Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 08/12/1994

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)
POPULATION SERVICES INTERNATIONAL

1120 19TH ST NW, SUITE 600
WASHINGTON, DC 20036-3605

2b Employer Identification Number (EIN)
56-0942853

2c Plan Sponsor's telephone number
202-785-0072

2d Business code (see instructions)
541990

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.	10/15/2026	BRANDON GUZZONE
	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**	388
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)**	258
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	134
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	306
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	306
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)**	328
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)**	240
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2L 2M 2S 2T 3D

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
POPULATION SERVICES INTERNATIONAL

D Employer Identification Number (EIN)
56-0942853

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	613953	306	09/15/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	-13		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	546		
	▶ TAKEOVER				
	(6)Total additions			7c(6)	533
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	533
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	3		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	3
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	530

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
POPULATION SERVICES INTERNATIONAL

D Employer Identification Number (EIN)
56-0942853

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	811631A	0	01/01/2025	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	10958
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	10958
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	10958		
	▶ OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	10958
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
POPULATION SERVICES INTERNATIONAL

D Employer Identification Number (EIN)
56-0942853

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	28721	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENT INST

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64 65	RECORDKEEPER	3826	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 21 50	RECORDKEEPER	11749	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: FORVIZ MAZARS LLP
b EIN: 44-0160260
c Position: ACCOUNTANT
d Address: 1330 BOYLSTON STREET, SUITE 300
CHESTNUT HILL, MA 02467
e Telephone: 617-681-3801

Explanation: OUR ORGANIZATION DECIDED TO TRANSITION TO BDO FOR RETIREMENT AUDIT SERVICES

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
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
POPULATION SERVICES INTERNATIONAL

D Employer Identification Number (EIN)
56-0942853

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	72215	
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)	272751	
(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)	103520	81545
(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)	42204630	45083681
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10958	530
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	42664074	45165756
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	42664074	45165756

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1753867	
(C) Others (including rollovers)	2a(1)(C)	234286	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1988153
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11051	
(F) Other	2b(1)(F)	-13	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11038
(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)	1518399	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1518399
(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)		5842729
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9360319
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6754220	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	59834	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6814054
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	44296	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	287	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		44583
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6858637
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2501682
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA P.C. **(2)** EIN: 13-5381590

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		85285
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**	X		

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
POPULATION SERVICES INTERNATIONAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
POPULATION SERVICES INTERNATIONAL

D Employer Identification Number (EIN)
56-0942853

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): 42-0127290 75-3182674

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** 59

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A .

Population Services International 403(b) Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Population Services International 403(b) Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

Population Services International 403(b) Plan

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

The Plan Administrator
Population Services International 403(b) Plan
Washington, D.C.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the 2025 financial statements of the Population Services International 403(b) 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). The 2025 financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2025 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 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 (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the 2025 financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report:

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2025 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 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 audit. 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2025 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 2025 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 2025 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 2025 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 audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter — Supplemental Schedules Required by ERISA

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

derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter – Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Population Services International 403(b) Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated July 30, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 14, 2026

Financial Statements

Population Services International 403(b) Plan

Statement of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Cash and cash equivalents	**$ -**	$ 72,215
Investments, at fair value	**45,083,681**	42,477,381
Investments, at contract value	**530**	10,958
Total Investments	**45,084,211**	42,488,339
Receivables		
Notes receivable from participants	**81,545**	103,520
Total Receivables	**81,545**	103,520
Net Assets Available for Benefits	**$ 45,165,756**	$ 42,664,074

See accompanying notes to the financial statements.

Population Services International 403(b) Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions		
Investment income:		
Net appreciation in fair value of investments	$	5,842,729
Dividends and interest		1,518,399
Total Investment Income, Net		7,361,128
Interest income on notes receivable from participants		11,038
Contributions:		
Participants		1,753,867
Rollovers		234,286
Total Contributions		1,988,153
Total Additions		9,360,319
Deductions		
Benefits paid to participants		6,814,054
Administrative expenses		44,583
Total Deductions		6,858,637
Net Increase		2,501,682
Net Assets Available for Benefits, beginning of year		42,664,074
Net Assets Available for Benefits, end of year	$	45,165,756

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the Population Services International 403(b) Plan (the Plan) is provided for general information purposes only. Participants should refer to the comprehensive Plan Document for a more complete description of the Plan's provisions.

General

The Plan was adopted effective August 12, 1994, by Population Services International (the Organization or Employer). The Organization is the sponsor of the Plan. The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (IRC) and covers substantially all eligible employees of Population Services International (the Organization) as described below. The Plan was most recently restated January 1, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2026, the Plan changed its name to the HXP 403(b) Plan and the Plan sponsor was changed to Health X Partners Incorporated, the parent company of Population Services International.

Also, effective January 1, 2026, the assets of the Elizabeth Glaser Pediatric AIDS Foundation 403(b) Plan (EGPAF 403(b)) were transferred to and merged into the Plan. Net assets totaling $37,129,554 were transferred to the Plan from the EGPAF 403(b), which included $77,042 of outstanding loans.

Trustees, Custodians and Administration of the Plan

The Plan utilizes several custodians and recordkeepers. Fidelity Management Trust Company (FMTC) serves as a custodian of the Plan for certain investments held by FMTC. Fidelity Workplace Services, LLC, (collectively, Fidelity) serves as a recordkeeper. Ascensus, LLC, as an authorized representative of Ascensus Trust Company and Newport Trust Company, LLC, (Ascensus) also serves as a custodian and recordkeeper until September 15, 2025. Effective September 15, 2025, the Plan transferred trustee and custodial responsibilities from Ascensus to Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, a member of the Principal Financial Group, and Principal Life Insurance Company (collectively, Principal) serves as a recordkeeper.

The administrator of the Plan is the Organization. The custodians hold all assets of the Plan in accordance with the service provider contracts with the Organization. The Board of Trustees is responsible for oversight of the Plan and Plan management is responsible for determining appropriate investment offerings and performance.

Eligibility

Employees of the Organization are considered eligible for participation on the first day of employment, except for non-resident aliens receiving no income from within the United States. There is no age or service requirement for eligibility in the Plan.

Contributions

Participating employees may make pre-tax contributions to the Plan up to IRC limits. Each year, participants may contribute up to 100% of eligible compensation, as defined in the Plan. Salary

deferral agreements shall be made, terminated, or changed according to procedures and limitations set up by the Plan Administrator and the Plan Document.

Participants who have attained the age of 50 before the end of the year are eligible to make catch-up contributions. The Plan also allows for Roth contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Automatic enrollment deferral contributions are increased by 1% on January 1st of each year subsequent to enrollment up to a maximum of 15%. However, only Participants without deferral elections on file as of June 1, 2021 are subject to auto-enrollment. Participants hired on or after June 1, 2021 will be subject to the automatic escalation.

The Plan permits discretionary non-elective employer contributions. Participants become eligible to receive discretionary non-elective employer contributions upon completion of one year of service, as defined by the Plan, and must be employed on the last day of the Plan year. No discretionary non-elective employer contributions were made to the Plan for the year ended December 31, 2025.

Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer matching contributions, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which participants are entitled is the vested portion of their accounts.

Vesting

Participants are 100% vested in their individual deferral, Roth, and rollover contributions and the allocated earnings thereon.

Prior to June 1, 2021, employer non-elective contributions vest at a rate of 25% per year, beginning after the second year of service with the Organization, and are fully vested after five years. Effective June 1, 2021, the Plan was amended to change the vesting schedule as follows:

Completed Years of Service	Vested Percentage (%)	Forfeitable Percentage (%)
Less than 3 Years	-	100
3 Years	100	-

An employee who had two years of service with the Organization prior to June 1, 2021 will continue to be 25% vested in their account balance, as well as for future contributions allocated after the

effective date of the amendment until the employee has completed three years of service with the Organization, at which time they would become 100% vested.

Payment of Benefits

A participant's entire interest in the Plan is payable upon death, attainment of normal retirement age, becoming disabled, as defined in the Plan, or termination of service. A participant may elect to receive a lump-sum amount equal to the vested portion of the participant's account, or, installments in the event of required minimum distributions. Participants may elect to rollover their vested balance to another qualified retirement plan or Individual Retirement Account (IRA).

Immediate lump-sum distributions may be made to terminated participants if the participant's vested account balance is $7,000 or less.

Withdrawals from the Plan may also be made upon circumstances of financial hardship (minimum withdrawal is $1,000), in accordance with provisions specified in the Plan. A maximum of two hardship withdrawals per Plan year are allowed.

Participants may also withdraw an amount at age 59½ if certain criteria are met.

Notes Receivable from Participants

Participants are permitted to borrow a minimum of $1,000 of their vested benefits under the Plan. Participants may borrow up to a maximum equal to the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in their account during the prior 12-month period. Loans are secured by the participant's account and bear an interest rate at the prime rate plus 2% or at local prevailing rates as determined by the Plan Administrator, which would be made under similar circumstances and is fixed for the term of the loan. The loans are repaid ratably through payroll deductions over a period of five years or less, unless used to purchase a principal residence in which case the loan may be repaid over 15 years. Participants may not have more than one loan outstanding at any time. Loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the IRC.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the Plan's investment in the guaranteed investment contracts which are valued at contract value as they are fully benefit-responsive. Fair

value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for further information related to 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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued unpaid interest. If a participant ceases to make loan repayments and the custodian deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to participant-initiated transactions 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.

3. Certified Investment Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule of assets (held at end of year), including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, Principal and Ascensus, qualified institutions.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* provides for 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 ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

A financial instrument's 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. There have been no changes in the methodologies used at December 31, 2025 or 2024.

The following is a description of the valuation methodology used for assets measured at fair value:

Mutual Funds - The mutual funds represent investments with various investment managers. The mutual funds are valued at daily closing net asset value (NAV) as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 45,083,681	$ -	$ -	$ 45,083,681
Total Investments, at fair value	$ 45,083,681	$ -	$ -	$ 45,083,681

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 42,204,630	$ -	$ -	$ 42,204,630
Money market funds	272,751	-	-	272,751
Total Investments, at fair value	$ 42,477,381	$ -	$ -	$ 42,477,381

5. Investment Contract with Standard Insurance Company

The Plan is a party to a fully benefit-responsive guaranteed investment contract with Standard Insurance Company (Standard). Standard maintains the contributions in a guaranteed interest account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented at contract value on the face of the statements of net assets available for benefits. Contract value, as reported to the plan by Standard, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for the credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, which is benchmarked relative to Treasury indices in a process similar to that used by banks and other insurance companies for their products. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investments; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the Plan to qualify under 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax exempt under Section 501(a) of the IRC; or (5) premature termination of the contract. The Plan administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at contract value with the participants.

6. Fully Benefit-Responsive Investment Contract with Principal

The Plan entered into a benefit-responsive guaranteed investment contract with Principal. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Principal, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

7. Related Party and Party-in-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by Fidelity, Principal and Ascensus. Participant loan and distribution processing fees are paid to the custodians by participants. The Plan also issues loans to participants which are secured by the vested balance of the participants' accounts. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

8. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and participant account balances.

9. Plan Termination

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

10. Tax Status

The Plan uses a pre-approved plan document sponsored by Newport Group Inc. (Newport). Newport received an opinion letter from the IRS, dated March 31, 2017, which states that the pre-approved

plan document, as then designed, satisfies the applicable provisions of the IRC. Although the Plan has been amended since the date of the opinion letter, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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 IRS examinations for any tax periods in progress.

11. Prohibited Transactions

During the Plan year ended December 31, 2025, participant contributions and loan repayments totaling $85,285, were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute non-exempt party-in-interest transactions or prohibited transactions as defined by ERISA. The Plan Sponsor is currently in the process of correcting the 2025 late participant contributions and loan repayments as soon as practicable.

12. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued. Except as discussed in Note 1, the Plan Administrator is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

ERISA-Required Supplemental Schedules

Population Services International 403(b) Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 56-0942853 **Plan Number: 004**

Year ended December 31, 2025

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Check here if late participant loan repayments are included: ☑					
2025	$ 85,285	$ 85,285	$ -	$ -	$ -

* Voluntary Fiduciary Correction Program (DOL).

Population Services International 403(b) Plan

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

EIN: 56-0942853 **Plan Number: 004**

December 31, 2025

(a)	(b) Identity of Issuer, 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
	Mutual Funds			
	Vanguard	Vanguard Tgt Rmt 2045 Inv Fund	**	$ 4,649,617
	Vanguard	Vanguard Tgt Rmt 2040 Inv Fund	**	4,274,837
*	Fidelity	Fid Freedom 2040 K	**	3,755,295
*	Fidelity	Fid 500 Index	**	3,697,751
	Vanguard	Vanguard Tgt Rmt 2035 Inv Fund	**	2,748,363
	Vanguard	Vanguard Tgt Rmt 2030 Inv Fund	**	2,681,589
*	Fidelity	Fid Freedom 2035 K	**	2,015,793
	Vanguard	Vanguard Tgt Rmt 2050 Inv Fund	**	1,710,288
*	Fidelity	Fidelity 500 Index Fund	**	1,349,076
*	Fidelity	Fid Freedom 2025 K	**	1,324,650
*	Fidelity	Fid Freedom 2045 K	**	1,229,588
	Vanguard	Vanguard Tgt Rmt 2025 Inv Fund	**	1,008,681
*	Fidelity	Fid Total Mkt Idx	**	974,464
*	Fidelity	Fid Capital Apprec	**	798,311
*	Fidelity	Fid Blue Chip Gr	**	688,966
	Vanguard	Vanguard Tgt Rmt 2055 Inv Fund	**	622,421
	Vanguard	Vanguard Tgt Rmt Inc Inv Fund	**	613,489
*	Fidelity	Fid Sel Semiconduct	**	599,545
*	Fidelity	Fid Contrafund	**	545,461
*	Fidelity	Fid Freedom 2050 K	**	530,670
*	Fidelity	Fidelity Total Market Index Fd	**	493,603
*	Fidelity	Fid Freedom 2030 K	**	479,890
*	Fidelity	Fid Nasdaq Comp Indx	**	443,478
*	Fidelity	Fid Freedom 2055 K	**	431,121
*	Fidelity	Mfs Growth R6 Fund	**	375,109
*	Fidelity	Fid Equity Inc	**	348,770
*	Fidelity	Fid Otc Portfolio	**	310,759
*	Fidelity	Fid Govt Mmkt	**	304,294
*	Fidelity	Fid Freedom 2020 K	**	244,097
*	Fidelity	Fid Us Bond Idx	**	235,348
*	Fidelity	Fid Intl Index	**	232,257
	Vanguard	Vanguard Explorer Admiral Fund	**	227,695
	Vanguard	Vanguard Tgt Rmt 2020 Inv Fund	**	224,423
*	Fidelity	Fid Balanced	**	221,153
*	Fidelity	Fid Levergd Co Stk	**	212,746
*	Fidelity	Fid Total Bond	**	207,026
*	Fidelity	Fid Sel Retailing	**	193,737
*	Fidelity	Fid Asset Mgr 50%	**	189,125
*	Fidelity	Fid Sel Med Tech&Dv	**	170,028
*	Fidelity	Fid Asset Mgr 70%	**	164,482
*	Fidelity	Fid Emerging Mkts	**	156,938
*	Fidelity	Fid Fdm Idx 2045 Ipr	**	143,978
*	Fidelity	Fid Intl Cap Appr	**	141,597
*	Fidelity	Fid Sel Software	**	131,995

Population Services International 403(b) Plan

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

EIN: 56-0942853 **Plan Number: 004**

December 31, 2025

(a)	(b) Identity of Issuer, 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
	Vanguard	Vgd Ttl Intl Stk Idx Adm Fd	**	$ 122,183
*	Fidelity	Fid Infl Pr Bd Idx	**	120,352
*	Fidelity	Fid Growth & Inc	**	116,837
*	Fidelity	Fid Magellan	**	109,914
*	Fidelity	Fid Puritan	**	109,158
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm Fd	**	103,566
*	Fidelity	Fid Mid Cap Idx	**	99,064
*	Fidelity	Fid Fdm Idx 2040 Ipr	**	97,835
*	Fidelity	Fid St Tr Bd Idx	**	85,021
*	Fidelity	Fid Growth Company	**	82,617
	Vanguard	Vanguard Tgt Rmt 2060 Inv Fund	**	82,004
*	Fidelity	Fid Intl Discovery	**	74,046
*	Fidelity	Fidelity Mid Cp Index Fund	**	73,960
*	Fidelity	Fid Sel Tec Hardware	**	73,039
*	Fidelity	Fid Dividend Gr	**	69,305
*	Fidelity	Fid Overseas	**	69,212
*	Fidelity	Fid Capital & Income	**	66,431
	American Funds	New World Fund R6	**	65,478
*	Fidelity	Fid Focused Stock	**	65,131
*	Fidelity	Fid Env Alt Energy	**	63,019
*	Fidelity	Fid Intl Small Cap	**	61,849
*	Fidelity	Fid Invst Gr Bd	**	52,686
*	Fidelity	Fidelity Sm Cap Index Fund	**	50,466
*	Fidelity	Fid Sel Transport	**	47,565
*	Fidelity	Fid Diversifd Intl	**	44,277
*	Fidelity	Fid Mid Cap Stock	**	42,835
*	Fidelity	Fid Sel Automotive	**	38,758
	Dodge & Cox	International Stock Fund Class X	**	38,195
	MFS	Value Fund R6	**	37,782
*	Fidelity	Fid China Region	**	37,217
*	Fidelity	Fid Glb Ex Us Idx	**	35,982
*	Fidelity	Fidelity Govt Income	**	35,116
	Vanguard	Vanguard Short-Trm Trsy Adm Fd	**	34,572
*	Fidelity	Fid Sel Ent Tech Svc	**	34,405
*	Fidelity	Fid Pacific Basin	**	33,085
*	Fidelity	Fid Extd Mkt Idx	**	32,569
*	Fidelity	Fid Stksel Lgcap Val	**	32,021
*	Fidelity	Fid Sel Healthcare	**	30,343
*	Fidelity	Fid Freedom 2015 K	**	29,073
*	Fidelity	Fid Sel Technology	**	28,954
*	Fidelity	Fid Stk Sel Sm Cap	**	28,692
*	Fidelity	Fid Sel Constr/House	**	26,091
*	Fidelity	Fid Telecom & Util	**	24,715
	Vanguard	Vanguard Re Index Adm Fund	**	24,329
*	Fidelity	Fid Low Priced Stk	**	23,826

Population Services International 403(b) Plan

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

EIN: 56-0942853 **Plan Number: 004**

December 31, 2025

(a)	(b) Identity of Issuer, 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
*	Fidelity	Fid Sel Biotech	**	$ 23,311
*	Fidelity	Fid Small Cap Growth	**	22,200
*	Fidelity	Fid Emerging Asia	**	21,479
*	Fidelity	Fid Europe	**	21,022
*	Fidelity	Fid Corporate Bond	**	19,508
*	Fidelity	Fid Small Cap Stock	**	19,105
*	Fidelity	Fid Sel Chemicals	**	18,812
*	Fidelity	Fid Strat Div & Inc	**	18,213
*	Fidelity	Fid Intl Real Estate	**	16,886
*	Fidelity	Fid Sm Cap Idx	**	15,643
*	Fidelity	Fid Freedom Retire K	**	15,333
*	Fidelity	Fid Growth Strat	**	14,819
*	Fidelity	Fid Freedom 2010 K	**	13,955
*	Fidelity	Fid Sel Cons Staples	**	13,859
	Vanguard	Vangd Ttl Intl Bond Idx Adm Fd	**	11,983
*	Fidelity	Fid Intl Sm Cap Opp	**	10,941
*	Fidelity	Fid Intl Growth	**	9,850
*	Fidelity	Fid Real Estate Idx	**	9,405
	Vanguard	Vanguard Tgt Rmt 2065 Inv Fund	**	8,456
*	Fidelity	Fid Sel Gold	**	3,667
*	Fidelity	Fid Emrg Mkts Idx	**	3,162
*	Fidelity	Fid Sel Energy	**	2,394
*	Fidelity	Fid Intermed Bond	**	2,378
*	Fidelity	Fid Convertible Sec	**	2,357
*	Fidelity	Fidelity Inf-Pr Bond Index Fd	**	2,193
*	Fidelity	Fid Focused High Inc	**	1,462
*	Fidelity	Fid Canada	**	1,315
*	Fidelity	Fid New Markets Inc	**	1,074
*	Fidelity	Fid Value	**	868
*	Fidelity	Fid Intm Govt Income	**	805
*	Fidelity	Fid Blue Chip Value	**	721
*	Principal	Prin Fixed Inc Guar Option	**	530
*	Fidelity	Fid Real Estate Invs	**	426
	Total Investments, per financial statements			45,084,211
*	**Participant Loans**	Interest rates from 7.5% to 10.5%	-	81,545
	Total Investments, per Form 5500			$ 45,165,756

* Party-in-interest, as defined by ERISA.

** Historical cost information is not required as all investments are participant-directed.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	The American Funds	Registered Investment Company AMERICAN FUNDS NEWWORLD R6	$ 0.00	$ 65,477.51
	Dodge and Cox Funds	Registered Investment Company DODGE & COX INTL STOCK X FUND	$ 0.00	$ 38,195.01
	Fidelity Investments	Registered Investment Company FID ASSET MGR 50	$ 0.00	$ 189,125.02
	Fidelity Investments	Registered Investment Company FID ASSET MGR 70	$ 0.00	$ 164,482.20
	Fidelity Investments	Registered Investment Company FID BALANCED	$ 0.00	$ 221,153.10
	Fidelity Investments	Registered Investment Company FID BLUE CHIP VALUE	$ 0.00	$ 721.49
	Fidelity Investments	Registered Investment Company FID CANADA	$ 0.00	$ 1,315.22
	Fidelity Investments	Registered Investment Company FID CAPITAL & INCOME	$ 0.00	$ 66,430.76
	Fidelity Investments	Registered Investment Company FID CAPITAL APPREC	$ 0.00	$ 798,310.78
	Fidelity Investments	Registered Investment Company FID CHINA REGION	$ 0.00	$ 37,216.98
	Fidelity Investments	Registered Investment Company FID CLUE CHIP GR	$ 0.00	$ 688,966.40
	Fidelity Investments	Registered Investment Company FID CONTRAFUND	$ 0.00	$ 545,461.10
	Fidelity Investments	Registered Investment Company FID CONVERTIBLE SEC	$ 0.00	$ 2,357.46
	Fidelity Investments	Registered Investment Company FID CORPORATE BOND	$ 0.00	$ 19,507.66
	Fidelity Investments	Registered Investment Company FID DIVERSIFIED INTL	$ 0.00	$ 44,276.98

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID DIVIDEND GR	$ 0.00	$ 69,304.75
	Fidelity Investments	Registered Investment Company FID EMERGING ASIA	$ 0.00	$ 21,478.78
	Fidelity Investments	Registered Investment Company FID EMERGING MKTS	$ 0.00	$ 156,937.80
	Fidelity Investments	Registered Investment Company FID EMG MLTS IDX	$ 0.00	$ 3,161.91
	Fidelity Investments	Registered Investment Company FID ENV ALT ENERGY	$ 0.00	$ 63,018.90
	Fidelity Investments	Registered Investment Company FID EQUITY INC	$ 0.00	$ 348,770.17
	Fidelity Investments	Registered Investment Company FID EURPOE	$ 0.00	$ 21,021.67
	Fidelity Investments	Registered Investment Company FID EXTD MKT IDX	$ 0.00	$ 32,569.06
	Fidelity Investments	Registered Investment Company FID FDM IDX 2040 IPR	$ 0.00	$ 97,834.58
	Fidelity Investments	Registered Investment Company FID FDM IDX 2045 IPR	$ 0.00	$ 143,978.45
	Fidelity Investments	Registered Investment Company FID FOCUED HIGH INC	$ 0.00	$ 1,461.52
	Fidelity Investments	Registered Investment Company FID FOCUSED STOCK	$ 0.00	$ 65,131.36
	Fidelity Investments	Registered Investment Company FID FREEDOM RETIRE K	$ 0.00	$ 15,333.14
	Fidelity Investments	Registered Investment Company FID FREEDOM 2010 K	$ 0.00	$ 13,954.93
	Fidelity Investments	Registered Investment Company FID FREEDOM 2015 K	$ 0.00	$ 29,072.75

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID FREEDOM 2020 K	$ 0.00	$ 244,096.85
	Fidelity Investments	Registered Investment Company FID FREEDOM 2025 K	$ 0.00	$ 1,324,650.29
	Fidelity Investments	Registered Investment Company FID FREEDOM 2030 K	$ 0.00	$ 479,890.09
	Fidelity Investments	Registered Investment Company FID FREEDOM 2035 K	$ 0.00	$ 2,015,793.30
	Fidelity Investments	Registered Investment Company FID FREEDOM 2040 K	$ 0.00	$ 3,755,295.35
	Fidelity Investments	Registered Investment Company FID FREEDOM 2045 K	$ 0.00	$ 1,229,588.48
	Fidelity Investments	Registered Investment Company FID FREEDOM 2050 K	$ 0.00	$ 530,670.32
	Fidelity Investments	Registered Investment Company FID FREEDOM 2055 K	$ 0.00	$ 431,120.53
	Fidelity Investments	Registered Investment Company FID GLB EX US IDX	$ 0.00	$ 35,982.49
	Fidelity Investments	Registered Investment Company FID GOVR MMKT	$ 0.00	$ 304,294.05
	Fidelity Investments	Registered Investment Company FID GROWTH & INC	$ 0.00	$ 116,837.18
	Fidelity Investments	Registered Investment Company FID GROWTH CO	$ 0.00	$ 82,617.28
	Fidelity Investments	Registered Investment Company FID GROWTH STRAT	$ 0.00	$ 14,819.22
	Fidelity Investments	Registered Investment Company FID INFL PR BD IDX	$ 0.00	$ 120,352.48
	Fidelity Investments	Registered Investment Company FID INTERMED BOND	$ 0.00	$ 2,377.64

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID INTL CAP APPR	$ 0.00	$ 141,596.60
	Fidelity Investments	Registered Investment Company FID INTL DESCOVERY	$ 0.00	$ 74,045.95
	Fidelity Investments	Registered Investment Company FID INTL GRWOTH	$ 0.00	$ 9,850.36
	Fidelity Investments	Registered Investment Company FID INTL INDEX	$ 0.00	$ 232,256.79
	Fidelity Investments	Registered Investment Company FID INTL REAL ESTATE	$ 0.00	$ 16,886.38
	Fidelity Investments	Registered Investment Company FID INTL SM CAP OPP	$ 0.00	$ 10,940.77
	Fidelity Investments	Registered Investment Company FID INTL SMALL CAP	$ 0.00	$ 61,849.06
	Fidelity Investments	Registered Investment Company FID INTM GOVT INCOME	$ 0.00	$ 805.35
	Fidelity Investments	Registered Investment Company FID INVST GR BD	$ 0.00	$ 52,686.36
	Fidelity Investments	Registered Investment Company FID LEVERAGED CO STK	$ 0.00	$ 212,745.66
	Fidelity Investments	Registered Investment Company FID LOW PRICED STK	$ 0.00	$ 23,825.83
	Fidelity Investments	Registered Investment Company FID MAGELLAN	$ 0.00	$ 109,913.92
	Fidelity Investments	Registered Investment Company FID MID CAP IDX	$ 0.00	$ 99,063.80
	Fidelity Investments	Registered Investment Company FID MID CAP STOCK	$ 0.00	$ 42,835.14
	Fidelity Investments	Registered Investment Company FID NASDAQ COMP INDX	$ 0.00	$ 443,478.27

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID NEW MARKETS INC	$ 0.00	$ 1,073.60
	Fidelity Investments	Registered Investment Company FID OTC PORTFOLIO	$ 0.00	$ 310,758.80
	Fidelity Investments	Registered Investment Company FID OVERSEAS	$ 0.00	$ 69,212.47
	Fidelity Investments	Registered Investment Company FID PACIFIC BASIN	$ 0.00	$ 33,085.43
	Fidelity Investments	Registered Investment Company FID PURITAN	$ 0.00	$ 109,158.49
	Fidelity Investments	Registered Investment Company FID REAL ESTATE IDX	$ 0.00	$ 9,404.63
	Fidelity Investments	Registered Investment Company FID REAL ESTATE INVS	$ 0.00	$ 420.67
	Fidelity Investments	Registered Investment Company FID SEL AUTOMOTIVE	$ 0.00	$ 38,758.27
	Fidelity Investments	Registered Investment Company FID SEL BOTECH	$ 0.00	$ 23,310.69
	Fidelity Investments	Registered Investment Company FID SEL CHEMICALS	$ 0.00	$ 18,812.04
	Fidelity Investments	Registered Investment Company FID SEL CONS STAPLES	$ 0.00	$ 13,858.63
	Fidelity Investments	Registered Investment Company FID SEL CONSTRUCTRHOUSE	$ 0.00	$ 26,091.39
	Fidelity Investments	Registered Investment Company FID SEL ENERGY	$ 0.00	$ 2,394.25
	Fidelity Investments	Registered Investment Company FID SEL ENT TECH SVC	$ 0.00	$ 34,404.91
	Fidelity Investments	Registered Investment Company FID SEL GOLD	$ 0.00	$ 3,666.67

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID SEL HEALTHCARE	$ 0.00	$ 30,343.23
	Fidelity Investments	Registered Investment Company FID SEL MED TECH&DV	$ 0.00	$ 170,028.09
	Fidelity Investments	Registered Investment Company FID SEL RETAILING	$ 0.00	$ 193,737.40
	Fidelity Investments	Registered Investment Company FID SEL SEMITCONUCT	$ 0.00	$ 599,545.34
	Fidelity Investments	Registered Investment Company FID SEL SOFTWARE	$ 0.00	$ 131,995.41
	Fidelity Investments	Registered Investment Company FID SEL TEC HARDWARE	$ 0.00	$ 73,039.25
	Fidelity Investments	Registered Investment Company FID SEL TECHNOLOGY	$ 0.00	$ 28,953.69
	Fidelity Investments	Registered Investment Company FID SEL TRANSPORT	$ 0.00	$ 47,565.16
	Fidelity Investments	Registered Investment Company FID SM CAP IDX	$ 0.00	$ 15,642.85
	Fidelity Investments	Registered Investment Company FID SMALL CAP GROWTH	$ 0.00	$ 22,199.50
	Fidelity Investments	Registered Investment Company FID SMALL CAP STOCK	$ 0.00	$ 19,104.79
	Fidelity Investments	Registered Investment Company FID ST TR BD IDX	$ 0.00	$ 85,021.27
	Fidelity Investments	Registered Investment Company FID STK SEL SM CAP	$ 0.00	$ 28,692.12
	Fidelity Investments	Registered Investment Company FID STKSEL LGCAP VAL	$ 0.00	$ 32,021.02
	Fidelity Investments	Registered Investment Company FID STRAT DIV & INC	$ 0.00	$ 18,212.78

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company FID TELECOM & UTL	$ 0.00	$ 24,715.35
	Fidelity Investments	Registered Investment Company FID TOTAL BOND	$ 0.00	$ 207,025.87
	Fidelity Investments	Registered Investment Company FID TOYAL MKT IDX	$ 0.00	$ 974,464.21
	Fidelity Investments	Registered Investment Company FID US BOND IDX	$ 0.00	$ 235,347.65
	Fidelity Investments	Registered Investment Company FID VALUE	$ 0.00	$ 868.32
	Fidelity Investments	Registered Investment Company FID 500 INDEX	$ 0.00	$ 3,697,751.24
	Fidelity Investments	Registered Investment Company FIDELITY INF-PR BOND INDEX FD	$ 0.00	$ 2,193.01
	Fidelity Investments	Registered Investment Company FIDELITY MID CP INDEX FUND	$ 0.00	$ 73,959.77
	Fidelity Investments	Registered Investment Company FIDELITY SM CAP INDEX FUND	$ 0.00	$ 50,466.47
	Fidelity Investments	Registered Investment Company FIDELITY TOTAL MARKET INDEX FD	$ 0.00	$ 493,603.26
	Fidelity Investments	Registered Investment Company FIDELITY 500 INDEX FUND	$ 0.00	$ 1,349,075.98
	Fidelity Investments	Registered Investment Company FIDLEITY GOVR INCOME	$ 0.00	$ 35,116.21
	MFS Investment Management	Registered Investment Company MFS GROWTH R6 FUND	$ 0.00	$ 375,108.69
	MFS Investment Management	Registered Investment Company MFS VALUE R6 FUND	$ 0.00	$ 37,782.27
*	Principal Life Insurance Company	Insurance Company General PRIN FIXED INC GUAR OPTION	$ 0.00	$ 529.97

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

P S I 403() P

EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Vanguard Group	Registered Investment Company VANGD TTL INTL BOND IDX ADM FD	$ 0.00	$ 11,983.06
	Vanguard Group	Registered Investment Company VANGUARD EXPLORER ADMIRAL FUND	$ 0.00	$ 227,695.27
	Vanguard Group	Registered Investment Company VANGUARD RE INDEX ADM FUND	$ 0.00	$ 24,328.78
	Vanguard Group	Registered Investment Company VANGUARD SHORT-TRM TRSY ADM FD	$ 0.00	$ 34,572.32
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT INC INV FUND	$ 0.00	$ 613,488.99
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	$ 0.00	$ 224,422.99
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2025 INV FUND	$ 0.00	$ 1,008,680.59
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	$ 0.00	$ 2,681,589.38
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2035 INV FUND	$ 0.00	$ 2,748,363.18
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	$ 0.00	$ 4,274,836.77
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2045 INV FUND	$ 0.00	$ 4,649,617.36
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	$ 0.00	$ 1,710,288.30
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2055 INV FUND	$ 0.00	$ 622,420.68
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2060 INV FUND	$ 0.00	$ 82,003.96
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2065 INV FUND	$ 0.00	$ 8,456.32

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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EIN 56 0942853
PLAN NUMBER 004
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Vanguard Group	Registered Investment Company VANGUARD TTL BD MKT IDX ADM FD	$ 0.00	$ 103,565.61
	Vanguard Group	Registered Investment Company VGD TTL INTL STK IDX ADM FD	$ 0.00	$ 122,183.30
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 10.50%	$ 0.00	$ 81,545.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)