

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 PSYCHARMOR INSTITUTE 403(B) PLN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	07/15/2016
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) PSYCHARMOR INSTITUTE PSYCHARMOR 2659 STATE ST # 100 CARLSBAD, CA 92008-1627		2b Employer Identification Number (EIN)	46-5124059
		2c Sponsor's telephone number	
		2d Business code (see instructions)	813000
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5a Total number of participants at the beginning of the plan year	5a		23
b Total number of participants at the end of the plan year	5b		18
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		14
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)		13
d(1) Total number of active participants at the beginning of the plan year	5d(1)		19
d(2) Total number of active participants at the end of the plan year	5d(2)		14
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	03/17/2026	TINA ATHERALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/17/2026	TINA ATHERALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	252163	283167
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	252163	283167
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	11568	
(2) Participants	8a(2)	58457	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	24450	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		94475
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	62315	
e Certain deemed and/or corrective distributions (see instructions) .	8e	1006	
f Administrative service providers (salaries, fees, commissions)	8f	150	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		63471
i Net income (loss) (subtract line 8h from line 8c)	8i		31004
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2L 2M 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:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		50000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300864A.

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Psycharmor Institute
2659 State Street #100
Carlsbad CA 92008
914.806.1595

February 12, 2026

U.S. Department of Labor
Employee Benefits Security Administration (EBSA)

Subject: Reasonable Cause Statement - Late Form 5500-SF Filing
Plan Name: PsychArmor Institute 403(b) Plan
Plan Number: 001
EIN: 46-5124059
Plan Year: January 1, 2024 - December 31, 2024

To Whom It May Concern,

PsychArmor Institute submits this Form 5500-SF for the PsychArmor Institute 403(b) Plan for the plan year ending December 31, 2024. The filing was due October 15, 2025. This submission is late, and we respectfully request consideration for penalty relief based on reasonable cause.

The late filing resulted from administrative breakdowns related to our reliance on our plan service provider, Principal, to manage the Form 5500 preparation and filing process. PsychArmor Institute reasonably believed that the required Form 5500 preparation and submission steps were being completed through Principal's process. However, Principal did not complete the filing and did not adequately escalate the incomplete status to the Plan Sponsor in time for us to correct the issue before the deadline. This resulted in the filing not being submitted by the due date.

Upon discovering that the Form 5500 had not been filed, PsychArmor Institute acted promptly to complete and submit the filing as soon as possible. The plan otherwise operated in compliance during the reporting period. We recognize the importance of timely Form 5500 filings and acknowledge that this is the second instance in which our organization missed the filing deadline. As a result, we have implemented strengthened compliance procedures to prevent recurrence. These include:

- changing our plan service provider from Principal to Human Interest;
- assigning a designated internal staff member responsible for annual Form 5500 oversight and submission;
- establishing a formal compliance calendar with interim deadlines beginning at least 120 days prior to the due date;

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- requiring written confirmation from plan holder of filing status and EFAST2 submission confirmation prior to the deadline; and,
- implementing an internal escalation protocol to executive leadership if any required filing step is not confirmed complete.

PsychArmor Institute is a nonprofit organization operating within limited financial resources, and the assessment of penalties would create a significant burden and divert funds from our mission. Given the circumstances, our good-faith reliance on our service provider, the prompt corrective action taken, and the corrective procedures now in place, we respectfully request that any late-filing penalties be waived based on reasonable cause.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tina M. Atherall', with a large, stylized initial 'T'.

Dr. Tina M. Atherall
Chief Executive Officer
PsychArmor Institute