Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
POSTGRADUATE CENTER EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

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)
POSTGRADUATE CENTER FOR MENTAL HEALTH

158 EAST 35TH STREET
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-1656681

2c Plan Sponsor's telephone number
212-889-5500

2d Business code (see instructions)
621330

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.	09/29/2026	JACOB BARAK
	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

POSTGRADUATE CENTER PENSION COMMITTEE

158 EAST 35TH STREET
NEW YORK, NY 10016

3b Administrator's EIN
13-3573087

3c Administrator's telephone number
212-889-5500

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**	472
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	83
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	64
b	Retired or separated participants receiving benefits	**6b**	111
c	Other retired or separated participants entitled to future benefits	**6c**	286
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	461
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	469
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 1H 1I 3D

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

9a Plan funding arrangement (check all that apply)

- (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

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

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

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

▶ **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
POSTGRADUATE CENTER EMPLOYEES 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
POSTGRADUATE CENTER FOR MENTAL HEALTH

D Employer Identification Number (EIN)
13-1656681

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	19838457
b Actuarial value	**2b**	19838457

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	108	4894621	4894621
b For terminated vested participants	281	5994183	5994183
c For active participants	83	3127241	3127241
d Total	472	14016045	14016045

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

09/02/2026
Date

DAVID M. GELMAN
Type or print name of actuary

26-03773
Most recent enrollment number

GELMAN PENSION CONSULTING, INC.
Firm name

212-889-1200
Telephone number (including area code)

250 WEST 57TH STREET, 19TH FLOOR
NEW YORK, NY 10107
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 [ ]

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	2242686
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	2242686
10	Interest on line 9 using prior year's actual return of 16.19 %	0	363091
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.36 %		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		0
d	Portion of (c) to be added to prefunding balance		0
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	2605777

Part III Funding Percentages

14	Funding target attainment percentage	14	122.94 %
15	Adjusted funding target attainment percentage	15	122.94 %
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	111.76 %
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
			Totals ► 18(b)	0	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	0

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.57 %	3rd segment: 5.50 %	☐ 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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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**	
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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
POSTGRADUATE CENTER EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POSTGRADUATE CENTER FOR MENTAL HEALTH

D Employer Identification Number (EIN)
13-1656681

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	79587	88490
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	379271	952868
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6211629	6817057
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12650710	11763855
(5) Partnership/joint venture interests	1c(5)	517260	462420
(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)		
(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)	0	615908
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	19838457	20700598
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	19838457	20700598

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17308	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	282064	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		299372
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	184314	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4449	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		188763
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11174116	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11528406	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-354290
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1338492	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1338492

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11784
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1484121
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	618450	
(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)		618450
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3530	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3530
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		621980
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		862141
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GOLDFINE & COMPANY CPA PC **(2)** EIN: 04-3591040

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580824.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
POSTGRADUATE CENTER EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
POSTGRADUATE CENTER FOR MENTAL HEALTH

D Employer Identification Number (EIN)
13-1656681

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): 13-1656681 04-3581074

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

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704854A .

Postgraduate Center Employees' Retirement Plan

Financial Statements

For the Years Ended December 31, 2025 and 2024

Postgraduate Center Employees' Retirement Plan

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For the Years Ended December 31, 2025 and 2024

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Postgraduate Center Employees' Retirement Plan

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

We have performed audits of the accompanying financial statements of Postgraduate Center Employees' 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 December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 ("GAAP").

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Management's Responsibilities for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments; administering the Plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

Supplemental Schedule Required by ERISA

The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived

from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C)

Goldfine & Company cpa pc

Goldfine & Company CPA PC

New York, NY
September 29, 2026

Postgraduate Center Employees' Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Common stocks	$ 11,763,855	$ 12,650,710
Corporate bonds and notes	6,817,057	6,211,629
Exchange Traded Funds	615,908	-
Master Limited Partnership	462,420	517,260
Money Market Fund	952,868	379,271
Total Investments	20,612,108	19,758,870
Accrued interest	88,490	79,587
Total Assets	**$ 20,700,598**	**$ 19,838,457**
LIABILITIES	-	-
Net Assets Available for Benefits	**$ 20,700,598**	**$ 19,838,457**

The accompanying independent auditors' report and notes are an integral part of these financial statements.

Postgraduate Center Employees' Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS		
Employer Contributions	$ -	$ -
Total Contributions	-	-
Investment Income		
Net appreciation in fair value of investments	995,986	2,401,077
Interest and Dividend Income	488,135	406,258
Total Investment Income	1,484,121	2,807,335
Total Additions, Net of Investment Gain	1,484,121	2,807,335
DEDUCTIONS		
Benefits paid to participants	618,450	548,528
Administrative expenses	3,530	3,462
Total Deductions	621,980	551,990
Net Increase	862,141	2,255,345
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	19,838,457	17,583,112
End of the year	$ 20,700,598	$ 19,838,457

The accompanying independent auditors' report and notes are an integral part of these financial statements.

1 Description of Plan

The following description of Postgraduate Center Employees' Retirement Plan (the "Plan") is provided for general information purposes only. 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 plan established by Postgraduate Center for Mental Health, Inc. (the "Employer" or "Plan Sponsor") to provide a basic retirement program for employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers substantially all employees of the Employer, provided they have completed 1,000 hours of service during the twelve-month period and are at least 21 years of age.

The Plan was frozen, effective June 30, 2019, to new hires. Participants hired before June 30, 2019 continued to accrue benefits through May 15, 2023, when all benefit accruals were frozen. Those who are rehired after June 30, 2019, and were participants in the Plan before this date, do not continue to accrue benefits after the rehire date. Effective May 15,2023, all plan benefit accrual was frozen. Effective January 1, 2025, the Plan was amended and restated to formally reflect that the Postgraduate Center Employees Retirement Plan was frozen as of May 15, 2023. As a result, no additional benefit accruals are permitted after that date.

Employer Contributions
The Plan Sponsor contributes such amounts as are necessary on an actuarial determined basis to provide the Plan with assets sufficient to provide benefits to the Plan members. The Plan Sponsor made contributions of $0 and $0 for the years ended December 31, 2025 and 2024, respectively. The Plan has met or exceeded the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Pension Benefits
Participants at age 65 are entitled to normal retirement benefits. The Plan permits early retirement for any participant who has attained age 60 and has accumulated 15 years of service. Participants are eligible to receive a monthly lifetime benefit, with a guarantee of at least 120 payments, equivalent to 25% of his or her monthly final average earnings, proportionately reduced for years of credited service less than 25, subject to a minimum of $20.

A participant is fully vested after five years of service. If a vested participant dies before commencing retirement benefits, the participant's eligible surviving spouse is entitled to a survivor benefit in accordance with the Plan provisions. The benefit generally commences on the first day of the month coinciding with or following the participant's death, or, if later, the earliest date the participant could have commenced retirement benefits.

Expenses
The Employer pays substantially all administrative expenses of the Plan. Certain administrative expenses paid from Plan assets are included in the financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

2 Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates
The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value Measurements
The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. The common stocks, the exchange traded funds, the master limited partnership, and government securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds and notes are valued based on yields currently available on comparable securities of issues with similar credit ratings. The money market fund is valued at quoted net asset value.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold and held during the year.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Subsequent Events Evaluation by Management
Management has evaluated subsequent events for recognition or disclosure in the financial statements through September 29, 2026, the date the financial statements were available to be issued.

3 Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. The Plan's actuary estimates the actuarial present value of accumulated plan benefits. These estimates result from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 more significant assumptions underlying the actuarial computation of accumulated plan benefits are as follows:

Interest rate (net of expenses)	5.58%
Assumed retirement age	Age 65
Mortality	Pri-2012 Mortality Table with MP-2021 Improvement Scale
Future salary increases	3% compounded annually

The actuarial assumptions used as of January 01, 2025 are the same as those used in the previous valuation except for: (1) an interest assumption of 5.35% per annum changed to an interest assumption of 5.58% per annum.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits as further described below.

The actuarial present value of accumulated benefits as of January 01, 2025 are as follows:

Actuarial Present Value of Accumulated Benefits		
Vested Benefits		
Participants and beneficiaries currently receiving benefits	$	4,840,512
Other participants		8,972,452
Total Vested Benefits		13,812,964
Non-vested benefits		-
Total Actuarial Present Value of Accumulated Plan Benefits	$	13,812,964

3 Actuarial Present Value of Accumulated Plan Benefits (continued)

The changes in the actuarial present value of accumulated plan benefits from January 1, 2024 to January 1, 2025 are as follows:

Change in actuarial assumptions	(414,427)
Benefits accumulated and other experience gains and losses	311,425
Increase for interest due to the decrease in the discount period	764,462
Benefits paid	(548,528)
Net Change	112,932
Actuarial Present Value of Accumulated Plan Benefits at End of the Year	$ 13,812,964

4 Information Certified (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required schedules of (1) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions including investments at December 31, 2025 and 2024, and net (depreciation) appreciation in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Neuberger Berman Trust Company N.A., a qualified institution.

5 Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	2025		
	Level 1	Level 2	Total
Common Stocks	$ 11,763,855	$ -	$ 11,763,855
Corporate Bonds and Notes	-	6,817,057	6,817,057
Exchange Traded Funds	615,908		615,908
Master Limited Partnership	462,420	-	462,420
Money Market Fund	952,868	-	952,868
	$ 13,795,051	$ 6,817,057	$ 20,612,108

	2024		
	Level 1	Level 2	Total
Common Stocks	$ 12,650,710	$ -	$ 12,650,710
Corporate Bonds and Notes	-	6,211,629	6,211,629
Exchange Traded fund	-	-	-
Government Securities	-	-	-
Master Limited Partnership	517,260	-	517,260
Money Market Fund	379,271	-	379,271
	$ 13,547,241	$ 6,211,629	$ 19,758,870

6 Plan Termination

The Plan Sponsor has the right to terminate the Plan at any time, although it has no intention to do so. If the Plan is terminated, participants will become 100% vested regardless of their years of vesting service, provided that the participant is an employee on the date of the Plan termination. The assets of the Plan would then be distributed first to any benefits payable to participants who have retired or are eligible to retire. The next priority is given to benefits normal and early retirement benefits, disability benefits, and certain benefits for survivors. The next priority is to all non-forfeitable benefits that are not guaranteed by the Pension Benefit Guaranty Corporation, and finally to all other benefits under the Plan.

7 Tax Status

The Plan has received an opinion letter from the Internal Revenue Service ("IRS") dated February 28, 2023, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code ("IRC") and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the IRC to maintain its qualifications. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

8 Risks and Uncertainties

Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the Plan's investment balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in 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.

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2025 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted.

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Postgraduate Center Employees' Retirement Plan

Supplemental Schedules

For the Year Ended December 31, 2025

Postgraduate Center Employees' Retirement Plan
Schedules Pursuant to Department of Labor Requirements
December 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at end of year)

(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
	Brought forward		$ 4,680,158	$ 4,684,251
	Roper Technologies Inc	4.75%; Due 02/15/2032	98,760	101,236
	SBA Communications Corp	3.875%; Due 02/15/2027	179,594	173,688
	Sherwin-Williams Co	4.8%; Due 09/01/2031	176,731	179,337
	Starbucks Corp	4.9%; Due 02/15/2031	200,186	205,804
	Targa Resources Partners	6.875%; Due 01/15/2029	206,340	202,384
	Thermo Fisher Scientific	4.977%; Due 08/10/2030	259,478	259,523
	T-Mobile USA Inc	4.625%; Due 01/15/2033	247,518	248,978
	United Rentals North Am	3.875%; Due 11/15/2027	75,469	74,491
	Unitedhealth Group Inc	5.3%; Due 02/15/2030	154,367	156,402
	Vmware Inc	1.4%; Due 08/15/2026	174,907	172,421
	Walmart Inc	4.1%; Due 04/15/2033	188,748	200,002
	Wells Fargo & Company	6.303%; Due 10/23/2029	151,155	158,543
	Total Corporate Bonds		6,793,411	6,817,057
	EXCHANGE TRADED FUNDS			
	Neuberger Berman Small-Mid Cap	15,000	382,307	378,600
	Select Sector Spdr Fund Shs Ben In Health Care	1,533	221,818	237,308
	Total Exchange Traded Funds		604,125	615,908
	MONEY MARKET FUND			
	Fidelity Treasury Money Market	952,868	952,868	952,868
	MASTER LIMITED PARTNERSHIP			
	Blackstone Group Inc/The -A	3,000	144,939	462,420
	INVESTMENT RECEIVABLE/PAYABLE			
	Neuberger Berman		88,490	88,490
			$ 14,343,604	$ 20,700,598

Postgraduate Center Employees' Retirement Plan
Schedules Pursuant to Department of Labor Requirements
December 31, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-1656681
Plan #: 001

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Neuberger Berman Trust	Fidelity Treasury Money Market Fund Series of 37 Sales		$ 4,327,622	$ 4,327,622	$ 4,327,622	$ -
Neuberger Berman Trust	Fidelity Treasury Money Market Fund Series of 120 Purchases	$ 4,901,219		$ 4,901,219	$ 4,901,219	$ -
Neuberger Berman Trust	Neuberger Berman Core Equity ETF Series of 3 Purchases	$ 1,298,053		$ 1,298,053	$ 1,298,053	$ -

Note: There are no individual reportable transactions for the plan year.

Postgraduate Center Employees' Retirement Plan
Schedules Pursuant to Department of Labor Requirements
December 31, 2025

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

EIN #: 13-1656681
Plan #: 001

(a)	(b) Identity of Issue,Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	COMMON STOCKS	**SHARES**		
	Alphabet Inc Class C Capital Stock	3,000	$ 108,596	$ 941,400
	Amazon.Com Inc	1,750	153,024	403,935
	American Tower Corp	2,000	157,563	351,140
	Amphenol Corp New-Cl A	4,000	517,985	540,560
	Apple Inc	1,637	44,562	445,035
	Blackrock Inc	445	98,689	476,301
	Brookfield Infrastructure-A	7,400	341,104	335,960
	Cheniere Energy Inc Com New	1,800	113,293	349,902
	Constellation Energy Corp Com	930	334,041	328,541
	Firstenergy Corp	9,500	355,647	425,315
	J P Morgan Chase & Co	2,275	177,857	733,051
	Mastercard Inc	1,000	90,325	570,880
	Microsoft Corp	1,250	126,612	604,525
	Nasdaq Stock Market Inc Com	4,800	379,564	466,224
	Neuberger Berman Core Eq Etf	43,750	1,298,053	1,378,563
	Nextera Energy Inc	8,000	319,097	642,240
	Nvidia Corp	5,620	74,526	1,048,130
	Service Corp International	6,350	279,489	495,110
	T Mobile US Inc	1,345	119,723	273,089
	Verisk Analytics Inc Cl A	1,500	243,726	335,535
	Spotify Technology SA	310	201,859	180,020
	Waste Connections Inc Com (Foreign)	2,500	224,435	438,400
	Total Common Stock	111,162	$ 5,759,770	$ 11,763,855
	CORPORATE BONDS			
	Advance Auto Parts	1.75%; Due 10/01/2027	$ 174,677	$ 166,007
	Air Products & Chemicals	4.6%; Due 02/08/2029	199,734	203,616
	Amphenol Corp	5.05%; Due 04/05/2029	198,998	205,956
	Autodesk Inc	3.5%; Due 06/15/2027	163,986	149,046
	Boeing Co	2.196%; Due 02/04/2026	175,634	174,668
	Cadence Design Systems Inc	4.7%; Due 09/10/2034	202,782	200,314
	Cdw Llc/Cdw Finance	5.1%; Due 03/01/2030	248,180	254,750
	Centene Corp	4.625%; Due 12/15/2029	142,673	145,511
	Comcast Corp	4.25%; Due 10/15/2030	187,774	200,220
	Dell Int Llc / Emc Corp	5%; Due 04/01/2030	251,395	256,375
	Ecolab Inc	4.8%; Due 03/24/2030	150,645	153,935
	Elanco Animal Health Inc	5.65%; Due 08/28/2028	109,493	104,495
	Expedia Inc	5%; Due 02/15/2026	111,943	100,008
	Fiserv Inc	4.2%; Due 10/01/2028	195,026	199,552
	Home Depot Inc	4.5%; Due 09/15/2032	194,060	202,688
	Honeywell International	4.95%; Due 09/01/2031	203,890	206,960
	Ibm Corp	5%; Due 02/10/2032	247,360	257,128
	Lowe'S Cos Inc	1.3%; Due 04/15/2028	175,184	165,065
	Mcdonald'S Corp	4.95%; Due 08/14/2033	127,829	129,123
	Morgan Stanley	5.23%; Due 01/15/2031	251,428	258,088
	Oneok Inc	6.35%; Due 01/15/2031	52,919	53,722
	Oracle Corp Callable	6.15%; Due 11/09/2029	215,151	208,956
	Paypal Holdings Inc	2.65%; Due 10/01/2026	103,821	99,160
	Pepsico Inc	3.9%; Due 07/18/2032	194,248	196,868
	Prologis Lp	2.125%; Due 04/15/2027	151,095	146,822
	Public Storage	0.875%; Due 02/15/2026	150,174	149,463
	Roper Technologies Inc	1.4%; Due 09/15/2027	100,059	95,759
	Carried forward		$ 4,680,158	$ 4,684,251

Schedule SB, Part V
Summary of Plan Provisions

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001
Plan Year Ending: December 31, 2025

EFFECTIVE DATE

The effective date of the plan is January 1, 1968.

ELIGIBILITY FOR PARTICIPATION

Each employee is eligible on the January 1st or July 1st following or coinciding with the later of their (a) attainment of age 21 and (b) the completion of 1 year of service of 1,000 hours or more.

Notwithstanding the above, effective June 30, 2019, no employee shall become a participant on or after June 30, 2019. In addition, no employee that terminated prior to July 1, 2019 and is rehired after June 30, 2019 shall receive any additional accruals.

YEAR OF SERVICE

A participant shall accrue a year of service for each plan year in which they completed one thousand (1,000) hours of employment with the employer.

No service shall accrue for any plan year in which a participant completes less than one thousand (1,000) hours of employment, except for the plan year of their most recent employment hire date with the employer and the plan year of their retirement or termination of employment. In which case such a participant shall receive a partial year of service determined by the ratio that the number of full months of employment completed by the participant in the applicable plan year bears to twelve (12).

For accrued service prior to January 1, 1976, a participant shall receive a year of service for any plan year in which can be determined that such a participant has completed one thousand (1,000) hours of employment. However, if such participant's most recent date of employment did not coincide with the first day of a plan year, such participant shall receive a partial year of service based on the ratio that the number of full months of active employment completed in that plan year bears to twelve (12).

NORMAL RETIREMENT DATE

A participant's Normal Retirement Date shall be their sixty-fifth (65th) birthday

ACCRUED RETIREMENT BENEFIT

For active participants on or after January 1, 2012 a monthly lifetime benefit payable on the first day of the month on or following Normal Retirement Date, with a guarantee of at least 120 payments, which is equal to (a) multiplied by (b) where:

(a) is 25% of their monthly final average earnings multiplied by a fraction (not to exceed one), the numerator of which is the credited service they would have completed at Normal Retirement Date and the denominator of which is 25 years (subject to a minimum of $20).

(b) is another fraction (not to exceed one), the numerator of which is the credited service they actually completed and the denominator of which is the credited service they would have completed at Normal Retirement Date.

In no event shall a participant's Accrued Retirement Benefit be less than the Accrued Retirement Benefit he earned through December 31, 2011 which is equal to (c), nor less than the Accrued Retirement Benefit they earned as of March 31, 1991 (December 31, 1988 for those participants who are considered to be super highly compensated by the IRS) which is equal to (d):

(c) 20% of their monthly final average earnings multiplied by a fraction (not to exceed one), the numerator of which is the credited service he would have completed at Normal Retirement Date and the denominator of which is 25 years (subject to a minimum of $20) multiplied by a fraction (not to exceed one), the numerator of which is the credited service they actually completed and the denominator of which is the credited service they would have completed at Normal Retirement Date.

(d) 23.8% of their monthly final average earnings in excess of $550, multiplied by a fraction (not to exceed one), the numerator of which is the credited service they would have completed at Normal Retirement Date and the denominator of which is 15 years (subject to a minimum of $20) multiplied by a fraction (not to exceed one), the numerator of which is the credited service they actually completed and the denominator of which is the credited service they would have completed at Normal Retirement Date.

Notwithstanding the above, effective May 15, 2023, all plan benefit accruals were frozen. In addition, no credited service after May 15, 2023 shall be reflected in the numerators of the above accrued benefit calculations.

SUMMARY OF PLAN PROVISIONS
o CONTINUED o

EARLY RETIREMENT BENEFIT

Each participant who has attained age 60 and has completed 15 years of service is eligible to retire early and receive the actuarial equivalent of their Accrued Retirement Benefit.

DEATH BENEFIT

If a vested participant dies prior to April 1, 1991 before receiving any benefit payments under the plan, their designated beneficiary is eligible to receive a death benefit equal to the lump sum actuarial equivalent of their Accrued Retirement Benefit.

If a vested participant dies after April 1, 1991 and prior to the date their retirement benefits are to commence, their eligible spouse is entitled to receive a monthly survivor's benefit commencing as of the first day of the month coinciding with or next following the date of the participant's death or, if later, the earliest date the participant could have retired under the plan.

Such benefit will be equal to the amount the eligible spouse would have been entitled to receive under the 50% contingent annuitant option, determined as if the participant had terminated employment on their date of death, unless already terminated, and retired on the day immediately preceding the date their benefit will commence.

DISABILITY BENEFIT

Upon the eligibility of a participant to receive social security disability benefits, provided they attained age 60, they will be entitled to receive the actuarial equivalent of their Accrued Retirement Benefit.

VESTING

A participant who has completed five (5) years of service and terminates their employment prior to their Normal Retirement Date will be 100% vested in their Accrued Retirement Benefit.

All active participants will become 100% vested as of their Normal Retirement Dates.

ADMINISTRATION/SOURCE OF FUNDS

The Company administers the plan and makes contributions as required to fund the plan

Attachment to 2025 Form 5500
Schedule H, Line 4j -- Schedule of Reportable Transactions
Postgraduate Center for Mental Health

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Neuberger Berman Trust	Fidelity Treasury Money Market Fund Series of 37 Sales	-	4,327,621.89	4,327,621.89	4,327,621.89	0
Neuberger Berman Trust	Fidelity Treasury Money Market Fund Series of 120 Purchases	4,901,219.45	-	4,901,219.45	4,901,219.45	-
Neuberger Berman Trust	Neuberger Berman Core Equity ETF Series of 3 Purchases	1,298,053.08	-	1,298,053.08	1,298,053.08	-

Note: There are no individual reportable transactions for the plan year.

Schedule SB, line 26 -
Schedule of Active Participants

POSTGRADUATE CENTER EMPLOYEES RETIREMENT PLAN

EIN/PN: 13-1656681 / 001

Plan Year: January 1, 2025 to December 31, 2025

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	1	0	1	0	8	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	5	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	2	0	3	0	2	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	2	0	4	0	3	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	2	0	6	0	3	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	1	0	5	0	2	0	1	0	1	0	1	0	0	0	0	0
65 to 69	0	0	1	0	4	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	2	0	1	0	3	0	0	0	0	0	1	0	0	0	0	0

Attachment to 2025 Form 5500
Schedule H, Line 4i -- Schedule of Assets (Held At End of Year)
Postgraduate Center for Mental Health

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001

(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including units, maturity date, rate of interest, collateral, par, or maturity value and current share/unit price		(d) Cost	(e) Current Market Value
Investment Receivables/Payables:				
Neuberger Berman	88,490 Net Accrued Income	1.00	88,490	88,490.40
Subtotal - Investment Receivables/Payables:			88,490	88,490.40
Non-Interest Bearing Cash:				
Cash	0 Units of Cash Fund	1.00	0	0.00
Subtotal - Cash:			0	0.00
Interest Bearing Cash:				
Fidelity Treasury Money Market	952,868 Units of Money Market Fund	1.00	952,868	952,868.13
Subtotal - Cash:			952,868	952,868.13
US Government Funds:				
United States Treasury Bill	0 United States Treasury Bills	1.00	0	0.00
Subtotal - US Government Funds:			0	0.00
Corporate Stocks - Common Stock:				
Alphabet Inc Class C Capital Stock	3,000 Units of Common Stock	313.800	108,596	941,400.00
Amazon.Com Inc	1,750 Units of Common Stock	230.820	153,024	403,935.00
American Tower Corp	2,000 Units of Common Stock	175.570	157,563	351,140.00
Amphenol Corp New-Cl A	4,000 Units of Common Stock	135.140	517,985	540,560.00
Apple Inc	1,637 Units of Common Stock	271.860	44,562	445,034.82
Blackrock Inc	445 Units of Common Stock	1,070.340	98,689	476,301.30
Brookfield Infrastructure-A	7,400 Units of Common Stock	45.400	341,104	335,960.00
Cheniere Energy Inc Com New	1,800 Units of Common Stock	194.390	113,293	349,902.00
Constellation Energy Corp Com	930 Units of Common Stock	353.270	334,041	328,541.10
Firstenergy Corp	9,500 Units of Common Stock	44.770	355,647	425,315.00
J P Morgan Chase & Co	2,275 Units of Common Stock	322.220	177,857	733,050.50
Mastercard Inc	1,000 Units of Common Stock	570.880	90,325	570,880.00
Microsoft Corp	1,250 Units of Common Stock	483.620	126,612	604,525.00
Nasdaq Stock Market Inc Com	4,800 Units of Common Stock	97.130	379,564	466,224.00
Neuberger Berman Core Eq Etf	43,750 Units of Common Stock	31.510	1,298,053	1,378,562.50
Nextera Energy Inc	8,000 Units of Common Stock	80.280	319,097	642,240.00
Nvidia Corp	5,620 Units of Common Stock	186.500	74,526	1,048,130.00
Service Corp International	6,350 Units of Common Stock	77.970	279,489	495,109.50
T Mobile US Inc	1,345 Units of Common Stock	203.040	119,723	273,088.80
Verisk Analytics Inc Cl A	1,500 Units of Common Stock	223.690	243,726	335,535.00
Spotify Technology SA	310 Units of Common Stock	580.710	201,859	180,020.10
Waste Connections Inc Com (Foreign)	2,500 Units of Common Stock	175.360	224,435	438,400.00
Subtotal - Common Stocks:			5,759,770	11,763,854.62
Master Limited Partnerships				
Blackstone Group Inc/The -A	3,000 Units of Master Limited Partnership	154.14	144,939	462,420.00
Subtotal - Master Ltd Partnerships:			144,939	462,420.00

Attachment to 2025 Form 5500
Schedule H, Line 4i -- Schedule of Assets (Held At End of Year)
Postgraduate Center for Mental Health

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001

(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including units, maturity date, rate of interest, collateral, par, or maturity value and current share/unit price		(d) Cost	(e) Current Market Value
Corporate Debt Instruments - Corporate Bonds:				
Advance Auto Parts	175,000	Callable @ 100.00 08/01/27 1.75% 10/01/2027-2027	94.861	174,677	166,006.75
Air Products & Chemicals	200,000	Callable @ 100.00 01/08/29 4.6% 02/08/2029-2029	101.808	199,734	203,616.00
Amphenol Corp	200,000	Callable @ 100.00 03/05/29 5.05% 04/05/2029-2029	102.978	198,998	205,956.00
Autodesk Inc	150,000	Callable @ 100.00 03/15/27 3.5% 06/15/2027-2027	99.364	163,986	149,046.00
Boeing Co	175,000	Callable @ 100.00 02/04/24 2.196% 02/04/2026-2024	99.810	175,634	174,667.50
Cadence Design Systems Inc	200,000	Callable @ 4.7% 09/10/2034	100.157	202,782	200,314.00
Cdw Llc/Cdw Finance	250,000	Callable @ 100.00 02/01/30 5.1% 03/01/2030-2030	101.900	248,180	254,750.00
Centene Corp	150,000	Callable @ 102.31 12/15/24 4.625% 12/15/2029-2024	97.007	142,673	145,510.50
Comcast Corp	200,000	Callable @ 100.00 07/15/30 4.25% 10/15/2030-2030	100.110	187,774	200,220.00
Dell Int Llc / Emc Corp	250,000	Callable @ 100.00 03/01/30 5% 04/01/2030-2030	102.550	251,395	256,375.00
Ecolab Inc	150,000	Callable @ 100.00 12/24/29 4.8% 03/24/2030-2029	102.623	150,645	153,934.50
Elanco Animal Health Inc	100,000	5.65% 08/28/2028	104.495	109,493	104,495.00
Expedia Inc	100,000	Callable @ 5% 02/15/2026	100.008	111,943	100,008.00
Fiserv Inc	200,000	4.2% 10/01/2028	99.776	195,026	199,552.00
Home Depot Inc	200,000	Callable @ 100.00 06/15/32 4.5% 09/15/2032-2032	101.344	194,060	202,688.00
Honeywell International	200,000	Callable @ 100.00 07/01/31 4.95% 09/01/2031-2031	103.480	203,890	206,960.00
Ibm Corp	250,000	Callable @ 100.00 12/10/31 5% 02/10/2032-2031	102.851	247,360	257,127.50
Lowe'S Cos Inc	175,000	Callable @ 100.00 02/15/28 1.3% 04/15/2028-2028	94.323	175,184	165,065.25
Mcdonald'S Corp	125,000	Callable @ 100.00 05/14/33 4.95% 08/14/2033-2033	103.298	127,829	129,122.50
Morgan Stanley	250,000	Callable @ 100.00 01/15/30 5.23% 01/15/2031-2030	103.235	251,428	258,087.50
Oneok Inc	50,000	Callable @ 100.00 10/15/30 6.35% 01/15/2031-2030	107.443	52,919	53,721.50
Oracle Corp Callable	200,000	Callable @ 100.00 09/09/29 6.15% 11/09/2029-2029	104.478	215,151	208,956.00
Paypal Holdings Inc	100,000	2.65% 10/01/2026	99.160	103,821	99,160.00

Attachment to 2025 Form 5500
Schedule H, Line 4i -- Schedule of Assets (Held At End of Year)
Postgraduate Center for Mental Health

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001

(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including units, maturity date, rate of interest, collateral, par, or maturity value and current share/unit price		(d) Cost	(e) Current Market Value
Pepsico Inc	200,000 Callable @ 100.00 04/18/32 3.9% 07/18/2032-2032	98.434	194,248	196,868.00
Prologis Lp	150,000 Callable @ 100.00 02/15/27 2.125% 04/15/2027-2027	97.881	151,095	146,821.50
Public Storage	150,000 Callable @ 100.00 01/15/26 .875% 02/15/2026-2026	99.642	150,174	149,463.00
Roper Technologies Inc	100,000 Callable @ 100.00 07/15/27 1.4% 09/15/2027-2027	95.759	100,059	95,759.00
Roper Technologies Inc	100,000 Callable @ 100.00 12/15/31 4.75% 02/15/2032-2031	101.236	98,760	101,236.00
SBA Communications Corp	175,000 3.875% 02/15/2027	99.250	179,594	173,687.50
Sherwin-Williams Co	175,000 Callable @ 100.00 07/01/31 4.8% 09/01/2031-2031	102.478	176,731	179,336.50
Starbucks Corp	200,000 Callable @ 100.00 12/15/30 4.9% 02/15/2031-2030	102.902	200,186	205,804.00
Targa Resources Partners	200,000 Callable @ 103.44 01/15/24 6.875% 01/15/2029-2024	101.192	206,340	202,384.00
Thermo Fisher Scientific	250,000 Callable @ 100.00 06/10/30 4.977% 08/10/2030-2030	103.809	259,478	259,522.50
T-Mobile USA Inc	250,000 Callable @ 100.00 11/15/32 4.625% 01/15/2033-2032	99.591	247,518	248,977.50
United Rentals North Am	75,000 Callable @ 100.00 11/15/22 3.875% 11/15/2027-2022	99.321	75,469	74,490.75
Unitedhealth Group Inc	150,000 Callable @ 100.00 12/15/29 5.3% 02/15/2030-2029	104.268	154,367	156,402.00
Vmware Inc	175,000 Callable @ 100.00 07/15/26 1.4% 08/15/2026-2026	98.526	174,907	172,420.50
Walmart Inc	200,000 Callable @ 100.00 01/15/33 4.1% 04/15/2033-2033	100.001	188,748	200,002.00
Wells Fargo & Company	150,000 Callable @ 100.00 10/23/28 6.303% 10/23/2029-2028	105.695	151,155	158,542.50
Subtotal - Corporate Bonds:			6,793,411	6,817,056.75
Exchange Traded Funds - Equity				
Neuberger Berman Small-Mid Cap	15,000 Units of ETF	25.24	382,307	378,600.00
Select Sector Spdr Fund Shs Ben In Health Care	1,533 Units of ETF	154.80	221,818	237,308.40
Subtotal - Exchange Traded Funds:			604,125	615,908.40
Plan Total:			14,343,604	20,700,598

Schedule SB, Part V
Summary of Actuarial Assumptions

Postgraduate Center Employees Retirement Plan
EIN / PN: 13-1656681 / 001
Plan Year Ending: December 31, 2025

ACTUARIAL ASSUMPTIONS

● Interest Rates

Interest rates used to calculate the plan's minimum funding requirement under IRC 430 are the prescribed under the Pension Protection Act of 2006 (PPA) and amended by the Moving Ahead for Progress in the 21st Century Act (MAP-21), the Highway and Transportation Funding Act of 2014 (HATFA), the Bipartisan Budget Act of 2015 (BBA) and further amended by the American Rescue Plan Act of 2021 (ARPA) are as follows:

Segment 1:	5.00%	(less than 5 years)
Segment 2:	5.27%	(more than 5 years, up to 20 years)
Segment 3:	5.50%	(more than 20 years)

Interest rates used to calculate the plan's maximum allowable contribution under IRC 404 are as follows:

Segment 1:	5.00%	(less than 5 years)
Segment 2:	5.27%	(more than 5 years, up to 20 years)
Segment 3:	5.40%	(more than 20 years)

Applicable Month is the month containing the valuation date.

● Maximum

$280,000 per year, on life annuity form, payable from Normal Pension Retirement Age, with actuarial reductions for benefits beginning before age 62.

● Mortality

For all participants: the prescribed mortality assumption under IRC § 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

● Retirement Age

For purposes of determining the Funding Target and Target Normal Cost (both disregarding "At-Risk" assumptions), all participants are assumed to retire at the later of age 65 or one year following the valuation date.

NORMAL FORM OF BENEFIT

The plan's normal form of benefit upon retirement is a Life Annuity with 120 payments guaranteed.

ASSUMPTIONS AND METHODS
o CONTINUED o

LOADING FOR ADMINISTRATION EXPENSES

Per Proposed IRS Regulation 1.430(d)-1, no administrative expenses were assumed to be paid from the plan.

TURNOVER

Crocker Sarason Straight T-9 table, which ranges from 17.2% at age 25 to 5.1% at age 50

FUTURE SALARY INCREASES

For the purpose of determining the target normal cost, compensation is assumed to increase by 3.0% during the plan year. For purposes of determining the additional funding target for maximum deductible contribution purposes, compensation is assumed to increase by 3.0% annum.

ASSET VALUATION METHOD

Actuarial value of assets shall be equal to the market value of assets.

ACTUARIAL COST METHOD

The Unit Credit Actuarial Cost method was used as prescribed under the Pension Protection Act of 2006

VALUATION FUNDING METHOD

The Unit Credit Actuarial Cost Method was used as prescribed under the Pension Protection Act of 2006.

Under their method, an annual target normal cost is computed for each employee who is required to provide the increase in their plan benefits for the year. In addition, a funding target liability is computed for each employee which is equal to the present value of accrued benefits as of the current valuation date.

The total funding target liability for all employees is then offset by total plan assets to determine the funding shortfall.

In general, the annual contribution to the plan is the total target normal cost for all employees plus an amount to pay interest on and amortize the funding shortfall. Actuarial Gains (Losses) as they occur reduce (increase) the funding shortfall.

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

POSTGRADUATE CENTER EMPLOYEES RETIREMENT PLAN

EIN/PN: 13-1656681 / 001

Plan Year: January 1, 2025 to December 31, 2025

Age	Retirement Rate	Remaining	Percentage Remaining	Weighted Average
55	0	1	1.00	0.00
56	0	1	1.00	0.00
57	0	1	1.00	0.00
58	0	1	1.00	0.00
59	0	1	1.00	0.00
60	0	1	1.00	0.00
61	0	1	1.00	0.00
62	0	1	1.00	0.00
63	0	1	1.00	0.00
64	0	1	1.00	0.00
65	1	0	1.00	65.00

Weighted average retirement age: 65

Methodology: All participants are assumed to retire at age 65

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

2025

This Form is Open to Public Inspection

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

▶ **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
Postgraduate Center Employees 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
Postgraduate Center for Mental Health

D Employer Identification Number (EIN)
13-1656681

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	19,838,457
b Actuarial value	**2b**	19,838,457

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	108	4,894,621	4,894,621
b For terminated vested participants	281	5,994,183	5,994,183
c For active participants	83	3,127,241	3,127,241
d Total	472	14,016,045	14,016,045

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

09/02/2026
Date

David M. Gelman
Type or print name of actuary

26-03773
Most recent enrollment number

Gelman Pension Consulting, Inc.
Firm name

(212)889-1200
Telephone number (including area code)

250 West 57th Street, 19th Floor
New York NY 10107
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 [ ]

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	2,242,686
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	2,242,686
10	Interest on line 9 using prior year's actual return of 16.19%	0	363,091
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.36%		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		0
	d Portion of (c) to be added to prefunding balance		0
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	2,605,777

Part III Funding Percentages

14	Funding target attainment percentage	**14**	122.94%
15	Adjusted funding target attainment percentage	**15**	122.94%
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**	111.76%
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
			Totals ► 18(b)	0	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**	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.57 %	5.50 %	☐ 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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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**	
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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Postgraduate Center Employees Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

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)
Postgraduate Center for Mental Health

158 East 35th Street

New York NY 10016

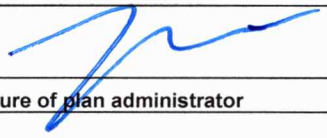
2b Employer Identification Number (EIN) 13-1656681

2c Plan Sponsor's telephone number (212) 889-5500

2d Business code (see instructions) 621330

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

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

SIGN HERE	x 	x 9/22/26	Jacob Barak
	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

Postgraduate Center
Pension Committee

158 East 35th Street

New York NY 10016

3b Administrator's EIN
13-3573087

3c Administrator's telephone number
(212) 889-5500

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**	472
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	83
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	64
b	Retired or separated participants receiving benefits	**6b**	111
c	Other retired or separated participants entitled to future benefits	**6c**	286
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	461
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	469
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

1A 1H 1I 3D

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

9a Plan funding arrangement (check all that apply)

- **(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

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

Receipt Confirmation Code_____