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
- [X] 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:
- [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
DECISIONHR RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1998

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)
DECISIONHR, INC.

PO BOX 33024
ST. PETERSBURG, FL 33733-8024

2b Employer Identification Number (EIN)
59-3405686

2c Plan Sponsor's telephone number
727-456-5006

2d Business code (see instructions)
561300

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	CHRISTOPHER WELCOMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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**	10849
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)**	9616
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11097
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	1740
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12839
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	12843
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)**	2684
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)**	3796
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	420
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 2G 2J 2K 2R 2S 2T 2V 3D 3H

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)	[ ] Insurance	**(1)**	[ ] 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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
DECISIONHR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
59-3405686

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)

AMERITAS LIFE INSURANCE CORP

47-0098400

(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?
12 13 14 15 17 37 38 49 50 64 65 99	NONE	396341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BALDWIN GROUP WEALTH ADVISORS,

47-5476782

(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?
17 26 27 50 51 99	NONE	110572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(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?
10 50	NONE	29318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHARLES SCHWAB BANK

82-3967259

(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?
19 33 37 50 62 71	NONE	7151	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

(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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
FEDERATED FUNDS 25-1111467	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

(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

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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 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
DECISIONHR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
59-3405686

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	412407	2507100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1378091	1252149
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	904665	980161
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	64040051	87806312
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	213299	545508

		(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	66948513	93091230
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	66948513	93091230

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)	2942628	
(B) Participants	2a(1)(B)	8657024	
(C) Others (including rollovers)	2a(1)(C)	505542	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12105194
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20631	
(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)	63883	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84514
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3546384	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3546384
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		8022093
c Other income	2c		8
d Total income. Add all **income** amounts in column (b) and enter total	2d		23758193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7361395	
(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)		7361395
f Corrective distributions (see instructions)	2f		159231
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)	396341	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29318	
(5) Investment advisory and investment management fees	2i(5)	110572	
(6) Bank or trust company trustee/custodial fees	2i(6)	7151	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		543382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8064008
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15694185
l Transfers of assets:			
(1) To this plan	2l(1)		14672040
(2) From this plan	2l(2)		4223508

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		5000000
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)
FOURTH RETIREMENT SAVINGS PLAN	20-2273417	333
HAH HOLDINGS, LLC 401(K) PLAN	61-1766004	001
BREAD LOS ANGELES 401(K) PLAN	51-0477017	001
OASIS LEISURE GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	93-4527200	001

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 _____.

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)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
VENSURE RETIREMENT PLAN	39-2377547	016

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
DECISIONHR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
59-3405686

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): 82-3967259

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 Q702939A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 DECISIONHR RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF DECISIONHR, INC.	**D** Administrator's EIN 59-3405686

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
23 1/2 HOUR HOME SERVICES, INC	35-2211549	0.00	0
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
24/7 RESTAURANT GROUP, LLC	26-1105173	0.00	531342

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
5 SECURITY	86-3248923	0.00	70119
54 REALTY GROUP	45-4473370	0.00	87474
88 MPH HOLDINGS	87-2685471	0.00	288763
A CONCIERGE HOMECARE	82-1885081	0.00	57885
ADELPHI STAFFING LLC	81-4797062	0.00	453910
ADVANCE TOOL COMPANY, INC.	59-2482493	0.00	269831
AFTER BEFORE CREATIONS, INC	82-0573385	0.00	648
AGAPE NURSERY AND LANDSCAPING INC	47-1690121	0.00	4403
ALEXANDER AIR CONDITIONER, INC.	20-3308146	0.00	243013

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL CARE MEDICAL CONSULTANTS, PA	59-3644247	0.00	497804
ALL CITY RECYCLING,LLC	83-0440562	0.01	1654895
ALLAN SPEAR CONSTRUCTION	20-2735318	0.00	12842
ALLBOXES DIRECT LLC	11-3446822	0.00	342065
ALLPOINTS WAREHOUSING EQUIPMENT COMPANY	38-3002533	0.00	12566
ALLWOOD STILLWELL STAIRS & RAILS INC	58-2564399	0.00	0
ALMAR SALES COMPANY, INC.	13-2543498	0.00	24547
ALOHA RESTAURANTS	33-0742324	0.00	389691
ALTA STANDARD BUILDERS, INC.	46-4875991	0.00	28137

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN VASCULAR ACCESS, LLC	02-6258965	0.02	1344839
AMERIKOOLER, INC.	59-3405686	0.00	1
AMPHISTA THERAPEUTICS INC	99-4083151	0.00	68322
AMPUTATION PREVENTION CENTER OF NORTH CAROLINA	84-4464066	0.00	53317
ANCHORSTRONG CONSTRUCTION, INC.	46-3451831	0.00	286
AR INTERNATIONAL ENTERPRISES, INC.	65-1131379	0.00	7
ARBOR CAPITAL PARTNERS, LLC	47-1401923	0.00	0
ARBORPOLITAN, INC.	27-1038408	0.00	36407
ARRIAGA USA, INC.	54-2097464	0.00	237236

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B&B MECHANICAL PLUMBING & HEATING LLC	46-2179506	0.00	28841
BARLOW TRUCK LINES INC	43-1156543	0.00	2140845
BAY AREA METRO, LLC	20-4989869	0.00	41215
BERGHAHN BOOKS INC.	61-1670807	0.00	123717
BETHESDA PHYSICIANS ASSOCIATION	93-1442006	0.00	60261
BEYOND LIMITS 1	85-3126464	0.00	16709
BIG 4 INSURANCE LLC	86-1279503	0.00	6680
BIRCHWOOD INN PARTNERS LLLP	80-0712909	0.04	1236991
BLACKER GREEN, INC.	27-3213383	0.00	29552

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOCAVOX, LLC	51-0475190	0.00	1910
BRAXUS INDUSTRIES LLC	84-2052275	0.00	9925
BROOKS GREASE SERVICE, INC	73-1186497	0.05	2762964
BROWN AUTOMATIC SPRINKLERS, INC.	59-1202780	0.00	471525
BRUSHED WITH SUCCESS, INC.	46-3468840	0.00	100434
BUNDOO KHAN CA LLA	85-4337924	0.00	23186
BURNER CONSTRUCTION CORP	82-2607957	0.00	2272
CABLELAND HOME FOUNDATION	84-1500622	0.00	428075
CAL ROOF, INC.	84-4312010	0.00	940

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAL FOOD MANAGEMENT INC	87-3298609	0.00	378
CAPSTONE CHILD CARE ACADEMY, LLC	71-1009301	0.00	4534
CARE CONNECTION HOME CARE LLC	46-2093378	0.00	327758
CARE FLIGHT INTERNATIONAL	11-1111223	0.00	31991
CAREGIVER SERVICES, INC.	62-1645133	0.00	0
CARRAWAY GROUP INC	58-1464773	0.00	147754
CARTAWAY EQUIPMENT, INC.	45-2765748	0.00	577648
CENTRAL GEORGIA VASCULAR SOLUTIONS LLC	83-3224087	0.00	205
CENTRAL INDIANA VASCULAR MANAGEMENT, LLC	85-1508538	0.00	94591

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Part II Participating Employer Information (Continued).

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CERTIFIED AIR SERVICES, INC.	20-3422031	0.00	262841
CH SMITH CONSTRUCTION INC	73-1004991	0.01	311336
CHETT PACIFIC INC.	33-0646239	0.00	851049
CHIPOLA MANOR, LIMITED	59-2687820	0.00	16511
CHRIS PITTMAN, M.D., P.A.	27-4035319	0.01	209821
COASTAL INNKEEPERS, LLC	27-1306507	0.00	148929
COASTAL SOUTHERN, INC. DBA SONNY'S REAL PIT BAR-B-Q	59-2698113	0.00	33404
COLUMBUS VASCULAR CENTER, LLC	45-2676957	0.00	149305
CONCEPT 2000	65-0982361	0.00	196627

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CORAL STEEL COMPANY	59-2612542	0.00	458305
CORDOVA COMMUNITY COUNCIL FOUNDATION	20-8488524	0.00	248789
CRG MANAGEMENT, LLC & PARTICIPATING EMPLOYERS	27-4574050	0.01	873449
CSI - PEDIATRIC SERVICES INC	27-4314132	0.00	13685
DELUXE SYSTEMS, INC OF FLORIDA	04-2859404	0.00	13459
DEN OAKLAND PARK, LLC	61-1719636	0.00	21642
DEN PALM COAST, LLC & ITS AFFILIATED CO.	37-1776411	0.00	483
DEVIL'S DEN LC	59-3373106	0.00	14991
DF FORT MYERS BEACH, LLC	26-3994243	0.00	173775

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DOC FORD'S SANIBEL, LLC	81-2769859	0.00	1828
DOUBLE DOWN GAMING LLC	81-0733449	0.01	3132040
DOUGLAS VASCULAR CENTER, LLC	45-3712446	0.00	330702
DUKE PROPERTIES, INC.	59-2113502	0.00	30522
DUVAL VASCULAR CENTER, LLC	47-3780610	0.00	151415
DW ASSOCIATES, LLC	45-5603490	0.00	1555092
E45 MANAGEMENT	83-0638680	0.00	430256
EARTH SAVERS ENERGY SERVICES, INC.	86-1027620	0.01	588047
EASTMAN MANAGEMENT SERVICES	11-1111225	0.00	3562

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ELITE FOOD MANAGEMENT INC	87-2919080	0.00	3250
EMILY CORPORATION, INC.	59-3477450	0.02	2258948
EMPOWER GENERATORS, INC.	65-0903504	0.00	200558
ENDEAVOUR GLOBAL INC, US	90-0590132	0.00	1414
ENERGY SERVICES AND PRODUCTS CORP	59-3241383	0.01	1855471
ENERGYUNITED PROPANE, LLC	56-2187841	0.00	577223
ES MANUFACTURING,INC	59-1656784	0.00	582398
ESSENTIAL FOOD GROUP INC	30-1286307	0.00	2310
EXECUTIVE ELECTRICAL SERVICES INC.	83-1283166	0.00	52734

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F.I.S.H. OF SANCAP	20-8892375	0.00	126244
FAIRWAY BAY ASSOCIATION, INC.	59-2229320	0.00	307
FALCON BOATS LLC	47-2792065	0.00	31755
FIDELITY MOVING CO., INC.	95-2980771	0.00	81505
FINE CARS INC.	59-2783987	0.00	15883
FIRST MERIDIAN CARE SERVICES	46-4389889	0.06	1694498
FISHHAWK RANCH HOMEOWNERS' ASSOCIATION, INC.	59-3478166	0.00	9786
FLEXENGAGE, LLC	99-3232046	0.00	126020
FLORIDA MED CENTER OF CLEARWATER INC	59-3381344	0.00	651114

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FLORIDA REPERTORY COMPANY, INC.	65-0827621	0.00	9117
FLORIDA STAIRWORKS & CARPENTRY, LLC	27-8456045	0.02	1330282
FORREST ENTERPRISES, INC.	65-0911590	0.00	3358
FRESNO RESTAURANT GROUP, LLC	26-6885504	0.00	6074
GCS SOFTWARE, LLC	45-0511463	0.00	528884
GENESIS SUPREME RV, INC.	45-4822406	0.00	91529
GLOBAL FOOD GROUP, INC	87-3309360	0.00	348
GLOBAL RESOLUTIONS	36-4491916	0.00	8551
GREAT EXPLORATIONS	59-2763359	0.00	23376

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GREENHOUSE VASCULAR CENTER, LLC	76-0589001	0.00	63189
GULF COAST VASCULAR CARE, LLC	85-2118451	0.00	10331
HARRINGTON HUNKS, INC	85-0585692	0.00	39673
HARROD CONSTRUCTION CONTRACTING CORPORATION	26-4777773	0.00	96535
HATCHET WORKS CORP.	47-4163427	0.00	305673
HEARTLAND VASCULAR CARE PLLC	93-1699294	0.00	3319
HELLO KINDRED INC.	99-0378684	0.00	357718
HERNANDEZ FAMILY VENTURES, INC.	81-4253028	0.00	776194
HILLSMAN MODULAR MOLDING, INC	35-2190855	0.00	1644526

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HM RESTAURANT GROUP, LLC	32-0488624	0.00	25551
HOMETOWN FOLKS LLC	20-0345860	0.00	221436
HOMETOWN HOSPITALITY, LLC	85-3384761	0.00	187727
HOWL USA, LLC	20-0498284	0.02	2270529
HUBBARD ENTERPRISES, INC.	59-0804810	0.00	171560
HVC MANAGEMENT, LLC	93-1677542	0.00	67492
IVNA HOME CARE SERVICES, INC.	86-2055936	0.00	310278
J & M HOMECARE SERVICES, LLC	68-0476376	0.00	171938
J & M HOMECARE SERVICES, LLC	06-8047637	0.00	316620

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J & M TRAILER REPAIR INC	75-3001629	0.00	43457
JACK RICE INSURANCE, LLC	26-1622326	0.00	153374
JAF EMPLOYMENT LLC	33-3464475	0.00	74520
JB IRRIGATION AND SERVICES	46-0930318	0.00	36414
JC ATM SERVICES, LLC	74-3131602	0.00	346429
JOLLY MAN FOODS	85-3723429	0.00	101984
JONALISA INC	59-3295520	0.02	501073
JP GERGEN COMPANY INC	33-0074206	0.00	64567
JUDD BUILDERS, LLC	26-0442776	0.01	622663

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KIEH CORPORATION	82-5347330	0.00	128117
KILOWATTS ELECTRIC SUPPLY CORP.	59-2524091	0.00	466700
KIT KAT CLUB INC.	26-2317670	0.00	34891
KNIGHT GLOBAL ENTERTAINMENT, LLC	27-0821472	0.00	70261
LEGACY PERSONNEL INC.	47-3467985	0.00	1046
LEMON CAKE LLC	99-3621274	0.00	27506
LETOURNEAU ENTERPRISES, INC	30-0988503	0.00	63123
LJB EQUIPMENT SALES COMPANY, INC.	59-1987888	0.00	91754
MALIBU MOUNTAIN EVENTS, INC.	86-2649869	0.00	50225

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MANOVA PARTNERS LLC	51-0477017	0.00	0
MARIE CALLENDER'S, INC	84-3090334	0.00	77030
MASTON CONSTRUCTION L.L.C.	82-4278107	0.00	59663
MAXIMUM MARKETING	65-0247937	0.00	1644735
MBI ACQUISITION CO	45-4187099	0.01	3310355
MECHANICAL PARTNERS, INC.	83-0999191	0.00	15872
MERRITT PRECISION TECHNOLOGIES, INC.	13-4210794	0.00	143198
METAL STAIRS, INC.	47-5288481	0.00	29164
MIDDLE GEORGIA VASCULAR SURGERY CENTER LLC	81-3405917	0.00	11238

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MIMIS NORTH INC	84-4689936	0.00	42037
MODERN BUSINESS ASSOCIATES, INC.	65-0739320	0.00	2295506
MONTESSORI ISLAND CHARTER SCHOOL, INC. DBA TREASURE VILLAGE MONTESSORI	65-0842097	0.01	1637122
MPOWER ENERGY LLC	26-4013457	0.01	735240
MR. MOVER INC.	26-3919032	0.00	821580
MUSEUM OF FINE ARTS ST PETERSBURG FL	59-0949278	0.01	396371
MW DYLAG BUILDERS, LLC	47-4042657	0.00	11733
NEHEMIAH REBAR SERVICES, INC.	20-1942385	0.00	19058
NEWNAN VASCULAR CENTER, LLC	27-1436788	0.00	1038403

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NEXT LEVEL LLC	82-4462333	0.00	65159
NEXUS ENERGY SYSTEMS INC	47-1386893	0.00	91814
NORTH GEORGIA CONCRETE, INC.	58-2505397	0.01	6490036
NORTH MISSISSIPPI VASCULAR CARE, LLC	85-4084254	0.00	64554
NOVAPHOS DEVELOPMENT LLC	27-3709230	0.00	337184
OASIS LEISURE GROUP, LLC93	93-4527200	0.00	0
OIL SOLUTIONS GROUP, INC.	26-1948052	0.01	742936
OPTIMAL SERVICES GS, LLC	85-1410001	0.00	614
OTD, INC.	65-0733391	0.00	175485

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PARAGON BUILDING MAINTENANCE, INC.	33-0505763	0.00	86940
PARTNERSHIP FOR STRONG COMMUNITIES, INC.	20-0882009	0.01	518432
PATRIOT FRAMING LLC	47-2011960	0.00	783
PEGASUS BUILDING SERVICES COMPANY, INC.	33-0025531	0.00	613751
PEOPARTNERS, INC.	81-0618266	0.01	1944337
PERGRAVIS MISSION CRITICAL CONSTRUCTION, LLC	81-2557479	0.00	556114
PERGRAVIS, LLC	26-0282592	0.01	2317244
PINELLAS EX-OFFENDER RE-ENTRY COALITION	59-3643636	0.00	152953
POLICE ATHLETIC LEAGUE OF ST. PETERSBURG, INC.	59-1060508	0.00	32623

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PROTECT US SECURITY	45-3774170	0.00	81054
Q7 ROOFING & WATERPROOFING INC	30-1338464	0.00	8129
QPUBLIC, LLC	59-3728703	0.00	38176
RCH CAPITAL, LLC	14-2003513	0.00	1205835
RE-CAL SERVICES INC.	75-2171682	0.00	101413
RELIANCE AUTO REPAIR, LLC	85-4342356	0.00	4181
RICE FAMILY PROPERTIES, L.C.	59-3600291	0.00	57472
RIRI USA, INC.	13-3898646	0.00	510676
RIVER RANCH PROPERTY OWNERS ASSOCIATION, INC	59-2164728	0.00	21863

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RK BUILD GROUP, INC.	81-5453955	0.00	348633
RUSSELL'S MOVING AND STORAGE, INC.	47-3661070	0.00	390249
S&P ASSOCIATES, LLC	59-3335121	0.00	119671
S.D. OCHS CONSTRUCTION, INC.	68-0476837	0.00	166990
SAFETY TECHNOLOGY	59-3221934	0.00	261910
SAILFUTURE	46-3271817	0.00	396768
SANTA MONICA R RESTAURANT ASSOCIATES, INC.	26-4392960	0.00	32516
SCAN AM MARINE SERVICES, INC	59-2473830	0.00	101961
SEKAS CUSTOM POOLS, LLC	42-1574273	0.00	326318

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEMINOLE FINANCIAL SERVICES, LLC	26-3912151	0.02	5212263
SEVEN RESTAURANTS, LLC	80-0143662	0.00	63238
SIRACUSA STAFFING & LEASING, LLC	47-5626834	0.00	69194
SIXWATCH LLC	85-2540225	0.00	59543
SOB, INC. DBA SMOKIN OYSTER BREWERY	65-0994139	0.00	5576
SOUTHEAST LINEN ASSOCIATES, INC.	58-2673363	0.00	187706
SOUTHERN DELAWARE VASCULAR INSTITUTE, LLC	88-3517237	0.00	55300
SOUTHPARK VASCULAR CENTER, LLC	47-1288233	0.00	76
SPANISH RIVER CONSTRUCTION, INC.	20-3319993	0.00	839902

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPECIAL NEEDS ACCESS, INC.	81-3658607	0.00	7594
SPLIRT INC	27-3221294	0.00	79788
SQUID LIPS CREW, LLC	65-0114360	0.00	118150
STAINLESS FABRICATORS	59-2661019	0.00	546076
STILL CREEK BOYS RANCH, INC.	74-2614076	0.00	61762
STOKER FREIGHT SHIPPING LLC	81-0998865	0.00	0
STONE BROS LLC	85-2583768	0.00	13864
SYMPONIA HOSPICE	81-4954506	0.00	21427
T2 TECHNOLOGIES, INC	84-1331993	0.00	55217

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAYLOR NEIL LLC	04-3839192	0.00	9730
TEN ARROWS CONTRACTING	83-0624494	0.00	6162
THE BEACHED WHALE LIMITED PARTNERSHIP	65-0776104	0.00	5879
THE BELLRINGER CONSULTING GROUP LLC	87-4090454	0.00	41123
THE CRENSHAW COUNTY HEALTH CARE AUTHORITY	20-2318944	0.00	7046
THE GUESTOLGY GROUP, INC.	47-3540973	0.00	54065
TODD RUTKIN INC.	95-2804339	0.00	352010
TOTAL ALUMINUM, INC.	32-0384040	0.00	77120
TRAHNEL, INC.	47-4924155	0.00	10155

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANS ELECTRIC LLC	93-4121958	0.00	26017
TRINITY SPECIALTY HOLDINGS, LLC	47-1176264	0.00	43762
UNICORN INNOVATIONS, LLC	35-2599407	0.00	178555
UNICORN WEALTH, LLC	84-2045992	0.00	608753
UNIFOR INC	58-1572758	0.00	80270
UNIKEY TECHNOLOGIES, INC.	27-0234036	0.00	0
UNISERVE FACILITIES SERVICES CORP	95-3056328	0.00	93088
UNKNOWN MBA	59-3405686	0.00	489312
UNLIMITED SITE SERVICES	27-1787791	0.01	699113

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
V.I.P. ELECTRICAL CONTRACTOR, CORP.	43-3343890	0.00	796033
VAN LINDA IRON WORKS, INC.	59-0976004	0.00	514147
VIIRTUE INC	92-2678726	0.01	977695
VITALE NURSING, INC.	27-0457601	0.00	6504
VOLUSIA-FLAGLER VASCULAR CENTER, LLC	26-4059587	0.00	1092832
WEN-LAKE CORPORATION	59-3101268	0.00	23
WEST PALM BEACH FOOD & BEVERAGE LLC	20-4548594	0.00	110035
WILLOW TREE NURSERY	59-3456786	0.00	168578
WOO DESIGN LLC	93-4332407	0.00	5109

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Part II Participating Employer Information (Continued).

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WT DEVELOPMENT, LLC	90-0632237	0.00	340632
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

DecisionHR Retirement Savings Plan

Financial Statements and Supplemental Schedules
Including Independent Auditors' Report

As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

DecisionHR Retirement Savings Plan

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CBIZ CPAs P.C.

201 East Kennedy Boulevard
Suite 1500
Tampa, FL 33602
P: 813.397.4800

Independent Auditors' Report

To the Plan Administrator of
DecisionHR Retirement Savings Plan

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

We have performed audits of the financial statements of DecisionHR Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of DecisionHR Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Tampa, Florida
October 14, 2026

DecisionHR Retirement Savings Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	$ 2,507,100	$ 412,407
Investments		
Investments, at fair value		
Money market funds	1,252,149	1,378,091
Mutual funds	87,806,312	64,040,051
Self-directed brokerage accounts	545,508	213,299
Total investments, at fair value	89,603,969	65,631,441
Total investments	89,603,969	65,631,441
Receivables		
Participant contributions	161,154	154,697
Employer contributions	217,083	20,009
Notes receivable from participants	980,161	904,665
Total receivables	1,358,398	1,079,371
Total Assets	93,469,467	67,123,219
Liabilities		
Payables		
Excess contributions payable	446,081	402,432
Total Liabilities	446,081	402,432
Net Assets Available for Benefits	$ 93,023,386	$ 66,720,787

The accompanying notes are an integral part of these financial statements.

DecisionHR Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 3,567,015
Net appreciation in fair value of investments	8,067,616
Total investment income	11,634,631
Interest income on notes receivable from participants	63,883
Contributions	
Participant contributions	8,574,317
Employer contributions	3,139,702
Rollovers	505,542
Total contributions	12,219,561
Total Additions	23,918,075
Deductions	
Benefits paid to participants	7,520,626
Administrative expenses	543,382
Total Deductions	8,064,008
Net Increase	15,854,067
Net transfers into the Plan	10,448,532
Net assets available for benefits - beginning of year	66,720,787
Net Assets Available for Benefits - End of Year	$ 93,023,386

The accompanying notes are an integral part of these financial statements.

1. Description of Plan

The following description of the DecisionHR Retirement Savings Plan (the "Plan") provides only general information. The Plan allows for employer-specific provisions that each participating employer can select. Participants should refer to their respective Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan as defined under Section 413(c) of the Internal Revenue Code, administered by DecisionHR Holdings, Inc. (the "Sponsor" or the "Company"). The Plan was established January 1, 1998 and its Plan document was restated on September 1, 2023. The Plan covers eligible participants of the employers subscribing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. The plan administrator is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Effective December 29, 2022, the Setting Every Community Up for Retirement Enhancement ("SECURE") 2.0 Act of 2022 was signed into law. The Act is inclusive of approximately 90 provisions which offer many new benefits to employers and plan participants. Certain provision changes are related to the following, but not limited to: changes to auto-enrollment and auto-escalation, age of required minimum distributions, catchup contributions, and increased dollar threshold for mandatory distributions. Depending on the specific provision, some will take effect immediately, while others begin in a future year. Subsequently, the Plan adopted certain provisions of the SECURE 2.0 Act and finished formally amending the plan agreement as of January 1, 2026.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the plan agreement, up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may 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 includes automatic enrollment provisions whereby, if elected within a participating employer's plan agreement, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatic enrollment provisions may vary among

1. Description of Plan (Continued)

participating employers' plan agreements including, but not limited to, initial deferral rates, investment direction, and annual increases. The participating employers will also contribute as defined under their respective plan agreements. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations.

Employers represented by the Company may elect to make a matching contribution equal to a specified percentage of the elective contribution made by the participant. The percentage of the matching contribution shall be determined by the participating employer.

Employers choosing to make safe harbor matching contributions may select a match equal to 100% of the participant’s elective deferral up to 6% of the participant’s eligible compensation or 100% of the participants elective deferral up to a maximum of 3% of eligible compensation plus 50% of elective deferrals for eligible compensation over 3% not to exceed 5% for each payroll period. In addition to the safe harbor contributions, employers can elect to make additional discretionary matching and non-elective contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer's safe harbor matching and discretionary matching contributions, as well as allocations of employer's non-elective contributions, if any, and plan earnings. 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 by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after 2 years of credited service and continues to vest in increments of 20 percent until 100 percent vested after 6 years of credited service.

1. Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The interest rate is determined by the plan administrator based on the prevailing interest rates charged by institutions in the business of lending money under similar circumstances. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan agreement. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant’s vested balance is less than or equal to $5,000, the amount may be automatically distributed in the form of automatic IRA rollover. In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $90,642 and $91,269, respectively. These accounts are used to reduce future employer contributions or to pay plan administrative expenses. During 2025, employer contributions were reduced by $86,371 and plan administrative expenses were reduced by $1,372, from forfeited nonvested accounts, in accordance with plan provisions.

2. Summary of Accounting Policies

Basis of Accounting

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

2. Summary of Accounting Policies (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

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

Contributions

Contributions from participants are recorded in the year in which participant compensation is earned.

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 recorded as administrative expenses and are expensed as incurred.

2. Summary of Accounting Policies (Continued)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions to the applicable participants on or before August 7, 2026.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

3. Fair Value Measurements (Continued)

Level 1 – Inputs to the valuation technique 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 technique 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 technique 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.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Money market funds: Valued at cost plus accrued interest which represents fair value.

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

Self-directed brokerage accounts: Valued at the closing price reported on the active market in which the funds' individual securities are traded.

3. Fair Value Measurements (Continued)

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
Money market funds	$ -	$ 1,252,149	$ -	$ 1,252,149
Mutual funds	87,806,312	-	-	87,806,312
Self-directed brokerage accounts	545,508	-	-	545,508
Total assets in the fair value hierarchy	88,351,820	1,252,149		89,603,969
Total Investments at Fair Value	$ 88,351,820	$ 1,252,149	$	$ 89,603,969

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 1,378,091	$ -	$ 1,378,091
Mutual funds	64,040,051	-	-	64,040,051
Self-directed brokerage accounts	213,299	-	-	213,299
Total assets in the fair value hierarchy	64,253,350	1,378,091	-	65,631,441
Total Investments at Fair Value	$ 64,253,350	$ 1,378,091	$ -	$ 65,631,441

4. Transfers Into or Out of the Plan

From year to year, the Plan has transfers in and out depending on which employers are added or removed from the Plan. During the year ended December 31, 2025, there were transfers into the Plan of $14,668,108 and transfers out of the Plan of $4,219,576 that are shown as net transfers into the Plan on the accompanying statement of changes in net assets available for benefits.

5. Information Certified by Custodian

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedule was agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, the Plan's Custodian and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

Notes receivable from participants as of December 31, 2025 and 2024 and related interest income on notes receivable from participants for the year ended December 31, 2025 are not certified.

6. Related-Party and Party-In-Interest Transactions

Certain plan investments are managed by the custodian, and therefore, these transactions qualify as party-in-interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party-in-interest transactions.

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

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

8. Tax Status

The Plan adopted a pre-approved plan offered by Bluestar Retirement Services, Inc. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust, as then designed, are designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

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

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 93,023,386	$ 66,720,787
Less: participant contributions receivable	(161,154)	(154,697)
Less: employer contributions receivable	(217,083)	(20,009)
Plus: excess contribution payable	446,081	402,432
Net assets available for benefits per Form 5500	$ 93,091,230	$ 66,948,513

The following is a reconciliation of total additions per the financial statements for the year ended December 31, 2025, to the Form 5500:

	2025
Total additions in net assets per the financial statements	$ 23,918,075
Less: change in participant contributions receivable	(6,457)
Less: change in employer contributions receivable	(197,074)
Plus: change in excess contributions payable	43,649
Total Additions in Net Assets per Form 5500	$ 23,758,193

DecisionHR Retirement Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 59-3405686 Plan Number: 333

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Money Market Funds:				
*	Schwab	Schwab Bank Savings	**	$ 1,252,149
Mutual Funds:				
	Fidelity	Fidelity 500 Index Fund	**	14,806,661
	Vanguard	Vanguard Target Retirement 2035 Fund	**	8,963,829
	Vanguard	Vanguard Target Retirement 2030 Fund	**	7,485,435
	Vanguard	Vanguard Target Retirement 2040 Fund	**	7,186,666
	Vanguard	Vanguard Target Retirement 2025 Fund	**	5,786,818
	Vanguard	Vanguard Target Retirement 2045 Fund	**	5,448,013
	Vanguard	Vanguard Target Retirement 2055 Fund	**	4,392,139
	Vanguard	Vanguard Target Retirement 2050 Fund	**	4,110,266
	MFS	MFS Growth Fund CL R6	**	3,857,024
	Vanguard	Vanguard Inflation Protection SEC Admiral	**	2,836,954
	Metropolitan West	Metropolitan West Total Return Bond Plan	**	2,434,356
	JP Morgan	JPMorgan Mid Cap Growth Fund R6	**	2,259,527
	American Funds	American Funds American Bal FD R6	**	2,058,888
	Vanguard	Vanguard Target Retirement 2020 Fund	**	2,024,582
	MFS	MFS Value Fund CL R6	**	1,770,482
	Vanguard	Vanguard Total International Stock Index Admiral	**	1,689,020
	Vanguard	Vanguard Target Retirement 2060 Fund	**	1,612,847
	American Funds	American Funds Europacific Growth R6	**	1,607,915
	Vanguard	Vanguard Mid Cap Index Fund Admiral	**	1,390,158
	Vanguard	Vanguard Target Retirement Income Fund	**	1,290,132
	Vanguard	Vanguard Target Retirement 2065 Fund	**	913,754
	Vanguard	Vanguard Small Cap Index	**	856,010
	Principal	Principal High Yield R6	**	776,733
	Clearbridge	Clearbridge Small Cap Growth IS	**	653,734
	American Funds	American Funds Capital World Bond R6	**	623,113
	DFA	DFA US Targeted Value Port Instl	**	512,908
	Vanguard	Vanguard Selected Value Fund Investor	**	323,229
	Vanguard	Vanguard Target Retirement 2070 Fund	**	135,119

See Independent Auditors' Report.

DecisionHR Retirement Savings Plan

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EIN: 59-3405686 Plan Number: 333

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Self-Directed Investments:				
*	Schwab	Schwab Self-Directed Investments		$ 545,508
Notes Receivable from Participants:				
*	Notes receivable from participants	Interest rate of 4.16% to 10.5%, maturity dates through August 2032	$--	980,161
	Total			$ 90,584,130

*Denotes a party-in-interest.

**Cost information not required for participant-directed investments.

See Independent Auditors' Report.

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
DecisionHR Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1998

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)

DecisionHR, Inc.

PO BOX 33024

St. Petersburg FL 33733-8024

2b Employer Identification Number (EIN) 59-3405686

2c Plan Sponsor's telephone number 727-456-5006

2d Business code (see instructions) 561300

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		**10/14/2026**	CHRISTOPHER WELCOMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

DecisionHR Retirement Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 59-3405686 Plan Number: 333

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DecisionHR Retirement Savings Plan

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