Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2008

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)
UNIFIED BUSINESS TECHNOLOGIES INC.

353 INDUSCO COURT
TROY, MI 48083

2b Employer Identification Number (EIN)
38-3399677

2c Plan Sponsor's telephone number
717-919-0957

2d Business code (see instructions)
541600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CANDACE PLANK
	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**	326
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)**	236
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	280
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	362
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	362
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)**	201
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)**	212
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	27
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:

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFIED BUSINESS TECHNOLOGIES INC.

D Employer Identification Number (EIN)
38-3399677

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	466350	423	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6646	949

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

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

LPL FINANCIAL LLC
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
6646	0	COMMISSIONS	3

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

THE MANDMARBLESTONE GROUP LLC
ONE RAYMOND DRIVE
SUITE 7
HAVERTOWN, PA 19083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	949	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	2005346

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
UNIFIED BUSINESS TECHNOLOGIES INC.	38-3399677	

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	93729	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LPL FINANCIAL LLC

95-2834236

(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?
49 55	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	22862	Yes [ ] No [X]

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

THE MANDMARBLESTONE GROUP LLC

20-4780677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50 99	CONTRACT ADMINISTRATOR	14408	Yes [X] No [ ]	Yes [ ] No [X]	5183	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL LLC	49 55	22862

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE MANDMARBLESTONE GROUP LLC	13 49 50 99	5183

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIFIED BUSINESS TECHNOLOGIES INC.

D Employer Identification Number (EIN)
38-3399677

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL SEPARATE ACCOUNTS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-000	P	2005346

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL COLLECTIVE TRUSTS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-000	C	7243267

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFIED BUSINESS TECHNOLOGIES INC.

D Employer Identification Number (EIN)
38-3399677

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1271
(2) Participant contributions	1b(2)	0	1710
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	64900	92178
(9) Value of interest in common/collective trusts	1c(9)	6156605	7243267
(10) Value of interest in pooled separate accounts	1c(10)	1886017	2005346
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	8107522	9343772
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	4972
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	4972
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8107522	9338800

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)	520051	
(B) Participants	2a(1)(B)	986083	
(C) Others (including rollovers)	2a(1)(C)	19170	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1525304
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6492	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6492
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		1024228
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		261420
(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)		0
c Other income	2c		8229
d Total income. Add all **income** amounts in column (b) and enter total	2d		2825673
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1455304	
(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)		1455304
f Corrective distributions (see instructions)	2f		30954
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	93729	
(3) Recordkeeping fees	2i(3)	14408	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		108137
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1594395
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1231278
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) [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)** [X] 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: ALAN C. YOUNG & ASSOCIATES **(2)** EIN: 38-2463166

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		39882
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIFIED BUSINESS TECHNOLOGIES INC.

D Employer Identification Number (EIN)
38-3399677

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702368A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF UNIFIED BUSINESS TECHNOLOGIES INC.	**D** Administrator's EIN 38-3399677

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AZONIKA, INC.	82-3815008	3.00	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AMVET SOLUTIONS, INC.	26-0877041	6.00	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UVSHELTRON, INC.	85-0731827	0.00	
AGILE ENTERPRISE CORPORATION	83-1728230	1.00	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☒ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

UNIFIED BUSINESS TECHNOLOGIES INC.
401(k) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2025

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

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NOTE: Schedules not listed above are omitted because of the absence of the conditions under which they are required under the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Alan C. Young & Associates, P.C.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

7310 Woodward Ave, Suite 740
Detroit, MI 48202

(313) 873-7500 (Tel.)
(313) 873-7502 (Fax)
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Unified Business Technologies Inc. 401(k) Plan
Troy, Michigan

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

We have performed audits of the accompanying financial statements of Unified Business Technologies Inc. 401(k) Plan (the 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 ended December 31, 2025, and 2024, 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 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 and for the year ended December 31, 2025, and 2024, 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:

- 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. 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 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 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 Matter - Supplemental Schedules Required by ERISA

The supplemental schedules as identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 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, 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 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).

Alan C. Young & Asso.

Detroit, Michigan
October 14, 2026

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Collective Investment Trust	$ 7,243,267	$ 6,156,605
Pooled Separate Accounts	2,005,346	1,886,017
Total Investments	9,248,613	8,042,622
Receivables		
Notes Receivable from Participants	92,178	80,466
Employer Contributions	1,271	-
Participants Contributions	1,710	-
Total Receivables	95,159	80,466
Total Assets	9,343,772	8,123,088
LIABILITIES		
Corrective Distribution Payable	4,972	25,982
Total Liabilities	4,972	25,982
Net Assets Available for Benefits	$ 9,338,800	$ 8,097,106

The accompanying notes are an integral part of these financial statements

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Available for Benefits		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 1,285,648	$ 979,424
Total Investment Income	1,285,648	979,424
Interest Income on Notes Receivable from Participants	6,492	8,121
Contributions		
Employer	520,051	428,917
Participants	986,083	962,774
Rollover	19,170	158,594
Total Contributions	1,525,304	1,550,285
Other Income	8,229	-
Total Additions	2,825,673	2,537,830
Deductions from Net Assets Available for Benefits		
Benefit Payments to Participants	1,455,304	1,777,533
Deemed Distributions	15,566	-
Corrective Distributions	4,972	10,787
Administrative Expenses	108,137	104,146
Total Deductions	1,583,979	1,892,466
Net Increase (Decrease)	1,241,694	645,364
Net Assets Available for Benefits, Beginning of Year	8,097,106	7,451,742
Net Assets Available for Benefits, End of Year	$ 9,338,800	$ 8,097,106

The accompanying notes are an integral part of these financial statements

1) DESCRIPTION OF THE PLAN

The following description of the Unified Business Technologies Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description and the Plan Document for a complete description of the Plan's provisions.

General

The Unified Business Technologies Inc. 401(k) Plan (the "Plan") is a defined contribution retirement plan intended to qualify under Section 401 of the Internal Revenue Code (the "Code"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan was established by Unified Business Technologies, Inc. (the Company) effective June 1, 2008, and was restated effective July 1, 2022. It permits eligible employees of the company and its participating employers to participate. The Plan year ends on December 31.

Participating Employers and Plan Structure

As of December 31, 2025, the following entities have adopted the Plan:

1. Unified Business Technologies, Inc. (the Company) – the Plan sponsor and principal employer, which maintains operational and fiduciary oversight of the Plan.

2. Joint Venture Entities:
   - UV Sheltron, Inc.
   - Agile Enterprise Corporation
   - Amvet Solutions Inc.
   - Azonika, Inc.

These entities have adopted the Plan under formal adoption agreements. UBT maintains substantial control over these entities for the purposes of the Plan, including centralized payroll administration, benefit plan administration, and HR oversight, and they are therefore treated as adopting employers under applicable IRS and ERISA guidance.

3. Addon Services LLC – a client of the Company for which the Company serves as a Professional Employer Organization (PEO) and provides payroll services. The Company has extended 401(k) Plan participation to the eligible common-law employees of Addon Services LLC pursuant to a written adoption agreement and in compliance with IRS guidelines.

Each employer has signed a formal agreement with the Company to participate in the Plan, and contributions of their employees are remitted by the Company through centralized payroll systems. While each employer retains authority over employee classification and eligibility, the Company is responsible for the day-to-day Plan administration, payroll integration, and fiduciary oversight.

1) DESCRIPTION OF THE PLAN (Continued)

Administration

The Plan is administered by Unified Business Technologies Inc. (the Company). Principal Life Insurance Company is the custodian and record-keeper of the Plan. The custodian invests funds received from contributions, investment sales, interest, and dividend income and makes distributions payment to the applicable participants.

Eligibility

Eligible employees of the Company and participating employers may participate as of their date of Hire, with no minimum age or service requirement. Excluded classes include leased employees; employees covered by a collective bargaining agreement under which retirement benefits were the subject of good-faith bargaining, unless the agreement expressly provides Plan coverage; specified nonresident aliens with no U.S.-source earned income from the employer; Puerto Rico residents; and persons engaged as independent contractors or specified project workers whose compensation is reported on Form 1099, as defined in the Plan.

Contributions

Each year, participants may elect to make pre-tax or Roth elective deferrals of up to 100% of their available compensation after required payroll withholdings, subject to applicable Internal Revenue Code limits. Eligible participants may make catch-up contributions in accordance with the Code. Eligible rollover contributions are permitted with the consent of the Plan administrator. Participants direct the investment of their accounts among the options offered by the Plan.

The Plan permits discretionary employer matching and profit-sharing contributions. A resolution dated December 30, 2021, provides for a match equal to 100% of employee contributions up to the first 6% of compensation, effective with the January 1, 2022, payroll date. The Plan also provides for prevailing wage contributions at the hourly contribution rate designated for the employee's classification project under the Davis-Bacon Act or similar law. For the years ended December 31, 2025, and 2024, prevailing wage contributions were $0 each year and matching allocations were $604,144 and $546,952, respectively. Of these matching allocations, $84,093 and $118,035, respectively, were funded through forfeitures, resulting in employer contributions of $520,051 and $428,917, respectively.

Vesting

Participants are immediately vested in their elective deferrals plus actual earnings thereon.

1) DESCRIPTION OF THE PLAN (Continued)

Vesting (Continued)

Employer matching and profit-sharing contributions, other than amounts subject to immediate vesting, vest under the following schedule.

Years of Vesting Service	Vesting Percentage
Less than 1	0%
1 but fewer than 2	33%
2 but fewer than 3	66%
3 years of service or more	100%

Notwithstanding the foregoing, a Participant shall at all times be 100% vested in that portion of his Employer Profit Sharing Contribution Account attributable to Prevailing Wage contributions as described above.

Distributions

Participants may receive their vested benefits upon termination of employment, attainment of the normal retirement age of 65, death, or total and permanent disability, subject to the Plan's distribution provisions. The Plan permits in-service distributions upon normal retirement and hardship distributions under specified conditions.

The Plan provides for distributions in one or more lump-sum payments in cash or property, with installment payments also permitted for death benefits and protected annuity rights applicable to certain transferred benefits. As per the Plan document, involuntary cashouts may be made when a terminated participant's vested account balance, excluding rollover contributions, does not exceed $5,000. For a distribution exceeding $1,000 but not exceeding $5,000, the Plan provides for an automatic rollover to an individual retirement plan if the participant does not elect a permitted payment option. Participant consent is generally required for distributions exceeding $5,000, subject to the Plan provisions.

Participants may elect to roll over eligible distributions to an individual retirement account or another eligible retirement plan. Required minimum distributions are made in accordance with Internal Revenue Code Section 401(a)(9) and the applicable provisions of the Plan.

Hardship Withdrawals

Under certain conditions, as specified in the Plan Document, participants, while still employed by the participating employers, are permitted to withdraw a portion of their elective contributions account balance.

Participant Accounts

Participants may elect to invest in any combination of the investment funds offered by the Plan and may change their elective deferral percentages in accordance with Plan procedures. Each participant's account is credited with the participant's contributions, employer contributions, employer match, and allocations of the Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the vested value of the participant's account.

1) DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Currently employed participants with vested benefits may borrow a minimum of $1,000, subject to a maximum equal to the lesser of 50% of their vested account balance or $50,000. The $50,000 limit is reduced by the excess of highest loan balance during the preceding one year period over the balance immediately before the new loan, taking into account loans under the Plan and other qualified plans of affiliated employers. Loans may not exceed five years and must be repaid through payroll deductions with level payments at least quarterly. Loans are secured by 50% of the participant's vested account balance, are accounted for as investments of the borrowing participant's account and bear a fixed interest rate generally equal to prevailing prime rate plus one percent. Participants may have no more than two loans outstanding. Outstanding participant loans at December 31, 2025, and 2024 were $92,178, and $80,466, respectively.

Forfeitures

Forfeitures are first applied to required account restorations. Remaining forfeitures may be used to pay Plan administration expenses, then to reduce fixed employer contribution obligations, and any remaining amounts are allocated as additional employer contributions in accordance with the Plan.

2) SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in net assets available for benefits, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

The notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant or beneficiary suffers a deemed distribution within the meaning of Code Section 72(p), they will be deemed to have suffered a financial hardship and can request certain types of distributions as specified in the Plan document. See Note 11 for additional information regarding deemed distributions and plan loan offsets.

2) 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's Sponsor determines the Plan's valuation policies utilizing the information provided by the investment advisers, custodians, and insurance company. See Note 4 for more details on fair value measurements.

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

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the participant accounts are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are also included in administrative expenses.

Benefit Payments

Benefits are recorded when paid out of the Plan.

Forfeitures

Forfeitures are first used to pay off Plan administrative expenses and then to use for employer contributions in accordance with the Plan. The Plan used $15 for administrative expenses and $84,093 for employer contributions from forfeitures during 2025. During 2024, the Plan used $28 for administrative expenses and $118,035 for employer contributions from forfeitures. The forfeiture account balance was $6,263 and $1,962 at December 31, 2025, and 2024, respectively.

Excess Contribution Payable

Amounts contributed by or on behalf of participants in excess of the limits prescribed under Internal Revenue Code Sections 401(k), 402(g), and 415 are recorded as a liability with a corresponding reduction to participant contributions. For the years ended December 31, 2025 and 2024, excess contributions totaling $4,972 and $10,787, respectively, were identified and corrected within the IRS-prescribed deadline, and no penalties are expected. In addition, the excess contributions totaling $15,195 for the plan year ended December 31, 2023, were corrected during the year.

3) CERTIFIED INVESTMENTS

Certain information in the accompanying financial statements and ERISA-required supplemental schedule, related to investments 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 Principal Life Insurance Company, a qualified institution. (the custodian of the Plan).

4) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 establishes 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the assets 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 assets or liabilities;
- 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 assets 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.

4) FAIR VALUE MEASUREMENTS (Continued)

Following is the description of the valuation methodologies used for assets measured at fair value:

Common Collective Trust: Common Collective Trust (CCT) are valued at the NAV which is not a publicly quoted price in an active market but is available to current investors via the employer website, or when plan participants access their account values. The NAV is the basis for current transactions and the CCTs can be redeemed at NAV as of the measurement date. Therefore, CCTs are believed to have a "readily determinable value".

Pooled Separate Accounts: Pooled Separate Accounts (PSA) are valued at Net Asset Value (NAV) which is the basis for current transactions and the PSAs can be redeemed at NAV as of the measurement date. Therefore, the PSAs are believed to have "readily determinable value".

The methods 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 believes its valuation methods are appropriate and consistent with other market participants, use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in 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, 2025 and 2024:

	Assets Measured at Fair Value at December 31, 2025			
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Pooled Separate Accounts	$ 2,005,346	$ 2,005,346	$ -	$ -
Collective Investment Trust	7,243,267	7,243,267	-	-
	$ 9,248,613	$ 9,248,613	$ -	$ -

	Assets Measured at Fair Value at December 31, 2024			
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Pooled Separate Accounts	$ 1,886,017	$ 1,886,017	$ -	$ -
Collective Investment Trust	6,156,605	6,156,605	-	-
	$ 8,042,622	$ 8,042,622	$ -	$ -

5) ERISA BOND REQUIREMENTS

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or $500,000. At December 31, 2025 and 2024, the Plan's sponsor maintained the required bond coverage.

6) TAX STATUS

The Plan uses a prototype plan utilized by Mandmarblestone, PC which is in possession of an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, which states the prototype plan satisfies the applicable provisions of Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would 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, 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 in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations prior to 2022.

7) PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contribution accounts, to the extent funded, as provided by the Plan.

8) RISKS AND UNCERTAINTIES

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

9) TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments and administrative expenses are represented by investment contracts and mutual funds managed by Principal Life Insurance Company and Principal Global Investors Trusts Co. The custodian is the carrier as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Company for custodian services amounted to $108,137 and $104,146 for 2025 and 2024 respectively. These transactions and the fees paid to the Custodian are exempt from the prohibited transaction rules.

10) RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500

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

	2025	2024
Net Assets Available for Benefits per Financial Statements	$ 9,338,800	$ 8,097,106
Employer Contributions Receivable Not Reflected in Form 5500	(1,271)	-
Participant Contribution Receivable not Reflected in Form 5500	(1,710)	-
Deemed Distributions of Participant Loans as Reflected in Form 5500	-	(15,566)
Corrective Distributions Not Reflected in Form 5500	4,972	25,982
Net Assets Available for Benefits per Form 5500	$ 9,340,791	$ 8,107,522

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

	2025	2024
Change in Net Assets as per Financial Statements	$ 1,241,694	$ 645,364
Employer Contributions Receivable Not Reflected in Form 5500	(1,271)	-
Participant Contribution Receivable not Reflected in Form 5500	(1,710)	-
Deemed Distributions of participant loans as reflected in form 5500	15,566	(15,566)
Corrective Distributions not Reflected in Form 5500	(21,010)	10,787
Change in Net Assets Available for Benefits per the Form 5500	$ 1,233,269	$ 640,585

11) DEEMED DISTRIBUTIONS

Under Internal Revenue Code Section 72(p), a participant loan that fails to satisfy applicable statutory and regulatory requirements, including limitations on the amount of the loan, repayment terms, level amortization, or timely repayment requirements, may be treated as a taxable deemed distribution to the participant. A deemed distribution is generally reportable to the participant and the Internal Revenue Service on Form 1099-R and is not eligible for rollover to another eligible retirement plan.

A deemed distribution does not, by itself, constitute an actual distribution of the participant's account balance. Accordingly, a participant loan that has been treated as a deemed distribution may continue to be reflected as a note receivable from the participant until the loan is subsequently repaid or offset against the participant's account balance in accordance with the terms of the Plan.

11) DEEMED DISTRIBUTIONS (Continued)

As of December 31, 2025, and 2024, distributions related to participant loans were $0 and $15,566, respectively.

During 2025, participant loan balances totaling $15,566 were offset against participants' vested account balances upon the occurrence of distributable events. Such plan loan offsets represent actual distributions from the Plan and reduce both the related participant loan receivable and the participant's vested account balance.

12) LATE REMITTANCES OF CONTRIBUTIONS TO THE PLAN

The Company did not remit certain participant salary deferrals and loan repayments to the Plan within the time frame required by Department of Labor regulations. Late remittances totaled $146,725, consisting of $32,937 identified in 2022, $73,906 identified in 2024, and $39,882 identified in 2025.

Late remittances totaling $106,843 were corrected outside the Department of Labor's Voluntary Fiduciary Correction Program. Related lost earnings of $297 were calculated, deposited into the Plan, and allocated to affected participants' accounts before December 31, 2025. As of the date of this report, the Company has completed the calculation of lost earnings associated with the remaining $39,882 of late remittances and has deposited the related amounts into the Plan.

The late remittances and their correction status are presented in the accompanying Schedule H, Part IV, line 4a-Schedule of Delinquent Participant Contributions.

13) OTHER INCOME

Other income for the year ended December 31, 2025 totaled $8,229 and consisted of $7,932 attributable to a canceled check returned to Plan assets and $297 of restored earnings associated with the late remittance of participant contributions.

14) SUBSEQUENT EVENTS

The Plan has evaluated other subsequent events through October 14, 2026, the date that the accompanying financial statements were available to be issued. No significant event was noted that required adjustment or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Schedule H, Part IV, Line 4(a),
Schedule of Delinquent Participant Contributions
Plan No. /EIN: 001/38-3399677
December 31, 2025

			Totals that Constitute Nonexempt Prohibited Transactions				
Pay Date	Transmit Date	Participants Loans Included	Participants Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
01/07/2022	01/21/2022	Yes	$ 32,937	$ -	$ 32,937	$ -	$ -
03/29/2024	04/05/2024	Yes	38,480	-	38,480	-	-
10/11/2024	10/22/2024	Yes	35,426	-	35,426	-	-
01/03/2025	01/22/2025	No	413	413	-	-	-
01/10/2025	01/22/2025	No	299	299	-	-	-
01/17/2025	02/03/2025	No	662	662	-	-	-
01/24/2025	02/03/2025	No	609	609	-	-	-
01/31/2025	02/19/2025	No	656	656	-	-	-
02/07/2025	02/19/2025	No	651	651	-	-	-
02/14/2025	03/05/2025	No	714	714	-	-	-
02/21/2025	03/05/2025	No	810	810	-	-	-
02/28/2025	03/18/2025	No	644	644	-	-	-
03/07/2025	03/18/2025	No	777	777	-	-	-
03/14/2025	04/01/2025	No	615	615	-	-	-
03/21/2025	04/01/2025	No	573	573	-	-	-
03/28/2025	04/11/2025	No	603	603	-	-	-
04/04/2025	04/11/2025	No	578	578	-	-	-
04/11/2025	04/29/2025	No	556	556	-	-	-
04/18/2025	04/29/2025	No	808	808	-	-	-
04/25/2025	05/15/2025	No	784	784	-	-	-
05/02/2025	05/15/2025	No	744	744	-	-	-
05/09/2025	05/29/2025	No	706	706	-	-	-
05/16/2025	05/29/2025	No	716	716	-	-	-
05/23/2025	06/10/2025	No	695	695	-	-	-
05/30/2025	06/10/2025	No	652	652	-	-	-
06/06/2025	06/24/2025	No	708	708	-	-	-
06/13/2025	06/24/2025	No	762	762	-	-	-
06/20/2025	07/03/2025	No	645	645	-	-	-
06/27/2025	07/03/2025	No	782	782	-	-	-
07/03/2025	07/18/2025	No	846	846	-	-	-
07/11/2025	07/18/2025	No	789	789	-	-	-
07/18/2025	08/01/2025	No	983	983	-	-	-
07/25/2025	08/01/2025	No	1,069	1,069	-	-	-
08/01/2025	08/18/2025	No	1,146	1,146	-	-	-
08/08/2025	08/18/2025	No	1,103	1,103	-	-	-
08/15/2025	08/28/2025	Yes	965	965	-	-	-
08/22/2025	08/28/2025	Yes	836	836	-	-	-
08/29/2025	09/11/2025	Yes	865	865	-	-	-
09/05/2025	09/11/2025	No	794	794	-	-	-
09/12/2025	09/29/2025	Yes	686	686	-	-	-
09/19/2025	09/29/2025	No	562	562	-	-	-
09/26/2025	10/16/2025	Yes	712	712	-	-	-
10/03/2025	10/16/2025	No	670	670	-	-	-
10/10/2025	10/27/2025	Yes	752	752	-	-	-
10/17/2025	10/27/2025	No	673	673	-	-	-
10/24/2025	11/13/2025	Yes	780	780	-	-	-
10/31/2025	11/13/2025	No	1,000	1,000	-	-	-
11/07/2025	11/26/2025	Yes	1,014	1,014	-	-	-
11/14/2025	11/26/2025	No	876	876	-	-	-
11/21/2025	12/09/2025	Yes	1,024	1,024	-	-	-
11/28/2025	12/09/2025	No	1,056	1,056	-	-	-
12/05/2025	12/22/2025	Yes	874	874	-	-	-
12/12/2025	12/22/2025	No	885	885	-	-	-
12/19/2025	01/06/2026	Yes	901	901	-	-	-
12/26/2025	01/06/2026		859	859	-	-	-
Total Late Participant Contributions			$ 146,725	$ 39,882	$ 106,843	$ -	$ -

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Schedule H, Part IV, Line 4i,
Schedule of Assets (Held at End of Year)
Plan No. /EIN: 001/38-3399677
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Principal Life Insurance Company	Principal Core Plus Bond Sep Acct-Z	**	$ 108,436
*	Principal Life Insurance Company	Prin Intl Eq Separate Acct-Z	**	210,707
*	Principal Life Insurance Company	Prin LargeCap Growth I SA-Z	**	179,153
*	Principal Life Insurance Company	Prin LargeCap Value III SA-Z	**	52,120
*	Principal Life Insurance Company	Prin LgCp S&P 500 Index SA-Z	**	765,195
*	Principal Global Investors Trust Co	Prin LifeTime Hyb 2070 CIT Z	**	39,721
*	Principal Global Investors Trust Co	Prin LifeTime Hybr Inc CIT Z	**	61,136
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2015 CIT Z	**	658,561
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2020 CIT Z	**	221,673
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2025 CIT Z	**	151,240
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2030 CIT Z	**	1,512,984
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2035 CIT Z	**	490,894
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2040 CIT Z	**	1,010,043
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2045 CIT Z	**	808,565
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2050 CIT Z	**	984,639
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2055 CIT Z	**	725,459
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2060 CIT Z	**	429,506
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2065 CIT Z	**	66,927
*	Principal Life Insurance Company	Prin MidCap Growth Sep Acct-Z	**	72,356
*	Principal Life Insurance Company	Prin MidCap S&P 400 Idx SA-Z	**	119,860
*	Principal Life Insurance Company	Prin MidCap Value I SA-Z	**	34,347
*	Principal Life Insurance Company	Prin Real Estate Secs SA-Z	**	54,352
*	Principal Life Insurance Company	Prin SmCap S&P 600 Index SA-Z	**	408,820
*	Principal Global Investors Trust Co	Principal Stable Value Z Fund	**	81,919
				9,248,613
	Participant Loans	Range of Interest 4.25% to 9.50%, maturing until November 29, 2030.	-	92,178
				$ 9,340,791

* Party-in-interest
** Cost information omitted for participant-directed transactions

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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [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
UNIFIED BUSINESS TECHNOLOGIES INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2008

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)

Unified Business Technologies Inc.

353 Indusco Court

Troy MI 48083

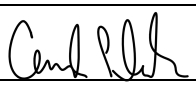
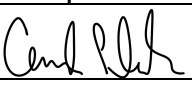
2b Employer Identification Number (EIN) 38-3399677

2c Plan Sponsor's telephone number 717-919-0957

2d Business code (see instructions) 541600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	X 	X 10.14.2026	CANDACE PLANK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X 	X 10.14.2026	CANDACE PLANK
	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

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Schedule H, Part IV, Line 4(a),
Schedule of Delinquent Participant Contributions
Plan No. /EIN: 001/38-3399677
December 31, 2025

			Totals that Constitute Nonexempt Prohibited Transactions				
Pay Date	Transmit Date	Participants Loans Included	Participants Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
01/07/2022	01/21/2022	Yes	$ 32,937	$ -	$ 32,937	$ -	$ -
03/29/2024	04/05/2024	Yes	38,480	-	38,480	-	-
10/11/2024	10/22/2024	Yes	35,426	-	35,426	-	-
01/03/2025	01/22/2025	No	413	413	-	-	-
01/10/2025	01/22/2025	No	299	299	-	-	-
01/17/2025	02/03/2025	No	662	662	-	-	-
01/24/2025	02/03/2025	No	609	609	-	-	-
01/31/2025	02/19/2025	No	656	656	-	-	-
02/07/2025	02/19/2025	No	651	651	-	-	-
02/14/2025	03/05/2025	No	714	714	-	-	-
02/21/2025	03/05/2025	No	810	810	-	-	-
02/28/2025	03/18/2025	No	644	644	-	-	-
03/07/2025	03/18/2025	No	777	777	-	-	-
03/14/2025	04/01/2025	No	615	615	-	-	-
03/21/2025	04/01/2025	No	573	573	-	-	-
03/28/2025	04/11/2025	No	603	603	-	-	-
04/04/2025	04/11/2025	No	578	578	-	-	-
04/11/2025	04/29/2025	No	556	556	-	-	-
04/18/2025	04/29/2025	No	808	808	-	-	-
04/25/2025	05/15/2025	No	784	784	-	-	-
05/02/2025	05/15/2025	No	744	744	-	-	-
05/09/2025	05/29/2025	No	706	706	-	-	-
05/16/2025	05/29/2025	No	716	716	-	-	-
05/23/2025	06/10/2025	No	695	695	-	-	-
05/30/2025	06/10/2025	No	652	652	-	-	-
06/06/2025	06/24/2025	No	708	708	-	-	-
06/13/2025	06/24/2025	No	762	762	-	-	-
06/20/2025	07/03/2025	No	645	645	-	-	-
06/27/2025	07/03/2025	No	782	782	-	-	-
07/03/2025	07/18/2025	No	846	846	-	-	-
07/11/2025	07/18/2025	No	789	789	-	-	-
07/18/2025	08/01/2025	No	983	983	-	-	-
07/25/2025	08/01/2025	No	1,069	1,069	-	-	-
08/01/2025	08/18/2025	No	1,146	1,146	-	-	-
08/08/2025	08/18/2025	No	1,103	1,103	-	-	-
08/15/2025	08/28/2025	Yes	965	965	-	-	-
08/22/2025	08/28/2025	Yes	836	836	-	-	-
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10/17/2025	10/27/2025	No	673	673	-	-	-
10/24/2025	11/13/2025	Yes	780	780	-	-	-
10/31/2025	11/13/2025	No	1,000	1,000	-	-	-
11/07/2025	11/26/2025	Yes	1,014	1,014	-	-	-
11/14/2025	11/26/2025	No	876	876	-	-	-
11/21/2025	12/09/2025	Yes	1,024	1,024	-	-	-
11/28/2025	12/09/2025	No	1,056	1,056	-	-	-
12/05/2025	12/22/2025	Yes	874	874	-	-	-
12/12/2025	12/22/2025	No	885	885	-	-	-
12/19/2025	01/06/2026	Yes	901	901	-	-	-
12/26/2025	01/06/2026		859	859	-	-	-
Total Late Participant Contributions			$ 146,725	$ 39,882	$ 106,843	$ -	$ -

UNIFIED BUSINESS TECHNOLOGIES INC. 401(k) PLAN

Schedule H, Part IV, Line 4i,
Schedule of Assets (Held at End of Year)
Plan No. /EIN: 001/38-3399677
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
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*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2035 CIT Z	**	490,894
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2040 CIT Z	**	1,010,043
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*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2050 CIT Z	**	984,639
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2055 CIT Z	**	725,459
*	Principal Global Investors Trust Co	Prin LifeTime Hybr 2060 CIT Z	**	429,506
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*	Principal Life Insurance Company	Prin MidCap Value I SA-Z	**	34,347
*	Principal Life Insurance Company	Prin Real Estate Secs SA-Z	**	54,352
*	Principal Life Insurance Company	Prin SmCap S&P 600 Index SA-Z	**	408,820
*	Principal Global Investors Trust Co	Principal Stable Value Z Fund	**	81,919
				9,248,613
	Participant Loans	Range of Interest 4.25% to 9.50%, maturing until November 29, 2030.	-	92,178
				$ 9,340,791

* Party-in-interest
** Cost information omitted for participant-directed transactions