

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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 INGLIS HOUSE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1961
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) INGLIS HOUSE 2600 BELMONT AVENUE PHILADELPHIA, PA 19131-2713
2b	Employer Identification Number (EIN) 23-1352284
2c	Plan Sponsor's telephone number 215-878-5600
2d	Business code (see instructions) 623000

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.	04/15/2026	CHRISTOPHER BATHE
	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 ☒ 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
5 Total number of participants at the beginning of the plan year	5 239
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 18 6a(2) 17 6b 150 6c 56 6d 223 6e 15 6f 238 6g(1) 6g(2) 6h 0
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 Characteristics Codes in the instructions:

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan INGLIS HOUSE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INGLIS HOUSE	D Employer Identification Number (EIN) 23-1352284
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	17703215	
b	Actuarial value	2b	17722677	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	162	15821920	15821920
b	For terminated vested participants	58	3534603	3534603
c	For active participants	18	1862319	1862319
d	Total	238	21218842	21218842
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.34 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	314353	
c	Target normal cost	6c	314353	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary ROB KLUGE Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17833 P.O. BOX 7505 FORT WASHINGTON, PA 19034 Address of the firm	02/24/2026 Date 23-09083 Most recent enrollment number 610-834-2163 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	201739
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	201739
10 Interest on line 9 using prior year's actual return of <u>6.15</u> %	0	12407
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		6
d Portion of (c) to be added to prefunding balance		6
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	214152

Part III Funding Percentages

14 Funding target attainment percentage	14	82.51 %
15 Adjusted funding target attainment percentage	15	82.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/31/2024	204246	0			
01/14/2025	204246	0			
04/10/2025	63575	0			
07/18/2025	156953	0			
10/08/2025	98577	0			
Totals ►			18(b)	727597	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	700912

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes	☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	314353	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3710317		386559
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	700912	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	700912	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	700912	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan INGLIS HOUSE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INGLIS HOUSE	D Employer Identification Number (EIN) 23-1352284	

Part I	Service Provider Information (see instructions)
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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
THE VANGUARD GROUP, INC.
23-1945930

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

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

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)

AON CONSULTING

22-2232264

(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?
11 50	ACTUARY	67251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENTS USA INC.

36-3109431

(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?
27 50	ADVISOR	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
15 21 50	RECORDKEEPER	16124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan INGLIS HOUSE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INGLIS HOUSE	D Employer Identification Number (EIN) 23-1352284	

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: AON CIT GLOBAL REAL ESTATE CL I			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 361423	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT TR HIGH YIELD PLUS CL I			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282623	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT INTERMEDIATE CR BD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26291	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT LARGE CAP EQUITY INDEX FD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1440090	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT LONG CR BD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 452833	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT NON-US EQUITY INDEX FD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 524419	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON COLLECT SMALL CAP EQUITY INDEX			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252330	

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT US INTERMEDIATE GOVT BD IND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 988654
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON CIT US LONG GOVT BD INDEX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444323
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1837461
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABILITY DRIVEN INVES

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 716909
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT CIT GLOBAL EQUITY CL I

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3615108
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1516907
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF - CIT

b Name of sponsor of entity listed in (a): NISA INVESTMENT ADVISORS, LLC

c EIN-PN 48-1140940-501	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2298441
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF - CIT

b Name of sponsor of entity listed in (a): NISA INVESTMENT ADVISORS, LLC

c EIN-PN 48-1140940-501	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1474120
--------------------------------	------------------------	---

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
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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
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan INGLIS HOUSE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INGLIS HOUSE		D Employer Identification Number (EIN) 23-1352284

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224712	255530
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	135026	564192
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	16231933
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17345244	939093
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17704982	17990748
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	61882	51012
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61882	51012
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17643100	17939736

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)	727597	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		727597
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32336	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32336
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	229338	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		229338
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		646933
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		434360
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2070564

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1630553	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1630553
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	60000	
(6) Bank or trust company trustee/custodial fees	2i(6)	10029	
(7) Actuarial fees	2i(7)	67251	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6095	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		143375
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1773928

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		296636
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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 568980.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan INGLIS HOUSE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INGLIS HOUSE		D Employer Identification Number (EIN) 23-1352284

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): 23-1352284 23-2926795

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

0

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2024 v. 240311

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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Inglis House Retirement Plan

Financial Statements and
Supplementary Information

June 30, 2025 and 2024

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Independent Auditors' Report

To the Participants and Plan Administrator of the
Inglis House Retirement Plan

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

We have performed audits of the financial statements of Inglis House Retirement 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 June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 at least one year following the date that 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.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 Inglis House Retirement 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, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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 DOL'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).

Baker Tilly US, LLP

Philadelphia, Pennsylvania
April 15, 2026

Inglis House Retirement Plan

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Money market fund	\$ 564,192	\$ -
Mutual fund	939,093	17,345,244
Common collective trusts	16,231,933	-
Interest bearing cash	-	135,026
Total investments at fair value	17,735,218	17,480,270
Receivables		
Employer contribution receivable	255,530	224,712
Total assets	17,990,748	17,704,982
Liabilities		
Administrative expenses payable	51,012	61,882
Net assets available for benefits	\$ 17,939,736	\$ 17,643,100

See notes to financial statements

Inglis House Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	\$ 261,674	\$ 609,905
Net appreciation in fair value of investments	1,081,293	404,945
Total investment income	1,342,967	1,014,850
Employer contributions	727,597	845,956
Total additions	2,070,564	1,860,806
Deductions		
Benefits paid to participants	1,630,553	1,731,817
Administrative expenses	143,375	342,304
Total deductions	1,773,928	2,074,121
Net increase (decrease)	296,636	(213,315)
Net assets available for benefits		
Beginning of year	17,643,100	17,856,415
End of year	\$ 17,939,736	\$ 17,643,100

See notes to financial statements

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Description of Plan

The following description of the Inglis House Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established effective October 1, 1961, as restated June 1, 2022, that covers nonunion employees (as described under Pension Benefits) of Inglis House (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Inglis House Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors of the Company.

Effective July 1, 2009, the Plan was amended to temporarily freeze new participation and benefit accruals and then amended to permanently freeze on July 1, 2012.

Effective October 1, 2024, the Plan changed trustees from Vanguard Fiduciary Trust Company to Principal Trust Company.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits.

A participant, hired before July 1, 2000, will receive monthly benefits equal to 2% of average monthly earnings, as defined in the plan document, multiplied by the number of years of benefit accrual service, as defined in the plan document, before June 30, 2009 up to a maximum of 20 years plus 1% of average monthly earnings multiplied by the number of years of benefit accrual service before June 30, 2009 in excess of 20 years, but not to exceed five additional years or \$10 multiplied by the number of years of benefit accrual service before June 30, 2009, up to a maximum of 20 years, whichever is greater.

Employees hired between July 1, 2000 and June 30, 2003 participated in a cash balance feature of the Plan. No retirement credits have been added since 2003, but interest credits continue to be accrued.

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

Participants receive their accrued vested benefits in the form of a life annuity or a qualified joint and survivor annuity. Participants with a cash balance account may receive a lump sum payment or may annuitize the cash balance account and add it to the plan accrued benefits. Under the terms of the Plan, married participants may elect a qualified joint and survivor annuity of 50%, 75% or 100% survivor annuity options. If the present value of the pension benefit does not exceed \$5,000, a lump sum payment is automatic. Participants must consent to the distribution if the present value is greater than \$1,000.

Participants were immediately eligible to participate in the Plan on the first day of the next month after his/her employment commencement date and the attainment of age 21. However, no employees hired after June 30, 2009 are eligible to participate in the Plan. Employees who are classified as leased employees, independent contractors, per diem or resident workers were not eligible to participate.

A participant became fully vested in his or her accrued benefit after five years of service. If employees terminated employment before completing five years of service, they forfeited the right to receive the accrued monthly pension portion of their accumulated plan benefits.

Death and Disability Benefits

If a vested participant that has been married for at least one year dies prior to his/her annuity start date, a death benefit based on the value of the participant's accumulated defined benefit plan benefit is paid to the participant's spouse subject to the Plan's provisions. If a vested participant dies before payment of his/her cash balance account begins, a death benefit based on his/her vested cash balance account will be paid to his/her beneficiary. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time, they became disabled. Participants who have attained age 40, completed ten years of vesting service, as defined, and are entitled to receive a disability pension from Social Security are eligible to receive disability benefits as provided by the Plan.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 3 for discussion of fair value measurements.

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through April 15, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Any participant who has not reached his or her normal retirement date prior to the plan freeze shall be fully vested in the portion of the accrued benefit attributable to the cash balance account annuity after completing one year of service. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of July 1, 2024 is as follows:

Vested benefits:

Participants and beneficiaries currently receiving payments	\$ 14,824,977
Other participants	4,958,816
Total actuarial present value of accumulated plan benefits	\$ 19,783,793

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

The changes in the actuarial present value of the accumulated plan benefits for the year ended June 30, 2024 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 21,919,966
Increase (decrease) during the year attributable to:	
Other changes	(1,743,029)
Benefit payments	(1,731,817)
Change in actuarial assumptions	894
Interest accumulation	1,337,779
Actuarial present value of accumulated plan benefits, at end of year	\$ 19,783,793

The significant actuarial assumptions used in the valuation were:

The interest crediting rate on the cash balance component changed from 6.89% to 7% which resulted in an increase of \$894 in the actuarial present value of accumulated plan benefits for the year ended June 30, 2025.

Other changes include adjustments related to participant status and demographic changes and other assumption changes.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Discount rate	6.35% for 2024
Long-term rate of return on assets	6.35% for 2024
Mortality	Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for 2024
Retirement age	Age 65 or age on valuation date if greater

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

4. Fair Value Measurements

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Interest-bearing cash: These investments are stated at cost, which approximates fair value.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. This fund is required to publish their daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Investments measured at NAV: Consisting of common-collective trusts, valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025	Level 1	Level 2	Level 3	Total
Money market fund	\$ 564,192	\$ -	\$ -	\$ 564,192
Mutual fund	939,093	-	-	939,093
Total assets in the fair value hierarchy	1,503,285	-	-	1,503,285
Investments measured at net asset value (a)	-	-	-	16,231,933
Total investments at fair value	\$ 1,503,285	\$ -	\$ -	\$ 17,735,218

Assets at Fair Value as of June 30, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 17,345,244	\$ -	\$ -	\$ 17,345,244
Interest bearing cash	135,026	-	-	135,026
Total assets in the fair value hierarchy	17,480,270	-	-	17,480,270
Total investments at fair value	\$ 17,480,270	\$ -	\$ -	\$ 17,480,270

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2025. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
AON Collective Investment TR	\$ 361,423	\$ -	Daily	15 days
Global Real Estate CL I				
AON Collective Investment TR High Yield Plus CL I	282,623	-	Daily	15 days
AON Collective Investment TR Intermediate CR Bond	26,291	-	Daily	15 days
AON Collective Investment TR Large Cap Equity	1,440,090	-	Daily	15 days
AON Collective Investment TR Long CR Bond	452,833	-	Daily	15 days
AON Collective Investment TR Non-US Equity Index Fund	524,419	-	Daily	15 days
AON Collective Investment TR Small Cap Equity Index Fund	252,330	-	Daily	15 days
AON Collective Investment TR Intermediate Government Bond Index Fund	988,654	-	Daily	15 days
AON Collective Investment TR US Long Government Bond Index Fund	444,324	-	Daily	15 days
AON Hewitt Collective Investment TR Global Equity CL I	3,615,109	-	Daily	15 days
AON Core Real Estate Fund	1,837,461	-	Quarterly	105 days
AON Enhanced Liability Driven Investing Fund	716,909	-	Monthly	10% or less: 10 days 11% - 49%: 35 days 50% or higher: 95 days
AON Multi-Asset Credit	1,516,907	-	Monthly	10 days
NISA Ultra Long Treasury CIF - CIT	2,298,440	-	Daily	2 days
NISA Ultra Mid Treasury CIF - CIT	1,474,120	-	Daily	2 days
Total	\$ 16,231,933	\$ -		

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

5. Concentrations

As of June 30, 2025 and 2024, the Plan had investments of \$7,751,010 and \$14,365,776, respectively, that were concentrated in three funds.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Principal Trust Company, the current Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the period from October 1, 2024 through June 30, 2025. Vanguard Fiduciary Trust Company, the previous Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of June 30, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended June 30, 2024 and for the period July 1, 2024 through September 30, 2024.

7. Related-Party and Party in Interest Transactions

The Plan's investments were administered under a contract with Vanguard Fiduciary Trust Company, the former Trustee of the Plan. Contributions were held and managed by Vanguard Fiduciary Trust Company, who invested cash received, interest and dividend income and made distributions to participants. These transactions are party in interest transactions under ERISA. The Plan's investments are currently administered under a contract with Principal Trust Company, the current Trustee of the Plan. Contributions are held and managed by Principal Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are also party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).

Inglis House Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

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

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Inglis House Retirement Plan

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

EIN: 23-1352284 Plan Number: 001

June 30, 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
Money Market				
	Allspring	Allspring Government Money Market Fund	\$ 564,192	\$ 564,192
Mutual Fund				
	Blackstone	Blackstone Alternative Multi-strategy Fund Class I	949,702	939,093
Common/Collective Trust Funds				
*	AON	Collective Investment TR Global Real Estate CL I	360,744	361,423
*	AON	Collective Investment TR High Yield Plus CL I	267,532	282,623
*	AON	Collective Investment TR Intermediate CR Bond	25,000	26,291
*	AON	Collective Investment TR Large Cap Equity Index Fund	1,312,082	1,440,090
*	AON	Collective Investment TR Long CR Bond	442,588	452,833
*	AON	Collective Investment TR Non-US Equity Index Fund	454,428	524,419
*	AON	Collective Investment TR Small Cap Equity Index Fund	240,000	252,330
*	AON	Collective Investment TR US Intermediate Government Bond Index Fund	975,000	988,654
*	AON	Collective Investment TR US Long Government Bond Index Fund	447,049	444,324
*	AON	Core Real Estate Fund	1,800,000	1,837,461
*	AON	Enhanced Liability Driven Investing Fund	700,000	716,909
*	AON	Hewitt Collective Investment TR Global Equity CL I	3,222,512	3,615,109
*	AON	Multi-Asset Credit	1,451,548	1,516,907
	NISA	Ultra Long Treasury CIF - CIT	2,483,696	2,298,440
	NISA	Ultra Mid Treasury CIF - CIT	1,395,591	1,474,120
Total Common/Collective Trust Fund accounts			15,577,770	16,231,933
			\$ 17,091,664	\$ 17,735,218

*A party in interest as defined by ERISA.

Inglis House Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352284 Plan Number: 001

Year Ended June 30, 2025

	(a)	(b)	(c)		(d)		(e)		(f)	(g)	(h)	(i)
	Identity of Party	Description of Asset	Purchase Price		Selling Price		Lease Rental	Expenses	Cost	Current Value	Net Gain/ (Loss)	
Single Transactions												
*	Purchase	AON Collective Investment TR Global Real Estate CL I	\$ 2,100,000	\$ -	\$ -	\$ -	\$ 2,100,000	\$ 2,100,000	\$ -			
*	Purchase	AON Hewitt Collective Investment TR Global Equity CL I	3,500,000	-	-	-	3,500,000	3,500,000	-			
*	Purchase	AON Collective Investment TR Large Cap Equity Index Fund	1,500,000	-	-	-	1,500,000	1,500,000	-			
*	Purchase	AON Collective Investment TR Long CR Bond	900,000	-	-	-	900,000	900,000	-			
	Purchase	Blackstone Alternative Multi-strategy Fund Class I	900,000	-	-	-	900,000	900,000	-			
	Purchase	NISA Ultra Mid Treasury CIF - CIT	1,200,000	-	-	-	1,200,000	1,200,000	-			
*	Purchase	AON Multi-Asset Credit	1,600,000	-	-	-	1,600,000	1,600,000	-			
*	Purchase	AON Core Real Estate Fund	1,800,000	-	-	-	1,800,000	1,800,000	-			
*	Sale	AON Collective Investment TR Global Real Estate CL I	-	1,700,000	-	-	1,739,256	1,700,000	(39,256)			
*	Sale	Vanguard Total Stock Market Index Fund	-	3,175,692	-	-	1,825,717	3,175,692	1,349,975			
*	Sale	Vanguard Total International Stock Index Fund	-	2,608,990	-	-	2,033,585	2,608,990	575,405			
Total Single Transactions			\$ 13,500,000	\$ 7,484,682	\$ -	\$ -	\$ 19,098,558	\$ 20,984,682	\$ 1,886,124			

Inglis House Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352284 Plan Number: 001

Year Ended June 30, 2025

		(c)	(d)	(e)	(f)	(g)	(h)	(i)
(a)	(b)	Purchase	Selling	Lease	Expenses	Cost	Current	Net Gain/
Identity of Party	Description of Asset	Price	Price	Rental			Value	(Loss)
Series Transactions								
	Purchase	Allspring Government	\$ 10,516,128	\$ -	\$ -	\$ -	\$ 10,516,128	\$ -
		Money Market Fund						
	Sale	Allspring Government	-	9,953,981	-	-	9,953,981	-
		Money Market Fund						
*	Sale	Vanguard Long-Term	-	1,190,098	-	-	1,328,547	(138,443)
		Investment Grade Fund						
*	Purchase	NISA Ultra Long Treasury	2,655,000	-	-	-	2,655,000	-
		CIF - CIT						
*	Purchase	AON Collective Investment	975,000	-	-	-	975,000	-
		TR US Intermediate						
		Government Bond Index						
		Fund						
*	Sale	Vanguard Long Term Bond	-	8,793,812	-	-	11,318,118	(2,524,306)
		Index Fund						
Total Series Transactions		\$ 14,146,128	\$ 19,937,891	\$ -	\$ -	\$ 36,746,774	\$ 34,084,013	\$ (2,662,749)

*A party in interest as defined by ERISA.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
 Inglis House Retirement Plan
 EIN: 23-1352284 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of July 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		2								
45-49		1	1							
50-54		1								
55-59			1	1						
60-64		2	1			2				
65-69			3	1	1					
70+		1								

N-18

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of July 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of July 2024), without regard to interest rate stabilization
1st Segment Rate	4.99%
2nd Segment Rate	5.29%
3rd Segment Rate	5.29%
Cash Balance Interest Crediting Rate	Lesser of 7% or the 3 Month Treasury Bill rate as of May of the preceding Plan year plus 175 basis points (6.89% for 2023 and 7.00% for 2024).
Cash Balance Annuity Conversion Rate	6.00%
Retirement Age	
Active Participants	Age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	None
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

6.35%, limited to 5.92%

2023 Plan Year

6.35%, limited to 5.74%

2024 Plan Year

6.35%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Based on actual prior year's administrative expenses (\$314,353 for 2024)

Actuarial Method

Standard unit credit cost method

Valuation Date

July 1, 2024

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 2024 This Form is Open to Public Inspection
--	---	---

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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 INGLIS HOUSE RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1961
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) INGLIS HOUSE 2600 BELMONT AVENUE PHILADELPHIA PA 19131-2713	2b Employer Identification Number (EIN) 23-1352284 2c Plan Sponsor's telephone number 215-878-5600 2d Business code (see instructions) 623000

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		4/15/26	CHRISTOPHER BATHE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

Inglis House Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352284 Plan Number: 001

Year Ended June 30, 2025

	(a)	(b)	(c)		(d)		(e)		(f)	(g)	(h)	(i)
	Identity of Party	Description of Asset	Purchase Price		Selling Price		Lease Rental	Expenses	Cost	Current Value	Net Gain/ (Loss)	
Single Transactions												
*	Purchase	AON Collective Investment TR Global Real Estate CL I	\$ 2,100,000	\$ -	\$ -	\$ -	\$ 2,100,000	\$ 2,100,000	\$ -			
*	Purchase	AON Hewitt Collective Investment TR Global Equity CL I	3,500,000	-	-	-	3,500,000	3,500,000	-			
*	Purchase	AON Collective Investment TR Large Cap Equity Index Fund	1,500,000	-	-	-	1,500,000	1,500,000	-			
*	Purchase	AON Collective Investment TR Long CR Bond	900,000	-	-	-	900,000	900,000	-			
	Purchase	Blackstone Alternative Multi-strategy Fund Class I	900,000	-	-	-	900,000	900,000	-			
	Purchase	NISA Ultra Mid Treasury CIF - CIT	1,200,000	-	-	-	1,200,000	1,200,000	-			
*	Purchase	AON Multi-Asset Credit	1,600,000	-	-	-	1,600,000	1,600,000	-			
*	Purchase	AON Core Real Estate Fund	1,800,000	-	-	-	1,800,000	1,800,000	-			
*	Sale	AON Collective Investment TR Global Real Estate CL I	-	1,700,000	-	-	1,739,256	1,700,000	(39,256)			
*	Sale	Vanguard Total Stock Market Index Fund	-	3,175,692	-	-	1,825,717	3,175,692	1,349,975			
*	Sale	Vanguard Total International Stock Index Fund	-	2,608,990	-	-	2,033,585	2,608,990	575,405			
Total Single Transactions			\$ 13,500,000	\$ 7,484,682	\$ -	\$ -	\$ 19,098,558	\$ 20,984,682	\$ 1,886,124			

Inglis House Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352284 Plan Number: 001

Year Ended June 30, 2025

		(c)	(d)	(e)	(f)	(g)	(h)	(i)
(a)	(b)	Purchase	Selling	Lease	Expenses	Cost	Current	Net Gain/
Identity of Party	Description of Asset	Price	Price	Rental			Value	(Loss)
Series Transactions								
	Purchase	Allspring Government	\$ 10,516,128	\$ -	\$ -	\$ -	\$ 10,516,128	\$ -
		Money Market Fund						
	Sale	Allspring Government	-	9,953,981	-	-	9,953,981	-
		Money Market Fund						
*	Sale	Vanguard Long-Term	-	1,190,098	-	-	1,328,547	(138,443)
		Investment Grade Fund						
*	Purchase	NISA Ultra Long Treasury	2,655,000	-	-	-	2,655,000	-
		CIF - CIT						
*	Purchase	AON Collective Investment	975,000	-	-	-	975,000	-
		TR US Intermediate						
		Government Bond Index						
		Fund						
*	Sale	Vanguard Long Term Bond	-	8,793,812	-	-	11,318,118	(2,524,306)
		Index Fund						
Total Series Transactions		\$ 14,146,128	\$ 19,937,891	\$ -	\$ -	\$ 36,746,774	\$ 34,084,013	\$ (2,662,749)

*A party in interest as defined by ERISA.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan INGLIS HOUSE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INGLIS HOUSE	D Employer Identification Number (EIN) 23-1352284
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2024			
2 Assets:			
a Market value.....		2a	17,703,215
b Actuarial value.....		2b	17,722,677
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	162	15,821,920	15,821,920
b For terminated vested participants	58	3,534,603	3,534,603
c For active participants.....	18	1,862,319	1,862,319
d Total.....	238	21,218,842	21,218,842
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.34 %
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	314,353
c Target normal cost.....		6c	314,353

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Rob Kluge		02/24/2026
		Signature of actuary	Date
Rob Kluge		Type or print name of actuary	2309083
			Most recent enrollment number
Aon Consulting, Inc.		Firm name	610-834-2163
			Telephone number (including area code)
MSC# 17833 P.O. BOX 7505			
FORT WASHINGTON PA 19034			
Address of the firm			

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	201,739
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	201,739
10	Interest on line 9 using prior year's actual return of <u>6.15</u> %	0	12,407
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6
	d Portion of (c) to be added to prefunding balance		6
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	214,152

Part III		Funding Percentages	
14	Funding target attainment percentage	14	82.51 %
15	Adjusted funding target attainment percentage	15	82.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/31/2024	204,246	0			
01/14/2025	204,246	0			
04/10/2025	63,575	0			
07/18/2025	156,953	0			
10/08/2025	98,577	0			
Totals ►			18(b)	727,597	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 700,912
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.99 % 2nd segment: 5.29 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	314,353
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	3,710,317	386,559
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 700,912
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 700,912
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 700,912
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
 Inglis House Retirement Plan
 EIN: 23-1352284 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 7/1/2024 at 5.34%	Days to Discount to 7/1/2024 at 10.34%	Interest Adjusted Contribution
October 31, 2024	\$ 157,705	106	16	\$ 154,672
October 31, 2024	46,541	122	0	45,739
January 14, 2025	204,246	197	0	198,591
April 10, 2025	63,575	283	0	61,062
July 18, 2025	156,953	379	3	148,579
October 8, 2025	<u>98,577</u>	464	0	<u>92,269</u>
Total Contribution	\$ 727,597			\$ 700,912

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date October 1, 1961

Effective Date of Last Amendment July 1, 2011

Plan Year July 1 – June 30

Employer Fiscal Year July 1 – June 30

Eligibility

Each employee who was covered by the plan on June 30, 1997 will continue to be covered. Employees who were not covered under the plan on June 30, 1997 will be covered on the first day of the month which follows the later of the employee's twenty-first birthday and the date he first completes 1,000 hours of service in a given 12-month period. In addition, an employee who is not a participant on June 30, 2000, who is not eligible to participate in another qualified pension plan to which the employer contributes, and who is not an excluded employee shall become a participant in this plan on the first day of the month which follows the later of the employee's twenty-first birthday and the date he first completes one hour of service. Effective January 1, 2001, an excluded employee is not eligible to participate in the plan.

The plan was permanently frozen effective June 30, 2011.

Excluded Employee

An employee who (a) resides at the employer's facility, (b) has no regular work schedule with the employer and works on an as-needed basis, or (c) has entered into an agreement with the employer as not benefit-eligible.

Plan Year

The plan year is a 12-month period beginning on July 1 and ending June 30.

Vesting Service

Used to determine eligibility for benefits.

The sum of (1), (2), and (3):

- (1) The participant's continuous service as of December 31, 1986 based on the provisions of the plan in effect on that date.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

- (2) The greater of (a) and (b):
 - (a) The period of time beginning with the later of January 1, 1987, and the first day of the month in which the participant is hired by the employer or an affiliate and ending on the earlier of December 31, 1999, or the severance from service date, and calculated to the near one-twelfth of a year.
 - (b) One year for each calendar beginning January 1, 1987, and ending on December 31, 1999, in which the participant is credited with 1,000 or more hours of service.
- (3) One year for each calendar year in which the participant is credited with 1,000 or more hours of service.

For participants whose partial years are disregarded under (b)(i) and who completes less than 1,000 hours as both a participant and an employee in the calendar year beginning January 1, 2000, the Transitional Rule applies.

Benefit Accrual Service

Used to determine amount of benefits payable.

The sum of (1), (2), and (3):

- (1) The participant's continuous service as of December 31, 1986 based on the provisions of the plan in effect on that date.
- (2) The period of time beginning with the later of January 1, 1987, or the first day of the month in which the participant is hired by the employer and ending on the earlier of December 31, 1999, or the severance from service date, and calculated to the nearest one-twelfth of a year.
- (3) Effective January 1, 2000, one year for each calendar year in which the participant completes 1,000 hours of service as a participant.
- (4) Effective July 1, 2009, an employee who does not complete 1,000 hours of service in the period January 1, 2009 to June 30, 2009 will be credited with a year of service if a minimum of 500 hours is completed.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
EIN: 23-1352284 PN: 001

Partial years are disregarded under (b) for an employee who completes less than 1,000 hours in the calendar year beginning January 1, 2000 and who, after the application of the Transitional Rule, is treated as having completed 1,000 hours in the calendar year beginning January 1, 2000.

Benefit accrual service was temporarily frozen for the period July 1, 2009 to June 30, 2011. Service was permanently frozen as of June 30, 2011.

Average Monthly Earnings

The average of five consecutive calendar years out of the 10 consecutive calendar years prior to the date of determination for which the average is the highest. For Participants whose annuity starting date is prior to December 1, 2000 average of monthly earnings for the 60 consecutive months out of the 120 consecutive calendar months immediately preceding the date of determination or which the average is the highest. No compensation was recognized for periods of frozen benefit service.

Accrued Benefit

The sum of (1) and (2):

- (1) Accrued monthly pension
- (2) Cash balance account annuity

The accrued benefit was temporarily frozen July 1, 2009 to June 30, 2011. As of June 30, 2011, the benefit was permanently frozen.

Accrued Monthly Pension

The larger of (1) and (2):

- (1) Sum of (a) and (b):
 - (a) 2% of average monthly earnings multiplied by benefit accrual service, up to a maximum of 20 years.
 - (b) 1% of average monthly earnings multiplied by benefit accrual service, in excess of 20 years, but not to exceed five additional years.
- (2) \$10 multiplied by benefit accrual service, up to a maximum of 20 years.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
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Cash Balance Account

The sum of (1) and (2):

(1) Cash balance benefit credits:

For plan years beginning July 1, 2000, July 1, 2001, July 1, 2002, the cash balance account of each participant is credited the lesser of 3% of monthly earnings or 50% of the participant's salary reduction contribution to the 403(b) account. Future credits are eliminated effective December 31, 2002.

(2) Cash balance interest credits:

The cash balance account of each participant is credited an interest credit determined by applying an interest rate that yields an annual rate equal to the lesser of 7% or the discount rate on three-month Treasury bills for the month of May of the preceding plan year plus 175 basis points. The participant's cash balance account shall continue to receive interest credits until the end of the month preceding the participant's annuity starting date.

Cash Balance Account Annuity

Monthly benefit payable in the form of a single life annuity which is the actuarial equivalent, determined using the applicable interest rate and applicable mortality table, of the participant's cash balance account on the date of determination.

Normal Retirement Date

Age 65.

Normal Retirement Benefit

Accrued benefit as of normal retirement date.

Early Retirement Date

Age 55 and five years of vesting service.

Early Retirement Benefit

The accrued benefit on early retirement date, reduced by $\frac{1}{4}\%$ for each of the first 60 months and $\frac{1}{2}\%$ for each of the next 60 months that early retirement date precedes normal retirement date.

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Vested Benefit

A participant has a non-forfeitable right to his accrued pension benefit as of his date of termination of employment, provided that he has completed at least five years of vesting service. Any participant who has not reached his normal retirement date shall be fully vested in the portion of his accrued benefit attributable to his cash balance account when he has completed one year of vesting service. The accrued monthly pension benefit will be payable at normal retirement date or a reduced benefit will be payable on or after the attainment of age 55 with the same reduction as for early retirement.

Disability Retirement Date

Age 40 and 10 years of vesting service and entitled to a disability pension under the Federal Social Security Act.

Disability Retirement Benefit

The participant will continue to accrue benefit accrual service during his period of disability, and if he remains disabled under age 65, will receive a full normal pension commencing at age 65.

Benefit accrual service was temporarily frozen for the period July 1, 2009 to June 30, 2011. Service was permanently frozen as of June 30, 2011.

Preretirement Spouse's Benefit

Upon the death of a participant or terminated participant who is vested, but to whom payment of benefits has not started, a benefit will be payable to his spouse. If the participant dies prior to age 55, the spouse's monthly pension will begin on the first of the month following the date participant would have been age 55. If the participant dies on or after age 55, the spouse's monthly pension will begin on the first of the month following the date the participant died. The benefit shall be equal to the benefit such spouse would have received if the participant had separated from service on the date of death, had survived to his earliest retirement age, had retired with an immediate retirement benefit payable as a joint and 50% survivor pension, and died the next day. The reduction for early benefit commencement is $\frac{1}{4}\%$ for each month in the period beginning with the date of the spouse's pension commences and ending with the first of the month following the participant's sixty-fifth birthday.

The cash balance account may be paid to the beneficiary in a single lump sum as soon as practicable following the participant's death.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
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Normal Form of Annuity

If the participant is married at the time of retirement, the benefit will be paid in the form of an actuarially reduced joint and 50% survivor monthly annuity with payments equal to one-half of the reduced benefit continuing to the spouse for life, if surviving at the participant's death.

If the participant is not married at the time of retirement, the benefit will be paid in the form of a single life annuity.

Note: *The above summary is intended solely to describe benefits reflected in this valuation and it not a substitute for the plan document in determining eligibility for or amounts of plan benefits.*

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Enrolled Actuary for the plan has changed due to the retirement of the previous Enrolled Actuary.

Inglis House Retirement Plan

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

EIN: 23-1352284 Plan Number: 001

June 30, 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
	Money Market			
	Allspring	Allspring Government Money Market Fund	\$ 564,192	\$ 564,192
	Mutual Fund			
	Blackstone	Blackstone Alternative Multi-strategy Fund Class I	949,702	939,093
	Common/Collective Trust Funds			
*	AON	Collective Investment TR Global Real Estate CL I	360,744	361,423
*	AON	Collective Investment TR High Yield Plus CL I	267,532	282,623
*	AON	Collective Investment TR Intermediate CR Bond	25,000	26,291
*	AON	Collective Investment TR Large Cap Equity Index Fund	1,312,082	1,440,090
*	AON	Collective Investment TR Long CR Bond	442,588	452,833
*	AON	Collective Investment TR Non-US Equity Index Fund	454,428	524,419
*	AON	Collective Investment TR Small Cap Equity Index Fund	240,000	252,330
*	AON	Collective Investment TR US Intermediate Government Bond Index Fund	975,000	988,654
*	AON	Collective Investment TR US Long Government Bond Index Fund	447,049	444,324
*	AON	Core Real Estate Fund	1,800,000	1,837,461
*	AON	Enhanced Liability Driven Investing Fund	700,000	716,909
*	AON	Hewitt Collective Investment TR Global Equity CL I	3,222,512	3,615,109
*	AON	Multi-Asset Credit	1,451,548	1,516,907
	NISA	Ultra Long Treasury CIF - CIT	2,483,696	2,298,440
	NISA	Ultra Mid Treasury CIF - CIT	1,395,591	1,474,120
	Total Common/Collective Trust Fund accounts		15,577,770	16,231,933
			\$ 17,091,664	\$ 17,735,218

*A party in interest as defined by ERISA.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Inglis House Retirement Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 4,121,346	July 1, 2022	13	\$ 422,935
Shortfall	\$ 427,892	July 1, 2023	14	\$ 41,720
Shortfall	\$ (838,921)	July 1, 2024	15	\$ (78,096)