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
SOCIAL IMPACT, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
SOCIAL IMPACT, INC.

4201 WILSON BLVD STE 305
ARLINGTON, VA 22203-4428

2b Employer Identification Number (EIN)
54-1795186

2c Plan Sponsor's telephone number
703-465-1884

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	GAMARIA KIBURI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MATEUSZ PUCILOWSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	210
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)**	115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	110
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	119
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	119
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)**	200
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)**	117
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:

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOCIAL IMPACT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOCIAL IMPACT, INC.

D Employer Identification Number (EIN)
54-1795186

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	116767	126	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
27219	7440

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

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

THE ROSE FINANCIAL GROUP, LLC
6602 EAST 75TH STREET, SUITE 200
INDIANAPOLIS, IN 46250

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7440	4548	TPA OF RECORD	5

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

AMERITAS INVESTMENT COMPANY, LLC
71 RANNEY DR
FAIRPORT, NY 14450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22671	0	BROKER COMMISSIONS	4

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
SOCIAL IMPACT, INC. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SOCIAL IMPACT, INC.	54-1795186	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER	3826	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
SOCIAL IMPACT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOCIAL IMPACT, INC.

D Employer Identification Number (EIN)
54-1795186

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOCIAL IMPACT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOCIAL IMPACT, INC.

D Employer Identification Number (EIN)
54-1795186

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	44947	
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12493637	7132061
(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)		
(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	12538584	7132061
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	12538584	7132061

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)	69878	
(B) Participants	2a(1)(B)	237792	
(C) Others (including rollovers)	2a(1)(C)	9791	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		317461
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	1284	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1284
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1052076
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1370821
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6708837	
(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)		6708837
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)	68507	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		68507
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6777344
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5406523
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: LONG & ASSOCIATES, P.C. **(2)** EIN: 35-2006929

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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SOCIAL IMPACT, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOCIAL IMPACT, INC.

D Employer Identification Number (EIN)
54-1795186

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** |

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): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A .

October 14, 2026

Attn: To Whom it May Concern

RE: 401(k) Retirement Plan – Audit Status Letter

This letter serves as confirmation that the annual audit of Social Impact's 401(k) Retirement Plan for the **2025 plan year** is currently being finalized.

We are working to complete the audit and will file the required documentation as soon as possible upon its completion.

Thank you for your patience and understanding.

Sincerely,

Mateusz Pucilowski
Social Impact Inc

4201 Wilson Blvd, Suite 305, Arlington, VA 22203 703-465-1884
info@socialimpact.com socialimpact.com SocialImpactInc

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:
- [ ] 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
SOCIAL IMPACT, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
SOCIAL IMPACT, INC.

4201 WILSON BLVD STE 305
ARLINGTON, VA 22203-4428

2b Employer Identification Number (EIN)
54-1795186

2c Plan Sponsor's telephone number
703-465-1884

2d Business code (see instructions)
541600

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

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

SIGN HERE	Jamaria Kiburi		
	Signature of plan administrator	Date 10/14/2026	Enter name of individual signing as plan administrator
SIGN HERE	Mateusz Pucilowski Digitally signed by Mateusz Pucilowski Date: 2026.10.14 13:05:01 -04'00'	10.14.2026	Mateusz Pucilowski
	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

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS							
EE ROTH CONTRIBUTION							
JH 2020	65,947.07	1,255.49	1,168.01	0.00	-57,852.95	0.00	10,517.62
JH 2030	7,656.77	0.00	1,118.73	0.00	0.00	0.00	8,775.50
JH 2050	283,803.67	10,227.81	17,377.98	0.00	-156,609.27	0.00	154,800.19
JH 2055	371,005.40	9,547.54	36,544.72	0.00	-260,092.57	0.00	157,005.09
JH 2060	102,588.04	1,896.96	2,643.75	0.00	-80,477.00	0.00	26,651.75
JH 2065	969.28	0.00	189.17	0.00	0.00	0.00	1,158.45
STBL VALUE	10,899.28	910.99	-52.09	0.00	-2,890.97	0.00	8,867.21
VS STR INC	13,800.21	344.09	345.69	0.00	-4,250.25	-10,239.74	0.00
VS COR BND	2,027.41	0.00	32.52	0.00	-2,059.93	0.00	0.00
TOT BMKT	2,009.04	0.00	34.40	0.00	-2,043.44	0.00	0.00
JH INCF	0.00	566.90	311.62	0.00	-1,072.90	10,239.74	10,045.36
INC FUND	4,494.27	0.00	-49.17	0.00	-4,482.16	37.06	0.00
VAL INDX	19,900.36	0.00	2,024.69	0.00	-6,645.81	89.74	15,368.98
VS INTSM	7,249.06	75.42	-120.59	0.00	-7,669.88	465.99	0.00
IDX INTL	10,136.93	70.00	667.25	0.00	-11,164.73	290.55	0.00
AF WASHMUT	34,782.55	1,758.88	4,708.35	0.00	-10,066.94	-196.40	30,986.44
AF CAP WGI	10,755.50	70.00	534.66	0.00	-11,319.89	-40.27	0.00
IDX 500	40,739.60	234.79	4,812.54	0.00	-17,335.70	0.00	28,451.23
WISDOM MC	9,147.80	0.00	228.54	0.00	-9,004.82	-371.52	0.00
VAN SEF	5,203.85	0.00	224.67	0.00	-5,221.71	-206.81	0.00
SMCP VA IN	14,140.01	0.00	912.49	0.00	-4,689.16	-72.98	10,290.36
EXPLORER	5,050.62	150.84	-802.03	0.00	-4,399.43	0.00	0.00
SCI TECH	30,388.96	1,319.16	3,652.10	0.00	-7,572.47	-1,263.97	26,523.78
HEALTH SCI	16,374.93	0.00	2,323.16	0.00	-5,605.97	1,065.89	14,158.01
VS RESTS	7,490.07	0.00	-111.29	0.00	-7,748.36	369.58	0.00
IDX MID	14,316.86	63.20	947.92	0.00	-2,714.19	0.00	12,613.79
JH MCGF	10,724.48	220.84	-953.68	0.00	-9,991.64	0.00	0.00
US SML CAP	3,950.11	0.00	-282.06	0.00	-3,501.19	-166.86	0.00
VS BLUCP	71,700.03	693.20	6,016.53	0.00	-37,587.80	0.00	40,821.96
GROWTH	55,602.24	1,205.42	-6,408.56	0.00	-50,399.10	0.00	0.00
AF NEW PER	30,184.24	1,758.88	5,719.79	0.00	-2,513.60	0.00	35,149.31

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
SUBTOTAL	1,263,038.64	32,370.41	83,759.81	0.00	-786,983.83	0.00	592,185.03
ROTH ROLLOVER							
JH 2050	4,526.44	0.00	881.78	0.00	0.00	0.00	5,408.22
JH 2055	12,239.59	0.00	-58.49	0.00	-12,181.10	0.00	0.00
JH 2060	11,848.23	0.00	683.14	0.00	-8,116.65	0.00	4,414.72
VAL INDX	5,057.25	0.00	734.12	0.00	0.00	0.00	5,791.37
HEALTH SCI	3,916.36	0.00	670.45	0.00	0.00	0.00	4,586.81
IDX MID	4,032.86	0.00	266.01	0.00	0.00	0.00	4,298.87
VS BLUCP	7,682.80	0.00	1,378.27	0.00	0.00	0.00	9,061.07
SUBTOTAL	49,303.53	0.00	4,555.28	0.00	-20,297.75	0.00	33,561.06

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401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
EE ELECTIVE DEFERRAL							
JH 2025	126,661.59	0.00	16,000.10	0.00	-3,070.52	0.00	139,591.17
JH 2030	214,051.19	12,349.92	741.71	0.00	-118,809.03	-108,333.79	0.00
JH 2035	486,830.79	4,808.07	39,378.72	0.00	-238,421.27	0.00	292,596.31
JH 2040	338,203.32	26,946.25	45,975.71	0.00	-118,694.79	1,013.76	293,444.25
JH 2045	551,463.27	12,892.59	34,428.21	0.00	-466,696.35	471.24	132,558.96
JH 2050	984,084.56	29,019.29	90,108.49	0.00	-532,706.17	0.00	570,506.17
JH 2055	621,044.00	20,258.11	50,372.07	0.00	-329,296.24	-14,503.55	347,874.39
JH 2060	339,967.20	11,157.24	45,529.74	0.00	-154,073.75	-606.79	241,973.64
JH 2065	99,978.37	10,093.32	10,370.58	0.00	-51,360.64	0.00	69,081.63
STBL VALUE	16,476.83	988.19	25.80	0.00	-20,790.14	14,503.55	11,204.23
VS STR INC	44,472.79	707.43	1,173.11	0.00	-15,962.91	-30,390.42	0.00
VS COR BND	34,999.82	532.98	1,987.47	0.00	-117,965.76	80,445.49	0.00
TOT BMKT	29,484.09	634.83	278.02	0.00	-29,916.37	78.50	559.07
JH IGBF	0.00	0.00	1,081.68	0.00	0.00	27,888.30	28,969.98
JH INCF	0.00	566.90	863.81	0.00	-1,905.21	28,646.97	28,172.47
VS UTILIT	1,481.46	157.43	64.21	0.00	-1,460.26	0.00	242.84
INC FUND	10,521.68	252.98	225.87	0.00	-10,840.79	0.00	159.74
VAL INDX	234,161.46	5,357.44	19,509.06	0.00	-104,160.08	11.77	154,879.65
VS INTSM	2,346.08	219.47	65.09	0.00	-1,670.94	0.00	959.70
IDX INTL	149,632.30	2,717.80	12,426.58	0.00	-122,639.70	78.50	42,215.48
AF WASHMUT	29,677.16	1,821.89	4,727.15	0.00	-3,004.81	0.00	33,221.39
AF CAP WGI	6,356.31	126.48	-16.92	0.00	-6,465.87	0.00	0.00
IDX 500	576,273.14	24,920.38	42,363.76	0.00	-234,035.44	156.99	409,678.83
WISDOM MC	8,939.15	0.00	198.76	0.00	-9,137.91	0.00	0.00
VAN SEF	6,565.00	249.23	-347.30	0.00	-6,466.93	0.00	0.00
SMCP VA IN	52,300.90	21.23	-373.11	0.00	-37,181.43	15.70	14,783.29
MC VL ETF	1,012.40	137.36	-131.79	0.00	-1,033.67	15.70	0.00
MC GW ETF	96,977.50	2,218.97	-12.99	0.00	-82,304.69	15.70	16,894.49
EXPLORER	131,138.90	6,978.89	-3,245.36	0.00	-81,169.69	0.00	53,702.74
ENERGY	3,416.75	70.14	624.07	0.00	-854.69	0.00	3,256.27
SCI TECH	223,749.24	8,062.27	-1,389.17	0.00	-142,472.57	0.00	87,949.77
HEALTH SCI	164,572.48	7,932.83	803.65	0.00	-115,195.34	-1,433.34	56,680.28

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
IDX SMALL	86,001.34	5,133.49	-5,978.14	0.00	-75,277.88	19.62	9,898.43
VS RESTS	17,432.18	133.35	-166.17	0.00	-5,561.83	0.00	11,837.53
IDX MID	105,843.14	622.87	3,103.91	0.00	-24,966.42	0.00	84,603.50
JH MCGF	33,167.59	653.59	-2,144.19	0.00	-18,727.22	3,008.41	15,958.18
US SML CAP	3,923.55	104.37	130.59	0.00	-3,471.72	0.00	686.79
VS BLUCP	174,306.66	3,938.67	8,981.86	0.00	-112,420.79	525.61	75,332.01
GROWTH	132,354.07	430.06	10,904.98	0.00	-45,899.01	0.00	97,790.10
AF NEW PER	62,035.19	2,205.68	11,282.46	0.00	-8,190.67	0.00	67,332.66
LOAN SA 1	20,219.12	0.00	692.96	0.00	-19,284.16	-1,627.92	0.00
SUBTOTAL	6,222,122.57	205,421.99	440,615.04	0.00	-3,473,563.66	0.00	3,394,595.94

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CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
EE ROLLOVER CONT							
JH 2040	214,474.71	0.00	28,989.23	0.00	-57,414.01	0.00	186,049.93
JH 2045	4,244.05	0.00	641.60	0.00	-4,885.65	0.00	0.00
JH 2050	326,406.65	0.00	45,699.14	0.00	-86,780.58	0.00	285,325.21
JH 2055	78,623.52	0.00	-6,425.64	0.00	-81,580.28	9,382.40	0.00
JH 2060	39,751.70	0.00	3,972.24	0.00	-20,898.89	0.00	22,825.05
STBL VALUE	967.79	0.00	20.59	0.00	0.00	0.00	988.38
VS STR INC	2,060.21	0.00	78.58	0.00	0.00	-2,138.79	0.00
VS COR BND	1,983.11	0.00	58.85	0.00	0.00	-2,041.96	0.00
JH IGBF	0.00	0.00	79.19	0.00	0.00	2,041.96	2,121.15
JH INCF	0.00	0.00	64.15	0.00	0.00	2,138.79	2,202.94
VS UTILIT	219.85	0.00	32.20	0.00	0.00	0.00	252.05
VAL INDX	22,389.79	0.00	3,250.19	0.00	0.00	0.00	25,639.98
VS INTSM	761.64	0.00	71.33	0.00	0.00	0.00	832.97
IDX INTL	3,727.24	0.00	1,190.99	0.00	0.00	0.00	4,918.23
AF WASHMUT	1,721.59	0.00	288.16	0.00	0.00	0.00	2,009.75
IDX 500	87,289.91	0.00	14,883.02	0.00	0.00	0.00	102,172.93
MC GW ETF	1,215.80	0.00	120.26	0.00	0.00	0.00	1,336.06
ENERGY	2,265.31	0.00	451.53	0.00	0.00	0.00	2,716.84
SCI TECH	862.37	0.00	205.22	0.00	0.00	0.00	1,067.59
HEALTH SCI	2,282.75	0.00	390.69	0.00	0.00	0.00	2,673.44
IDX MID	827.99	0.00	54.58	0.00	0.00	0.00	882.57
JH MCGF	4,334.73	0.00	243.39	0.00	0.00	0.00	4,578.12
US SML CAP	639.97	0.00	47.07	0.00	0.00	0.00	687.04
VS BLUCP	16,995.83	0.00	3,049.04	0.00	0.00	0.00	20,044.87
AF NEW PER	10,952.76	0.00	2,281.62	0.00	0.00	0.00	13,234.38
SUBTOTAL	824,999.27	0.00	99,737.22	0.00	-251,559.41	9,382.40	682,559.48

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CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
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MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
IRA ROLLOVER							
JH 2030	25,974.69	0.00	161.05	0.00	-26,135.74	0.00	0.00
JH 2040	9,576.79	0.00	1,473.95	0.00	-11,050.74	0.00	0.00
JH 2050	2,176.88	0.00	-30.78	0.00	-2,146.10	0.00	0.00
JH 2055	500.41	0.00	28.87	0.00	-529.28	0.00	0.00
JH 2060	20,797.63	0.00	-492.79	0.00	-20,304.84	0.00	0.00
JH 2065	0.00	0.00	-11.92	0.00	-396.60	408.52	0.00
VS COR BND	11,605.22	0.00	344.47	0.00	0.00	-11,949.69	0.00
JH IGBF	0.00	0.00	463.51	0.00	0.00	11,949.69	12,413.20
VS UTILIT	1,287.19	0.00	188.78	0.00	0.00	0.00	1,475.97
VAL INDX	8,901.54	0.00	1,031.14	0.00	-1,663.78	0.00	8,268.90
VS INTSM	4,426.21	0.00	414.71	0.00	0.00	0.00	4,840.92
IDX INTL	21,974.76	0.00	6,897.54	0.00	-472.00	0.00	28,400.30
AF WASHMUT	9,949.47	0.00	1,665.58	0.00	0.00	0.00	11,615.05
IDX 500	48,758.86	0.00	8,313.50	0.00	0.00	0.00	57,072.36
MC GW ETF	2,468.52	0.00	244.25	0.00	0.00	0.00	2,712.77
SCI TECH	1,422.52	0.00	-287.91	0.00	-1,134.61	0.00	0.00
HEALTH SCI	1,091.31	0.00	186.80	0.00	0.00	0.00	1,278.11
IDX SMALL	241.43	0.00	-34.19	0.00	-207.24	0.00	0.00
IDX MID	5,545.05	0.00	226.41	0.00	-720.75	0.00	5,050.71
US SML CAP	3,658.19	0.00	269.30	0.00	0.00	0.00	3,927.49
GROWTH	5,791.71	0.00	-594.53	0.00	-5,197.18	0.00	0.00
AF NEW PER	4,871.74	0.00	1,014.84	0.00	0.00	0.00	5,886.58
SUBTOTAL	191,020.12	0.00	21,472.58	0.00	-69,958.86	408.52	142,942.36

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CONTINUED ...

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
403B ROLLOVER							
JH 2040	88,429.79	0.00	2,038.26	0.00	-79,524.70	569.02	11,512.37
JH 2050	46,662.38	0.00	4,330.24	0.00	-50,992.62	0.00	0.00
JH 2055	1,938.63	0.00	10.57	0.00	-1,949.20	0.00	0.00
VAL INDX	24,117.17	0.00	3,501.04	0.00	0.00	0.00	27,618.21
HEALTH SCI	18,618.07	0.00	3,187.47	0.00	0.00	0.00	21,805.54
IDX MID	19,234.69	0.00	1,268.92	0.00	0.00	0.00	20,503.61
VS BLUCP	36,531.76	0.00	6,553.86	0.00	0.00	0.00	43,085.62
SUBTOTAL	235,532.49	0.00	20,890.36	0.00	-132,466.52	569.02	124,525.35
SEP ROLLOVER							
JH 2055	1,323.15	0.00	7.86	0.00	-1,331.01	0.00	0.00
SUBTOTAL	1,323.15	0.00	7.86	0.00	-1,331.01	0.00	0.00

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CONTINUED ...

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MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
SIMPLE IRA ROLLOVER							
JH 2040	16,114.92	0.00	2,835.00	0.00	0.00	0.00	18,949.92
JH 2045	11,118.78	0.00	1,680.94	0.00	-12,799.72	0.00	0.00
JH 2050	22,049.15	0.00	2,013.62	0.00	-24,062.77	0.00	0.00
JH 2055	3,126.37	0.00	193.47	0.00	-3,319.84	0.00	0.00
TOT BMKT	960.39	0.00	16.43	0.00	-976.82	0.00	0.00
INC FUND	1,478.50	0.00	54.93	0.00	-1,533.43	0.00	0.00
VAL INDX	28,313.10	0.00	3,868.99	0.00	-2,380.91	0.00	29,801.18
IDX INTL	2,663.72	0.00	24.00	0.00	-2,687.72	0.00	0.00
IDX 500	85,776.17	0.00	13,115.64	0.00	-5,809.48	0.00	93,082.33
WISDOM MC	2,699.70	0.00	60.03	0.00	-2,759.73	0.00	0.00
MC GW ETF	1,705.45	0.00	168.74	0.00	0.00	0.00	1,874.19
SCI TECH	7,379.41	0.00	616.76	0.00	-4,996.90	0.00	2,999.27
HEALTH SCI	7,221.29	0.00	928.90	0.00	-2,804.42	0.00	5,345.77
IDX MID	3,746.03	0.00	247.09	0.00	0.00	0.00	3,993.12
US SML CAP	1,675.82	0.00	43.23	0.00	-1,719.05	0.00	0.00
VS BLUCP	6,800.51	0.00	1,219.99	0.00	0.00	0.00	8,020.50
SUBTOTAL	202,829.31	0.00	27,087.76	0.00	-65,850.79	0.00	164,066.28
403B ROLLOVER							
LOAN SA 1	16,163.19	0.00	363.13	0.00	-15,957.30	-569.02	0.00
SUBTOTAL	16,163.19	0.00	363.13	0.00	-15,957.30	-569.02	0.00

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
QUALIFIED NON-ELECTIVE CONTRIB							
JH 2025	49.49	0.00	6.31	0.00	0.00	0.00	55.80
JH 2035	1,777.24	0.00	218.91	0.00	-419.15	0.00	1,577.00
JH 2040	1,934.35	0.00	263.76	0.00	-1,844.21	0.00	353.90
JH 2045	3,455.86	0.00	418.33	0.00	-3,416.39	0.00	457.80
JH 2050	7,762.95	0.00	955.25	0.00	-3,086.77	0.00	5,631.43
JH 2055	5,238.89	0.00	361.35	0.00	-3,998.71	0.00	1,601.53
JH 2060	3,330.40	0.00	562.16	0.00	-1,736.79	0.00	2,155.77
STBL VALUE	185.19	0.00	3.79	0.00	-8.97	0.00	180.01
VS STR INC	283.24	0.00	8.25	0.00	-17.58	-273.91	0.00
VS COR BND	7.52	0.00	0.11	0.00	-7.63	0.00	0.00
TOT BMKT	7.42	0.00	0.12	0.00	-7.54	0.00	0.00
JH INCF	0.00	0.00	6.84	0.00	0.00	228.82	235.66
INC FUND	11.74	0.00	0.02	0.00	-11.76	0.00	0.00
VAL INDX	803.76	0.00	114.06	0.00	-14.23	0.00	903.59
IDX INTL	62.30	0.00	2.30	0.00	-64.60	0.00	0.00
AF WASHMUT	595.74	0.00	99.68	0.00	0.00	0.00	695.42
IDX 500	2,356.91	0.00	367.32	0.00	-127.17	0.00	2,597.06
SMCP VA IN	386.95	0.00	24.14	0.00	-39.50	0.00	371.59
MC GW ETF	168.76	0.00	-5.95	0.00	-122.05	0.00	40.76
EXPLORER	1,021.07	0.00	-61.05	0.00	-885.92	0.00	74.10
SCI TECH	1,901.85	0.00	-3.59	0.00	-1,184.75	0.00	713.51
HEALTH SCI	1,107.49	0.00	-58.81	0.00	-896.38	-32.01	120.29
IDX SMALL	967.34	0.00	-80.04	0.00	-887.30	0.00	0.00
VS RESTS	30.51	0.00	-1.78	0.00	-28.73	0.00	0.00
IDX MID	158.45	0.00	-5.86	0.00	-84.09	0.00	68.50
JH MCGF	76.52	0.00	-9.64	0.00	-66.88	0.00	0.00
US SML CAP	114.98	0.00	-14.50	0.00	-100.48	0.00	0.00
VS BLUCP	310.16	0.00	-4.73	0.00	-311.06	77.10	71.47
GROWTH	829.65	0.00	-88.15	0.00	-741.50	0.00	0.00
AF NEW PER	750.86	0.00	106.79	0.00	-183.01	0.00	674.64

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
SUBTOTAL	35,687.59	0.00	3,185.39	0.00	-20,293.15	0.00	18,579.83

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TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
SAFE HARBOR MATCHING CONTRIBUT							
JH 2020	41,655.60	777.68	567.23	0.00	-38,793.56	0.00	4,206.95
JH 2025	31,728.89	0.00	4,062.63	0.00	0.00	0.00	35,791.52
JH 2030	75,938.42	3,446.85	1,013.27	0.00	-44,764.69	-28,889.79	6,744.06
JH 2035	160,923.94	1,717.21	11,983.17	0.00	-85,153.13	0.00	89,471.19
JH 2040	204,222.09	4,716.99	27,126.56	0.00	-77,447.86	382.43	159,000.21
JH 2045	222,268.83	4,396.66	16,195.29	0.00	-194,746.10	0.00	48,114.68
JH 2050	561,375.52	12,363.98	56,764.86	0.00	-276,921.83	0.00	353,582.53
JH 2055	554,601.17	11,817.12	50,512.06	0.00	-309,176.62	-14,503.53	293,250.20
JH 2060	266,632.67	6,640.23	30,315.86	0.00	-149,780.43	-550.84	153,257.49
JH 2065	59,281.25	5,308.48	7,536.90	0.00	-30,029.55	0.00	42,097.08
STBL VALUE	15,361.07	279.55	238.63	0.00	-21,458.35	14,503.53	8,924.43
VS STR INC	25,434.32	291.29	664.74	0.00	-9,543.88	-16,846.47	0.00
VS COR BND	10,832.94	156.01	632.44	0.00	-33,894.64	22,273.25	0.00
TOT BMKT	7,974.01	197.53	159.38	0.00	-8,045.71	78.50	363.71
JH IGBF	0.00	0.00	256.57	0.00	0.00	6,616.54	6,873.11
JH INCF	0.00	0.00	483.64	0.00	-1,066.09	16,123.11	15,540.66
VS UTILIT	934.22	78.53	118.51	0.00	-1,062.09	0.00	69.17
INC FUND	5,725.35	76.16	160.47	0.00	-5,869.57	13.92	106.33
VAL INDX	115,034.01	1,184.81	12,968.36	0.00	-29,077.92	45.53	100,154.79
VS INTSM	3,510.46	82.91	28.84	0.00	-3,479.17	175.22	318.26
IDX INTL	41,599.65	715.17	3,983.11	0.00	-34,688.47	187.74	11,797.20
AF WASHMUT	27,635.67	351.50	4,074.83	0.00	-4,915.97	-73.87	27,072.16
AF CAP WGI	6,170.89	108.08	260.12	0.00	-6,524.00	-15.09	0.00
IDX 500	327,797.55	6,059.37	39,149.88	0.00	-77,716.24	156.99	295,447.55
WISDOM MC	8,851.57	0.00	216.72	0.00	-8,928.61	-139.68	0.00
VAN SEF	4,226.29	108.46	43.88	0.00	-4,300.85	-77.78	0.00
SMCP VA IN	24,860.70	20.51	406.59	0.00	-14,394.82	-11.73	10,881.25
MC VL ETF	1,013.34	101.89	-2.05	0.00	-1,128.88	15.70	0.00
MC GW ETF	58,447.46	917.09	-507.63	0.00	-51,884.82	15.70	6,987.80
EXPLORER	56,076.90	999.56	-302.66	0.00	-25,653.35	0.00	31,120.45
ENERGY	3,280.54	40.21	614.76	0.00	-573.42	0.00	3,362.09
SCI TECH	104,952.24	1,243.27	243.13	0.00	-59,894.48	-475.41	46,068.75

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
HEALTH SCI	96,655.81	1,492.13	3,610.00	0.00	-57,188.12	-1,725.51	42,844.31
IDX SMALL	25,697.81	458.56	-1,734.78	0.00	-21,705.41	19.62	2,735.80
VS RESTS	11,710.29	92.75	-273.29	0.00	-8,304.09	139.01	3,364.67
IDX MID	46,756.42	288.01	930.45	0.00	-13,880.53	0.00	34,094.35
JH MCGF	20,666.80	378.86	-1,956.18	0.00	-14,427.36	2,857.80	7,519.92
US SML CAP	7,181.97	80.97	-509.80	0.00	-6,493.43	-62.74	196.97
VS BLUCP	139,022.79	1,656.34	6,914.73	0.00	-76,358.53	150.28	71,385.61
GROWTH	68,335.88	614.39	-679.75	0.00	-42,755.53	0.00	25,514.99
AF NEW PER	43,623.70	618.45	6,678.75	0.00	-10,135.74	0.00	40,785.16
LOAN SA 1	8,564.98	0.00	228.18	0.00	-8,410.73	-382.43	0.00
SUBTOTAL	3,496,564.01	69,877.56	283,178.40	0.00	-1,870,574.57	0.00	1,979,045.40

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CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
ACCOUNT TOTAL							
JH 2020	107,602.67	2,033.17	1,735.24	0.00	-96,646.51	0.00	14,724.57
JH 2025	158,439.97	0.00	20,069.04	0.00	-3,070.52	0.00	175,438.49
JH 2030	323,621.07	15,796.77	3,034.76	0.00	-189,709.46	-137,223.58	15,519.56
JH 2035	649,531.97	6,525.28	51,580.80	0.00	-323,993.55	0.00	383,644.50
JH 2040	872,955.97	31,663.24	108,702.47	0.00	-345,976.31	1,965.21	669,310.58
JH 2045	792,550.79	17,289.25	53,364.37	0.00	-682,544.21	471.24	181,131.44
JH 2050	2,238,848.20	51,611.08	218,100.58	0.00	-1,133,306.11	0.00	1,375,253.75
JH 2055	1,649,641.13	41,622.77	131,546.84	0.00	-1,003,454.85	-19,624.68	799,731.21
JH 2060	784,915.87	19,694.43	83,214.10	0.00	-435,388.35	-1,157.63	451,278.42
JH 2065	160,228.90	15,401.80	18,084.73	0.00	-81,786.79	408.52	112,337.16
STBL VALUE	43,890.16	2,178.73	236.72	0.00	-45,148.43	29,007.08	30,164.26
VS STR INC	86,050.77	1,342.81	2,270.37	0.00	-29,774.62	-59,889.33	0.00
VS COR BND	61,456.02	688.99	3,055.86	0.00	-153,927.96	88,727.09	0.00
TOT BMKT	40,434.95	832.36	488.35	0.00	-40,989.88	157.00	922.78
JH IGBF	0.00	0.00	1,880.95	0.00	0.00	48,496.49	50,377.44
JH INCF	0.00	1,133.80	1,730.06	0.00	-4,044.20	57,377.43	56,197.09
VS UTILIT	3,922.72	235.96	403.70	0.00	-2,522.35	0.00	2,040.03
INC FUND	22,231.54	329.14	392.12	0.00	-22,737.71	50.98	266.07
VAL INDX	458,678.44	6,542.25	47,001.65	0.00	-143,942.73	147.04	368,426.65
VS INTSM	18,293.45	377.80	459.38	0.00	-12,819.99	641.21	6,951.85
IDX INTL	229,796.90	3,502.97	25,191.77	0.00	-171,717.22	556.79	87,331.21
AF WASHMUT	104,362.18	3,932.27	15,563.75	0.00	-17,987.72	-270.27	105,600.21
AF CAP WGI	23,282.70	304.56	777.86	0.00	-24,309.76	-55.36	0.00
IDX 500	1,168,992.14	31,214.54	123,005.66	0.00	-335,024.03	313.98	988,502.29
WISDOM MC	29,638.22	0.00	704.05	0.00	-29,831.07	-511.20	0.00
VAN SEF	15,995.14	357.69	-78.75	0.00	-15,989.49	-284.59	0.00
SMCP VA IN	91,688.56	41.74	970.11	0.00	-56,304.91	-69.01	36,326.49
MC VL ETF	2,025.74	239.25	-133.84	0.00	-2,162.55	31.40	0.00
MC GW ETF	160,983.49	3,136.06	6.68	0.00	-134,311.56	31.40	29,846.07
EXPLORER	193,287.49	8,129.29	-4,411.10	0.00	-112,108.39	0.00	84,897.29
ENERGY	8,962.60	110.35	1,690.36	0.00	-1,428.11	0.00	9,335.20
SCI TECH	370,656.59	10,624.70	3,036.54	0.00	-217,255.78	-1,739.38	165,322.67

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2025 TO DEC/31/2025

THE TRUSTEES OF SOCIAL IMPACT, INC.
401(K) PLAN
CONTRACT NO: 116767

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2025	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2025
GROUP TOTALS (... CONTINUED)							
HEALTH SCI	311,840.49	9,424.96	12,042.31	0.00	-181,690.23	-2,124.97	149,492.56
IDX SMALL	112,907.92	5,592.05	-7,827.15	0.00	-98,077.83	39.24	12,634.23
VS RESTS	36,663.05	226.10	-552.53	0.00	-21,643.01	508.59	15,202.20
IDX MID	200,461.49	974.08	7,039.43	0.00	-42,365.98	0.00	166,109.02
JH MCGF	68,970.12	1,253.29	-4,820.30	0.00	-43,213.10	5,866.21	28,056.22
US SML CAP	21,144.59	185.34	-316.17	0.00	-15,285.87	-229.60	5,498.29
VS BLUCP	453,350.54	6,288.21	34,109.55	0.00	-226,678.18	752.99	267,823.11
GROWTH	262,913.55	2,249.87	3,133.99	0.00	-144,992.32	0.00	123,305.09
AF NEW PER	152,418.49	4,583.01	27,084.25	0.00	-21,023.02	0.00	163,062.73
LOAN SA 1	44,947.29	0.00	1,284.27	0.00	-43,652.19	-2,579.37	0.00
GRP TOTAL	12,538,583.87	307,669.96	984,852.83	0.00	-6,708,836.85	9,790.92	7,132,060.73

LOAN REPAYMENTS 2,579.40

Plan Administrator:
This report has been produced from records maintained by John Hancock.
While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt.
If you find any discrepancy or have any questions, please contact your Client Service Representative immediately at 1-800-333-0963 or FAX (866)377-9577. Thank you.

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.
CASH/LAST QUARTER ACCRUAL BASIS PRODUCTION DATE(R): JAN/05/2026