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
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1982

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)
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

250 PIERCE STREET, SUITE 301
KINGSTON, PA 18704

2b Employer Identification Number (EIN)
23-1955577

2c Plan Sponsor's telephone number
570-288-9386

2d Business code (see instructions)
813000

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	LAUREN CONWAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ANTHONY M. ORLANDO
	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**	143
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)**	117
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	101
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	130
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	130
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)**	129
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)**	129
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:

2A 2E 2F 2H 2J 2T 3D

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **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
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

D Employer Identification Number (EIN)
23-1955577

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	724765	129	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
0	1

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

N.A. FALCONE & ASSOCIATES, INC.
711 NORTH YORK ROAD, SUITE 200
WILLOW GROVE, PA 19020

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

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

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

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

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

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

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

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

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

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

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

(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	1519

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.	23-1955577	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH

13-5674085

(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?
28	INVESTMENT MANAGER	19125	Yes [X] No [ ]	Yes [X] No [ ]	189	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMAPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	2225	Yes [X] No [ ]	Yes [X] No [ ]	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 [ ]

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

D Employer Identification Number (EIN)
23-1955577

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: PRIN LGCP S& P 500 INDEX SA-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-016	P	1110

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S & P 600 INDEX SA-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-028	P	409

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
93-6274328-001	P	0

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
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

D Employer Identification Number (EIN)
23-1955577

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)	115470	75767
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1148	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53203	40037
(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)	426154	563222
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1114991	1113540
(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)	104431	134095
(9) Value of interest in common/collective trusts	1c(9)	4323	0
(10) Value of interest in pooled separate accounts	1c(10)	4952	1519
(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)	155338	201609
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4799	6315

		(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	1984809	2136104
Liabilities			
1g Benefit claims payable	1g	3629	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	750	375
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4379	375
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1980430	2135729

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)	225767	
(B) Participants	2a(1)(B)	57191	
(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)		282958
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)		
(E) Participant loans	2b(1)(E)	9298	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9298
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	42511	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4324	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46835
(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)		13
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		299
(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)		28327
c Other income	2c		151757
d Total income. Add all **income** amounts in column (b) and enter total	2d		519487
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	341240	
(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)		341240
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)	2320	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	19629	
(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)	999	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		364188
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		155299
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: KRONICK KALADA BERDY & CO. **(2)** EIN: 23-2667890

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		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

D Employer Identification Number (EIN)
23-1955577

Part I Distributions

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

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

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

EIN(s): 23-2653846 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702808A .

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

YEAR ENDED DECEMBER 31, 2025
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2024)

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

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(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2024)

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Kronick
Kalada
Berdy & Co.
A Professional Corporation

Certified Public Accountants

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Independent Auditors' Report

To the Board of Trustees, Plan Administrator, and Participants of the
Institute for Human Resources and Services, Inc. Retirement Plan
Kingston, Pennsylvania

Opinion

We have audited the financial statements of the Institute for Human Resources and Services, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Institute for Human Resources and Services, Inc. Retirement Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Institute for Human Resources and Services, Inc. Retirement 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

190 Lathrop Street, Kingston, PA 18704 Phone: 570-283-2727 Fax: 570-283-1670

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 Institute for Human Resources and Services, Inc. Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 Institute for Human Resources and Services, Inc. Retirement 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 Institute for Human Resources and Services, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i - Schedule of assets (held at end of year) and Schedule H, line 4j – Schedule of reportable transactions, as of or 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Kronick Kalada Berdy & Co

Kingston, Pennsylvania
October 7, 2026

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.
RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets:		
Investments at fair value	$ 1,926,242	$ 1,763,760
Receivables:		
Employer contributions	75,767	115,470
Notes receivable from participants	134,095	104,431
Other		1,148
Total receivables	209,862	221,049
Total assets	2,136,104	1,984,809
Liabilities	375	4,379
Net assets available for benefits	$ 2,135,729	$ 1,980,430

See notes to financial statements

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.
RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 46,835
Net appreciation in fair value of investments	180,396
Total investment income	227,231
Interest income from notes receivable from participants	9,298
Contributions:	
Participants	57,191
Employer	225,767
Total contributions	282,958
Total additions	519,487
Deductions from net assets attributed to:	
Benefits paid to participants	341,240
Administrative expenses	22,948
Total deductions	364,188
Net increase in net assets available for benefits	155,299
Net assets available for benefits, beginning of year	1,980,430
Net assets available for benefits, end of year	$ 2,135,729

See notes to financial statements

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2025
(WITH COMPARATIVE INFORMATION AT DECEMBER 31, 2024)

NOTE 1 Description of Plan

The following description of the Institute for Human Resources and Services, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 401(k) profit-sharing plan covering substantially all employees of the Institute for Human Resources and Services, Inc. (the "Company") who are at least 18 years of age, have completed 1,000 hours of service over eleven consecutive months from date of employment, except for union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were subject to good faith bargaining, unless the collective bargaining agreement requires the employee to be included within the Plan, certain nonresident aliens, and leased employees. In addition, in accordance with the SECURE 2.0 Act, long-term, part-time employees who attain age 21 and complete at least 500 hours of service in each of two consecutive 12-month periods are eligible to make elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Participants may make deferral contributions from their compensation up to the IRS limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan permits discretionary employer profit-sharing contributions. The Company may also elect, through a plan amendment and required participant notice, to make a nonelective safe harbor contribution for a particular Plan year. Employees are not automatically enrolled in the Plan's salary-deferral feature. However, eligible employees participate in employer contributions made for the year once they satisfy the Plan's eligibility and applicable allocation requirements, regardless of whether they elect to defer compensation. The employer contributions are invested in a pool of common stocks and bonds determined by the Plan Trustees. During the year ended December 31, 2025, the Company recognized $225,767 of profit-sharing contributions to the Plan. There were no employer safe harbor contributions for the year ended December 31, 2025. Contributions are subject to certain IRS limitations.

Participant accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company safe harbor, if any, and profit-sharing contributions, and allocations of the Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are 100% vested upon entering the Plan.

Payment of benefits
A participant is eligible to receive a distribution of his or her vested account balance upon termination of service due to death, disability, retirement or other reasons. The normal form of payment of benefits is a lump sum. The Plan also provides for in-service distributions to eligible participants of his or her vested account balance.

Notes receivable from participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's accounts and bear interest at a rate commensurate with local and prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

NOTE 2 Summary of significant accounting policies

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

Use of estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

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

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Trustees determine the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest 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 as well as held during the year.

Contributions

Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation. Discretionary employer profit-sharing and safe harbor contributions are accrued in the plan year to which they relate.

Nonparticipant-directed investments

All investment decisions relating to funds from employer safe harbor and discretionary profit-sharing contributions are at the direction of the Plan Trustees and investment advisor.

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2025	December 31, 2024
Net assets:		
Interest-bearing cash	$ 40,037	$ 53,203
Common stocks	1,113,540	1,114,991
Corporate bonds	392,027	430,953
U.S. Treasury securities	43,865	
Agency/GSE mortgage-backed securities	122,950	
State and municipal debt securities	10,695	
Employer contributions receivable	75,767	115,470
Notes receivable from participants	134,095	104,431
Other receivables		1,148
Other liabilities	(375)	(4,379)
	$ 1,932,601	$ 1,815,817

	Year Ended December 31, 2025
Changes in net assets:	
Contributions	$ 225,767
Interest and dividends	42,613
Net appreciation in fair value	154,899
Interest income from notes receivable from participants	9,298
Benefits paid to participants	(296,680)
Administrative expenses	(19,113)
	$ 116,784

Payment of benefits

Benefits are recorded when paid.

NOTE 3 Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment related expenses are included in net appreciation in fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

NOTE 4 Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs used in determining valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include

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

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

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

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

The valuation methodologies used for assets measured at fair value are as follows. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest-bearing cash (money market): Valued at principal value.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. Treasury securities: valued using evaluated prices based on observable market inputs, including quoted prices for similar securities, benchmark Treasury yields and market-corroborated data.

Agency/GSE mortgage-backed securities: valued using evaluated prices based on observable market inputs, including market prices for comparable securities, benchmark interest rates, market spreads, and observable prepayment assumptions.

State and municipal debt securities: valued using evaluated prices based on observable market inputs, including municipal yield curves, reported transactions, credit spreads, credit quality, coupon rates, maturities, and call provisions.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued based on the unit values of such pooled accounts held by the Plan. Unit values are based on the fair value of the underlying assets, which primarily consist of common stocks with observable market data. The redemption frequency of these accounts is daily, and there are no redemption restrictions or unfunded commitments relating to the Plan's investments in them.

Stable value fund: Valued at the net asset value, as reported by the trustee, based on the number of units held by the Plan. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The redemption frequency of this fund is daily, and there are no redemption restrictions or unfunded commitments relating to the Plan's investment in the fund.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 40,037			$ 40,037
Common stocks	1,113,540			1,113,540
Corporate bonds		$ 392,027		392,027
U.S. Treasury securities		43,865		43,865
Agency/GSE mortgage-backed securities		122,950		122,950
State and municipal debt securities		10,695		10,695
Mutual funds	201,609			201,609
Pooled separate accounts		1,519		1,519
Investments at fair value	$ 1,355,186	$ 571,056		$ 1,926,242

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash (money market)	$ 53,203			$ 53,203
Common stocks	1,114,991			1,114,991
Corporate bonds		$ 430,953		430,953
Mutual funds	155,338			155,338
Pooled separate accounts		4,952		4,952
Total assets in the fair value hierarchy	1,323,532	435,905		1,759,437
Investments measured at net asset value (a)				
Stable value fund				4,323
Investments at fair value	$ 1,323,532	$ 435,905		$ 1,763,760

(a) An investment measured at fair value using the net asset value per share expedient has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The Plan's policy is to recognize transfers of investments into or out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2025, there were no transfers of investments into or out of Level 3. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

NOTE 5 Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all interests of participants will continue to be 100% vested in their accounts.

NOTE 6 Related party and party-in-interest transactions

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The following transactions represent party in interest transactions to the Plan.

- Investments: Investment options include offerings from Principal Financial Group, the recordkeeper. The fair value of these investments was $5,400 and $11,984 at December 31, 2025 and 2024.

- Notes receivable from participants: The Plan accepts and services loans to Plan participants as described in Note 1. Notes receivable from participants totaled $134,095 and $104,431 as of December 31, 2025 and 2024.

- Administrative fees: Administrative fees, including amounts paid to the custodian, were $22,948 for the year ended December 31, 2025. The Company may pay certain fees and expenses of the Plan.

Certain Plan investments are managed by Principal Financial Group ("Principal"), the recordkeeper of the Plan. Principal receives revenue from mutual fund service providers for services it provides to the funds. This revenue is used to offset certain amounts owed to Principal for its administrative services to the Plan.

A third-party custodian held the Plan's assets and administrative expenses were incurred for its services. The custodian invests cash received, reinvests investment income, and liquidates investments for distributions to participants.

A third-party administrator provides administrative, compliance, and consulting services to the Plan. Its fees are paid by the Company.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 Tax status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is currently being

operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 SECURE 2.0 Act

The SECURE 2.0 Act was signed into law in December 2022. SECURE 2.0 builds on changes made by the SECURE Act of 2019. The Plan document is being amended to meet the applicable provisions of the act in accordance with the required timeline.

NOTE 9 Subsequent events

The Plan has evaluated subsequent events through October 7, 2026, which is the date these financial statements were available to be issued.

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
THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1982

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)

THE INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC.

250 PIERCE STREET, SUITE 301

KINGSTON PA 18704

2b Employer Identification Number (EIN) 23-1955577

2c Plan Sponsor's telephone number 570-288-9386

2d Business code (see instructions) 813000

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 [signature] Signature of plan administrator	x 10/14/26 Date	Lauren Conway Enter name of individual signing as plan administrator
SIGN HERE	x [signature] Signature of employer/plan sponsor	x 10/14/26 Date	Anthony M Orlando 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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	143
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)**	117
a(2) Total number of active participants at the end of the plan year	**6a(2)**	101
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	130
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	130
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)**	129
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)**	129
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:
2A 2E 2F 2H 2J 2T 3D

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **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_____

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
BlackRock	BLF FedFund Cash Reserve	$ 1,096,958				$ 1,096,958	$ 1,096,958	$ -
BlackRock	BLF FedFund Cash Reserve		$ 1,108,748			$ 1,108,748	$ 1,108,748	$ -

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Interest-bearing cash:			
	Cash	Cash	$ 1,782	$ 1,782
	BLF FedFund Cash Reserve	Money market	28,084	28,084
	Federated Hermes Govt Obligations Fund	Money market	10,171	10,171
			40,037	40,037
	Common stocks:			
	ABB Ltd ADR	Common stock	1,562	2,663
	Abbott Laboratories	Common stock	8,284	9,146
	AbbVie Inc	Common stock	3,901	4,570
	Accenture PLC	Common stock	7,505	6,439
	AES Corp	Common stock	1,281	946
	AIA Group Ltd	Common stock	2,275	2,503
	Airbnb Inc Class A	Common stock	2,106	2,172
	Airbus SE	Common stock	3,168	4,112
	Akamai Technologies Inc	Common stock	2,308	2,094
	Albany International Corp Class A	Common stock	1,503	862
	Albemarle Corp	Common stock	2,789	2,687
	Allstate Corp	Common stock	5,227	5,828
	Alnylam Pharmaceuticals Inc	Common stock	751	1,193
	Alphabet Inc Class C	Common stock	5,778	10,042
	Alphabet Inc Class A	Common stock	7,775	10,329
	Amadeus IT Group SA	Common stock	1,674	1,837
	Amazon.com Inc	Common stock	15,392	19,389
	American Express Co	Common stock	6,416	8,879
	AMETEK Inc	Common stock	1,577	1,848
	Amgen Inc	Common stock	2,005	2,291
	Analog Devices Inc	Common stock	11,521	13,289
	Anheuser-Busch InBev ADR	Common stock	1,556	1,729
	Aon PLC	Common stock	6,417	6,705
	Apple Inc	Common stock	15,364	18,758
	AppLovin Corp	Common stock	1,428	2,695
	Archrock Inc	Common stock	2,533	3,669
	Ares Management Corp	Common stock	1,212	1,131
	Arrow Electronics Inc	Common stock	2,189	2,093
	ASML Holding NV	Common stock	6,956	8,559
	AstraZeneca PLC ADR	Common stock	5,398	6,435
	AT&T Inc	Common stock	12,920	12,072
	Atmos Energy Corp	Common stock	1,911	2,012
	Autodesk Inc	Common stock	2,907	3,552
	Avantor Inc	Common stock	1,795	1,387
	Barrick Mining Corp	Common stock	1,215	1,219
	BeOne Medicines Ltd	Common stock	1,031	1,519
	Bio-Rad Laboratories Inc Class A	Common stock	2,775	2,424
	BlackRock Inc	Common stock	13,495	13,914

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Boeing Co	Common stock	7,688	8,902
	BorgWarner Inc	Common stock	2,184	2,659
	Box Inc Class A	Common stock	2,448	2,662
	Broadcom Inc	Common stock	20,819	30,111
	Builders FirstSource Inc	Common stock	1,191	720
	BXP Inc	Common stock	2,271	2,227
	Cabot Corp	Common stock	1,956	1,657
	CACI International Inc Class A	Common stock	2,339	2,131
	Caterpillar Inc	Common stock	9,896	11,457
	CBRE Group Inc	Common stock	3,171	4,341
	Centene Corp	Common stock	2,302	1,646
	CF Industries Holdings Inc	Common stock	2,960	3,094
	Charles River Laboratories International	Common stock	2,935	2,793
	Chipotle Mexican Grill Inc	Common stock	1,611	1,036
	Chubb Ltd	Common stock	4,408	5,930
	Cigna Group	Common stock	12,845	11,835
	Cintas Corp	Common stock	1,432	1,881
	Cirrus Logic Inc	Common stock	2,331	2,844
	Citigroup Inc	Common stock	3,041	6,185
	Comcast Corp Class A	Common stock	1,542	1,106
	CONMED Corp	Common stock	2,180	1,056
	ConocoPhillips	Common stock	8,153	7,208
	Constellation Energy Corp	Common stock	1,733	2,120
	COPT Defense Properties	Common stock	1,487	1,585
	CRH PLC	Common stock	4,277	5,242
	CrowdStrike Holdings Inc	Common stock	3,171	6,094
	CSX Corp	Common stock	6,159	6,271
	D.R. Horton Inc	Common stock	2,257	2,160
	Danaher Corp	Common stock	1,386	1,374
	Danone ADR	Common stock	2,109	2,922
	Darden Restaurants Inc	Common stock	2,286	2,576
	DBS Group Holdings ADR	Common stock	2,652	3,688
	Deutsche Bank AG	Common stock	1,796	2,815
	Digital Realty Trust Inc	Common stock	5,307	5,260
	DocuSign Inc	Common stock	1,130	821
	Dominion Energy Inc	Common stock	7,287	7,675
	Doximity Inc Class A	Common stock	826	974
	DSV A/S ADR	Common stock	1,915	2,148
	Duke Energy Corp	Common stock	6,266	7,267
	East West Bancorp Inc	Common stock	1,920	2,360
	Eastman Chemical Co	Common stock	2,158	1,596
	Eaton Corp PLC	Common stock	9,303	9,874
	Elevance Health Inc	Common stock	3,527	4,207
	e.l.f. Beauty Inc	Common stock	734	760
	Eli Lilly & Co	Common stock	4,078	5,373

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	EMCOR Group Inc	Common stock	1,252	1,224
	Emerson Electric Co	Common stock	5,665	6,105
	Engie SA	Common stock	1,964	2,837
	Epiroc AB ADR	Common stock	1,422	1,579
	Equifax Inc	Common stock	4,493	4,557
	Equinix Inc	Common stock	2,244	2,298
	EssilorLuxottica SA	Common stock	1,375	1,743
	Exxon Mobil Corp	Common stock	17,940	19,014
	FedEx Corp	Common stock	1,611	1,733
	FirstCash Holdings Inc	Common stock	1,751	2,709
	FormFactor Inc	Common stock	2,167	2,845
	Freeport-McMoRan Inc	Common stock	5,926	6,704
	Fujitsu Ltd ADR	Common stock	2,089	3,380
	GATX Corp	Common stock	2,804	3,562
	GE Aerospace	Common stock	4,946	6,777
	GE Vernova Inc	Common stock	1,783	3,268
	General Dynamics Corp	Common stock	8,906	10,773
	Gilead Sciences Inc	Common stock	5,968	7,119
	HEICO Corp Class A	Common stock	1,642	2,272
	Hewlett Packard Enterprise Co	Common stock	6,291	7,662
	Hexcel Corp	Common stock	2,454	2,734
	Hilton Worldwide Holdings Inc	Common stock	2,269	2,585
	Hitachi Ltd ADR	Common stock	1,356	1,342
	Hologic Inc	Common stock	2,775	2,756
	Home Depot Inc	Common stock	4,125	3,785
	Honeywell International Inc	Common stock	1,288	1,301
	Hong Kong Exchanges and Clearing Ltd	Common stock	991	1,199
	Houlihan Lokey Inc	Common stock	2,772	3,310
	HP Inc	Common stock	2,483	1,805
	HubSpot Inc	Common stock	1,931	1,605
	Huntington Ingalls Industries Inc	Common stock	3,177	4,421
	IDEXX Laboratories Inc	Common stock	1,457	2,030
	Illinois Tool Works Inc	Common stock	4,268	4,187
	Industria de Diseño Textil SA	Common stock	1,863	2,706
	Ingersoll Rand Inc	Common stock	1,884	1,584
	Insperity Inc	Common stock	2,486	929
	Insulet Corp	Common stock	1,313	1,421
	International Business Machines Corp	Common stock	5,721	7,405
	Intuit Inc	Common stock	2,511	2,650
	Intuitive Surgical Inc	Common stock	1,937	2,832
	ITOCHU Corp ADR	Common stock	1,244	1,517
	Johnson & Johnson	Common stock	4,196	5,381
	Johnson Controls International PLC	Common stock	1,782	2,874
	JPMorgan Chase & Co	Common stock	20,602	30,611
	Keyence Corp	Common stock	1,713	1,450

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Kimberly-Clark Corp	Common stock	4,175	4,036
	Kinder Morgan Inc	Common stock	6,648	6,982
	KKR & Co Inc Class A	Common stock	5,143	6,501
	KLA Corp	Common stock	6,917	9,721
	L'Oréal SA ADR	Common stock	2,375	2,227
	Liberty Media Corp	Common stock	999	1,281
	Linde PLC	Common stock	1,279	1,279
	London Stock Exchange Group PLC	Common stock	2,461	2,568
	Lowe's Companies Inc	Common stock	4,677	5,064
	LVMH Moët Hennessy ADR	Common stock	1,754	1,810
	L3Harris Technologies Inc	Common stock	1,530	2,055
	Marriott International Inc Class A	Common stock	6,314	8,066
	Marsh & McLennan Cos Inc	Common stock	8,330	7,977
	Mastercard Inc	Common stock	2,393	2,854
	McDonald's Corp	Common stock	4,916	4,890
	McKesson Corp	Common stock	6,675	9,023
	MDU Resources Group Inc	Common stock	2,695	2,694
	Medtronic PLC	Common stock	5,536	6,052
	Meta Platforms Inc	Common stock	17,210	19,143
	Microsoft Corp	Common stock	19,056	20,796
	Middleby Corp	Common stock	2,507	2,676
	Mondelez International Inc	Common stock	4,909	3,822
	Monolithic Power Systems Inc	Common stock	1,739	2,719
	Monster Beverage Corp	Common stock	1,557	2,070
	Moog Inc Class A	Common stock	2,619	4,140
	Morgan Stanley	Common stock	3,756	6,391
	Munich Re ADR	Common stock	2,529	2,678
	Nasdaq Inc	Common stock	5,036	7,090
	Natera Inc	Common stock	1,616	2,062
	Nestlé SA ADR	Common stock	2,049	1,976
	Netflix Inc	Common stock	4,521	6,188
	Nintendo Co Ltd ADR	Common stock	1,101	894
	Northrop Grumman Corp	Common stock	2,866	3,421
	Novo Nordisk A/S ADR	Common stock	3,424	2,340
	NVIDIA Corp	Common stock	18,502	23,686
	NXP Semiconductors NV	Common stock	5,689	5,861
	ON Semiconductor Corp	Common stock	2,897	2,166
	Oracle Corp	Common stock	1,085	780
	PACCAR Inc	Common stock	6,956	7,337
	Palantir Technologies Inc	Common stock	1,728	1,955
	Palo Alto Networks Inc	Common stock	3,374	3,868
	Papa John's International Inc	Common stock	1,778	1,309
	PayPal Holdings Inc	Common stock	1,923	1,693
	PENN Entertainment Inc	Common stock	952	738
	PepsiCo Inc	Common stock	7,848	6,889

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	PG&E Corp	Common stock	1,595	1,478
	Philip Morris International Inc	Common stock	2,382	3,368
	Pinterest Inc	Common stock	1,637	1,243
*	Principal Financial Group Inc	Common stock	3,705	3,881
	Progressive Corp	Common stock	9,141	10,475
	Prologis Inc	Common stock	7,250	7,404
	Public Service Enterprise Group Inc	Common stock	7,352	7,147
	QIAGEN NV	Common stock	2,253	2,293
	Qualcomm Inc	Common stock	66	79
	Raymond James Financial Inc	Common stock	3,087	4,015
	Realty Income Corp	Common stock	4,534	4,510
	Reinsurance Group of America Inc	Common stock	2,981	3,662
	Republic Services Inc	Common stock	2,206	2,755
	Roblox Corp Class A	Common stock	941	567
	Rolls-Royce Holdings PLC ADR	Common stock	1,933	3,789
	Royal Caribbean Group	Common stock	1,493	3,068
	RTX Corp	Common stock	9,903	14,305
	RWE AG ADR	Common stock	2,179	2,719
	Ryanair Holdings PLC	Common stock	1,124	1,805
	Ryder System Inc	Common stock	2,281	3,636
	S&P Global Inc	Common stock	4,019	4,181
	Safran SA ADR	Common stock	3,842	6,006
	Salesforce Inc	Common stock	1,591	1,325
	SAP SE	Common stock	2,531	2,672
	SBA Communications Corp	Common stock	2,610	2,321
	Seagate Technology Holdings PLC	Common stock	1,869	3,029
	ServiceNow Inc	Common stock	2,456	2,298
	Sherwin-Williams Co	Common stock	1,450	1,620
	Shin-Etsu Chemical Co ADR	Common stock	2,063	1,814
	Simon Property Group Inc	Common stock	6,834	7,590
	A.O. Smith Corp	Common stock	2,880	2,742
	Snap-on Inc	Common stock	2,742	3,446
	Snowflake Inc	Common stock	1,377	1,755
	Sonoco Products Co	Common stock	2,228	1,746
	Sony Group Corp	Common stock	1,316	1,152
	Southern Co	Common stock	5,842	6,802
	Starbucks Corp	Common stock	1,099	1,011
	Standard Chartered PLC ADR	Common stock	1,506	2,572
	Synchrony Financial	Common stock	5,373	7,008
	Synopsys Inc	Common stock	3,332	3,288
	Taiwan Semiconductor Mfg ADR	Common stock	6,546	9,724
	TC Energy Corp	Common stock	1,676	2,310
	TDK Corp ADR	Common stock	1,115	1,325
	TE Connectivity PLC	Common stock	2,787	4,095
	Teledyne Technologies Inc	Common stock	3,158	3,575

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Tesla Inc	Common stock	2,606	3,598
	Thermo Fisher Scientific Inc	Common stock	2,738	2,897
	TJX Cos Inc	Common stock	8,810	11,060
	TKO Group Holdings Inc	Common stock	841	1,463
	TotalEnergies SE	Common stock	2,732	2,813
	TPG Inc Class A	Common stock	2,437	2,745
	Tractor Supply Co	Common stock	1,300	1,150
	Truist Financial Corp	Common stock	6,602	7,726
	Uber Technologies Inc	Common stock	1,441	2,043
	UniCredit SpA ADR	Common stock	1,682	2,405
	Union Pacific Corp	Common stock	4,990	4,858
	United Rentals Inc	Common stock	2,765	2,428
	UnitedHealth Group Inc	Common stock	1,973	1,320
	Valmont Industries Inc	Common stock	2,447	3,219
	Vertex Pharmaceuticals Inc	Common stock	4,485	4,987
	Visa Inc Class A	Common stock	9,295	11,924
	Vistra Corp	Common stock	945	807
	W.W. Grainger Inc	Common stock	2,278	3,027
	Walmart Inc	Common stock	2,286	2,562
	Webster Financial Corp	Common stock	2,120	2,769
	WEC Energy Group Inc	Common stock	1,845	2,109
	Wells Fargo & Co	Common stock	14,890	17,708
	Welltower Inc	Common stock	1,895	2,413
	WEX Inc	Common stock	2,454	1,937
	Williams Companies Inc	Common stock	5,749	6,853
	Wintrust Financial Corp	Common stock	2,427	2,517
	Woodward Inc	Common stock	2,803	5,744
	Xcel Energy Inc	Common stock	6,359	6,868
			957,728	1,113,540
	Corporate bonds:			
	Lockheed Martin Corp	3.550% Jan 15, 2026; par $3,000	3,003	3,000
	Virginia Electric & Power Co	3.150% Jan 15, 2026; par $3,000	2,919	2,999
	Berkshire Hathaway Inc	3.125% Mar 15, 2026; par $3,000	3,003	2,995
	PepsiCo Inc	2.375% Oct 6, 2026; par $3,000	3,008	2,970
	Aflac Inc	2.875% Oct 15, 2026; par $3,000	2,984	2,976
	PNC Financial Services Group Inc	Variable rate Jan 26, 2027; par $3,000	3,002	3,001
	BlackRock Inc	3.200% Mar 15, 2027; par $3,000	3,035	2,982
	Costco Wholesale Corp	3.000% May 18, 2027; par $3,000	2,953	2,978
	Wells Fargo & Co	4.300% Jul 22, 2027; par $3,000	3,063	3,012
	Alphabet Inc	0.800% Aug 15, 2027; par $4,000	3,599	3,826
	Johnson & Johnson	2.900% Jan 15, 2028; par $3,000	2,867	2,960
	Consolidated Edison Co of NY	3.800% May 15, 2028; par $3,000	3,007	2,992
	General Motors Financial Co	5.800% Jun 23, 2028; par $4,000	4,136	4,145

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	SM Energy Co	6.500% Jul 15, 2028; par $4,000	4,033	4,043
	Commonwealth Edison Co	First mortgage 3.700% Aug 15, 2028; par $3,000	2,986	2,988
	Home Depot Inc	3.900% Dec 6, 2028; par $3,000	3,186	3,011
	Realty Income Corp	4.700% Dec 15, 2028; par $3,000	3,006	3,058
	GM Financial ABS 2024	4.850% Dec 18, 2028; remaining principal $3,315	3,336	3,336
	Crown Castle International Corp	4.300% Feb 15, 2029; par $4,000	3,991	3,989
	Pfizer Inc	3.450% Mar 15, 2029; par $3,000	3,019	2,965
	United Parcel Service Inc	3.400% Mar 15, 2029; par $4,000	3,704	3,940
	Kimberly-Clark Corp	3.200% Apr 25, 2029; par $3,000	3,014	2,927
	U.S. Bancorp	Variable rate Jun 12, 2029; par $4,000	4,162	4,158
	Verizon Master ABS 2023	5.160% Jun 20, 2029; par $4,000	4,030	4,023
	American Express Co	Floating rate Jul 20, 2029; par $4,000	4,008	4,003
	Enterprise Products Operating	3.125% Jul 31, 2029; par $3,000	2,798	2,909
	Bank of New York Mellon Corp	3.300% Aug 23, 2029; par $3,000	2,849	2,914
	MGM Resorts International	6.125% Sep 15, 2029; par $4,000	4,088	4,111
	CarMax Auto Owner Trust 2024	4.600% Oct 15, 2029; par $8,000	8,085	8,085
	Equinix Inc	3.200% Nov 18, 2029; par $4,000	3,858	3,840
	Morgan Stanley	Variable rate Jan 23, 2030; par $4,000	4,037	4,022
	Truist Financial Corp	Variable rate Jan 24, 2030; par $4,000	4,126	4,141
	SLM Corp	6.500% Jan 31, 2030; par $4,000	4,137	4,140
	Goldman Sachs Group Inc	2.600% Feb 7, 2030; par $4,000	3,651	3,759
	Regal Rexnord Corp	6.300% Feb 15, 2030; par $4,000	4,226	4,239
	Prologis LP	2.250% Apr 15, 2030; par $4,000	3,620	3,711
	Campbell Soup Co	2.375% Apr 24, 2030; par $4,000	3,681	3,678
	Boeing Co	5.150% May 1, 2030; par $4,000	4,133	4,110
	Camden Property Trust	2.800% May 15, 2030; par $4,000	3,710	3,775
	Qualcomm Inc	2.150% May 20, 2030; par $3,000	2,634	2,763
	Applied Materials Inc	1.750% Jun 1, 2030; par $4,000	3,426	3,618
	Delta Air Lines Inc	5.250% Jul 10, 2030; par $4,000	4,091	4,110
	Navient Corp	9.375% Jul 25, 2030; par $4,000	4,407	4,445
	CommonSpirit Health	4.352% Sep 1, 2030; par $4,000	4,008	3,983
	HCA Inc	3.500% Sep 1, 2030; par $4,000	3,853	3,847
	NuStar Logistics LP	6.375% Oct 1, 2030; par $4,000	4,150	4,210
	Celanese US Holdings LLC	6.550% Nov 15, 2030; par $4,000	4,095	4,215
	American Honda Finance Corp	1.800% Jan 13, 2031; par $3,000	2,981	2,648
	Ally Financial Inc	Variable rate Jan 17, 2031; par $2,000	2,040	2,046
	Anheuser-Busch InBev Worldwide	4.900% Jan 23, 2031; par $3,000	3,001	3,108
	JPMorgan Chase & Co	Variable rate May 13, 2031; par $3,000	3,063	2,830

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	TJX Cos Inc	1.600% May 15, 2031; par $3,000	2,891	2,634
	Waste Management Inc	4.950% Jul 3, 2031; par $3,000	2,997	3,105
	Ford Motor Co	7.450% Jul 16, 2031; par $4,000	4,422	4,422
	Occidental Petroleum Corp	7.875% Sep 15, 2031; par $4,000	4,566	4,574
	BP Capital Markets America Inc	2.721% Jan 12, 2032; par $4,000	3,436	3,643
	Sonoco Products Co	2.850% Feb 1, 2032; par $5,000	4,501	4,508
	Broadcom Inc	4.550% Feb 15, 2032; par $4,000	4,019	4,011
	Hyatt Hotels Corp	5.750% Mar 30, 2032; par $4,000	4,190	4,191
	Boston Properties LP	2.550% Apr 1, 2032; par $5,000	4,352	4,362
	Amazon.com Inc	3.600% Apr 13, 2032; par $4,000	3,696	3,878
	KLA Corp	4.650% Jul 15, 2032; par $3,000	2,944	3,044
	Meta Platforms Inc	3.850% Aug 15, 2032; par $4,000	3,705	3,880
	Murphy Oil Corp	6.000% Oct 1, 2032; par $4,000	3,945	3,996
	Citigroup Inc	Variable rate Nov 3, 2032; par $4,000	3,130	3,584
	Toyota Motor Credit Corp	4.700% Jan 12, 2033; par $3,000	2,868	3,038
	Target Corp	4.400% Jan 15, 2033; par $3,000	2,875	2,999
	CVS Health Corp	5.250% Feb 21, 2033; par $4,000	4,136	4,118
	Air Products & Chemicals Inc	4.800% Mar 3, 2033; par $3,000	2,947	3,059
	Rio Tinto Finance USA PLC	5.000% Mar 9, 2033; par $3,000	3,034	3,080
	Diamondback Energy Inc	6.250% Mar 15, 2033; par $4,000	4,342	4,310
	Charter Communications Operating	4.400% Apr 1, 2033; par $4,000	3,803	3,768
	Marsh & McLennan Cos Inc	5.400% Sep 15, 2033; par $3,000	3,053	3,151
	American Tower Corp	5.900% Nov 15, 2033; par $4,000	4,280	4,272
	Energy Transfer LP	6.550% Dec 1, 2033; par $4,000	4,367	4,384
	PNC Financial Services Group Inc	Variable rate Jan 24, 2034; par $4,000	4,121	4,093
	Thermo Fisher Scientific Inc	5.200% Jan 31, 2034; par $4,000	4,028	4,172
	Cummins Inc	5.150% Feb 20, 2034; par $3,000	3,010	3,106
	Chubb INA Holdings Inc	5.000% Mar 15, 2034; par $4,000	3,868	4,091
	JBS USA Holding/Food/Lux Co	6.750% Mar 15, 2034; par $4,000	4,411	4,419
	Newmont Corp / Newcrest Finance	5.350% Mar 15, 2034; par $4,000	4,001	4,181
	PACCAR Financial Corp	5.000% Mar 22, 2034; par $4,000	3,927	4,135
	Discover Financial Services	Variable rate Nov 2, 2034; par $4,000	4,721	4,716
	Republic Services Inc	5.200% Nov 15, 2034; par $4,000	4,119	4,142
	ConocoPhillips Co	5.000% Jan 15, 2035; par $3,000	2,917	3,042
	Expand Energy Corp	5.700% Jan 15, 2035; par $4,000	4,120	4,139
	Truist Financial Corp	Variable rate Jan 24, 2035; par $4,000	4,033	4,208
	Huntington Bancshares Inc	Variable rate Feb 2, 2035; par $4,000	4,170	4,178

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

EIN: 23-1955577 PN 001

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Piedmont Natural Gas Co	5.100% Feb 15, 2035; par $3,000	2,920	3,044
	Honeywell International Inc	5.000% Mar 1, 2035; par $3,000	2,939	3,056
	Prudential Financial Inc	5.200% Mar 14, 2035; par $3,000	2,981	3,077
	AbbVie Inc	4.500% May 14, 2035; par $3,000	2,819	2,944
	Royal Caribbean Cruises Ltd	5.375% Jan 15, 2036; par $4,000	4,085	4,017
	Teva Pharmaceutical Finance LLC	6.150% Feb 1, 2036; par $4,000	4,215	4,200
	United Airlines 2024-1 Pass-Through Trust	Series AA; yield 5.293%	3,991	3,976
	JPMorgan Chase & Co	Variable rate Apr 22, 2042; par $5,000	3,982	3,884
	Amgen Inc	5.600% Mar 2, 2043; par $4,000	4,068	4,022
	Microsoft Corp	2.525% Jun 1, 2050; par $6,000	3,822	3,663
	Verizon Communications Inc	3.550% Mar 22, 2051; par $5,000	3,743	3,549
	Dominion Energy Inc	Variable rate Jun 1, 2054; par $4,000	4,347	4,331
	Exelon Corp	Variable rate Mar 15, 2055; par $4,000	4,172	4,162
	Citigroup Inc	Variable rate perpetual; par $4,000	4,263	4,194
	Goldman Sachs Group Inc	Variable rate perpetual; par $4,000	4,243	4,160
	Wells Fargo & Co	Variable rate perpetual; par $4,000	4,324	4,266
	Accrued interest	Accrued interest	6,315	6,315
			388,976	392,027
	U.S. Treasury securities:			
	U.S. Treasury	3.500% Feb 15, 2039; par $5,000	4,586	4,556
	U.S. Treasury	2.250% May 15, 2041; par $5,000	3,705	3,678
	U.S. Treasury	3.875% Feb 15, 2043; par $9,000	8,266	8,096
	U.S. Treasury	3.125% May 15, 2048; par $16,000	12,547	12,152
	U.S. Treasury	3.625% Feb 15, 2053; par $19,000	16,198	15,383
			45,302	43,865
	Agency/GSE mortgage-backed securities:			
	FNMA Pool PCA3666	4.000% 2049; remaining principal $28,695	27,691	27,803
	FNMA Pool PFM7680	3.500% 2051; remaining principal $24,642	23,271	23,325
	FHLMC Pool SD 2319	4.500% 2053; remaining principal $21,206	20,819	20,964
	GNMA Pool PMA8874M	3.000% 2053; remaining principal $13,541	12,423	12,348
	FNMA Pool PMA5072	5.500% 2053; remaining principal $17,041	17,247	17,344
	FNMA Pool PFS6456	6.000% 2053; remaining principal $10,660	11,110	11,154
	FHLMC Pool RJ 1977	6.500% 2054; remaining principal $9,536	10,031	10,012
			122,592	122,950

INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC. RETIREMENT PLAN

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	State and municipal debt securities:			
	State of California	7.550% Apr 1, 2039; par $5,000	6,106	6,068
	Miami-Dade County, Florida	4.280% Oct 1, 2041; par $5,000	4,647	4,627
			10,753	10,695
	Mutual funds:			
	Fidelity Mid Cap Index Fund	Mutual fund	N/R	453
	Vanguard Total International Stock Index Fund	Mutual fund	N/R	490
	BlackRock LifePath Index 2030 Fund	Mutual fund	N/R	17,768
	BlackRock LifePath Index 2035 Fund	Mutual fund	N/R	9,256
	BlackRock LifePath Index 2040 Fund	Mutual fund	N/R	17,441
	BlackRock LifePath Index 2045 Fund	Mutual fund	N/R	2,710
	BlackRock LifePath Index 2050 Fund	Mutual fund	N/R	53,702
	BlackRock LifePath Index 2055 Fund	Mutual fund	N/R	88,431
	BlackRock LifePath Index 2065 Fund	Mutual fund	N/R	11,358
				201,609
	Pooled separate accounts:			
*	Principal Global Investors - Principal LargeCap S&P 500 Index Separate Account-Z	Pooled separate account	N/R	1,108
*	Principal Global Investors - Principal SmallCap S&P 600 Index Separate Account-Z	Pooled separate account	N/R	411
				1,519
*	Participant loans	Interest rates: 5.25% - 9.50%, account balances pledged as collateral, maturing 2026 - 2030	$0	134,095
		Total		$ 2,060,337

* A party-in-interest, as defined by ERISA

N/R Cost omitted for participant-directed investments