings Plan upon the merger. Following the transfer, participants' account balances were maintained under the terms and provisions of the successor plan. Because the transfer of plan assets and the termination of the Plan occurred subsequent to December 31, 2025, no effect has been given to these transactions in the accompanying statements of net assets available for benefits as of December 31, 2025 or the related statement of changes in net assets available for benefits for the year then ended.

Subsequent events have been evaluated through August 28, 2026, the date the financial statements were available to be issued. There were no other subsequent events requiring disclosure.

Supplemental Schedule

Tech USA Government Solutions, LLC 401(k) Plan

Schedule of Assets Held For Investment Purposes at End of Year
Form 5500 - Schedule H, Item 4i

December 31, 2025

Employer Identification Number: 26-3853945
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest collateral, par, or maturity value	(d) Cost**	(e) Current Value
*	T. Rowe Price Government Money Fund	Interest-Bearing Cash		$ 261,145
*	T. Rowe Price International Stock	Mutual Fund		157,566
*	T. Rowe Price International Discovery	Mutual Fund		83,997
*	T. Rowe Price New Horizons	Mutual Fund		368,604
*	T. Rowe Price Small-Cap Value	Mutual Fund		194,564
*	T. Rowe Price Science & Technology	Mutual Fund		375,273
*	T. Rowe Price Equity Income	Mutual Fund		34,983
*	T. Rowe Price Spectrum Income	Mutual Fund		84,187
*	T. Rowe Price Spectrum Diversified Equity	Mutual Fund		287,632
*	T. Rowe Price Equity Index 500	Mutual Fund		727,042
*	T. Rowe Price Blue Chip Growth	Mutual Fund		985,006
*	T. Rowe Price Health Sciences	Mutual Fund		2,329
*	T. Rowe Price Mid-Cap Value	Mutual Fund		50,855
*	T. Rowe Price Retirement 2010	Mutual Fund		13,990
*	T. Rowe Price Retirement 2020	Mutual Fund		163,141
*	T. Rowe Price Retirement 2030	Mutual Fund		1,401,022
*	T. Rowe Price Retirement 2040	Mutual Fund		1,025,686
*	T. Rowe Price Retirement 2025	Mutual Fund		737,106
*	T. Rowe Price Retirement 2035	Mutual Fund		1,017,778
*	T. Rowe Price Retirement 2045	Mutual Fund		1,601,663
*	T. Rowe Price Retirement 2050	Mutual Fund		525,316
*	T. Rowe Price Retirement 2055	Mutual Fund		1,319,526
*	T. Rowe Price Retirement 2060	Mutual Fund		612,089
*	T. Rowe Price Retirement 2065	Mutual Fund		237,265
		Total investments at fair value		12,267,765
	Participant loans	Interest rates at 4.25% to 9.50%; Maturity dates through 12/04/2030		231,748
	Total Assets Held for Investment Purposes at End of Year			$ 12,499,513

* Exempt party-in-interest to the Plan.
** Cost is not required for a participant-directed plan.

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

Name of Plan: TECH USA GOVERNMENT SOLUTIONS LLC 401(K) PLAN

►

Employer Identification Number:► 26-3853945

For plan year (beginning/ending):► 01/01/2025-12/31/2025 Plan number:►001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	T. ROWE PRICE INTERNATIONAL STOCK INV	MUTUAL FUND		157,566.00
*	T. ROWE PRICE INTL DISCOVERY INV	MUTUAL FUND		83,997.00
*	T. ROWE PRICE NEW HORIZONS INV	MUTUAL FUND		368,604.00
*	T. ROWE PRICE GOVERNMENT MONEY INV	INTEREST-BEARING CASH		261,145.00
*	T. ROWE PRICE SMALL-CAP VALUE INV	MUTUAL FUND		194,564.00
*	T. ROWE PRICE SCIENCE & TECHNOLOGY INV	MUTUAL FUND		375,273.00
*	T. ROWE PRICE EQUITY INCOME INV	MUTUAL FUND		34,983.00
*	T. ROWE PRICE SPECTRUM INCOME INV	MUTUAL FUND		84,187.00
*	T.ROWE PRICE SPECTRUM DIVERSIFIED EQUI	MUTUAL FUND		287,632.00
*	T. ROWE PRICE EQUITY INDEX 500 INV	MUTUAL FUND		727,042.00
*	T. ROWE PRICE BLUE CHIP GROWTH INV	MUTUAL FUND		985,006.00
*	T. ROWE PRICE HEALTH SCIENCES INV	MUTUAL FUND		2,329.00
*	T. ROWE PRICE MID-CAP VALUE INV	MUTUAL FUND		50,855.00
*	T. ROWE PRICE RETIREMENT 2010 INV	MUTUAL FUND		13,990.00
*	T. ROWE PRICE RETIREMENT 2020 INV	MUTUAL FUND		163,141.00
*	T. ROWE PRICE RETIREMENT 2030 INV	MUTUAL FUND		1,401,022.00
*	T. ROWE PRICE RETIREMENT 2040 INV	MUTUAL FUND		1,025,686.00
*	T. ROWE PRICE RETIREMENT 2025 INV	MUTUAL FUND		737,106.00
*	T. ROWE PRICE RETIREMENT 2035 INV	MUTUAL FUND		1,017,778.00
*	T. ROWE PRICE RETIREMENT 2045 INV	MUTUAL FUND		1,601,663.00
*	T. ROWE PRICE RETIREMENT 2050 INV	MUTUAL FUND		525,316.00
*	T. ROWE PRICE RETIREMENT 2055 INV	MUTUAL FUND		1,319,526.00
*	T. ROWE PRICE RETIREMENT 2060 INV	MUTUAL FUND		612,089.00
*	T. ROWE PRICE RETIREMENT 2065 INV	MUTUAL FUND		237,265.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 9.50% MATURITY DATES THROUGH 12/04/2030		227,910.00