Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARMHR 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
ARMHR, LLC

5015 CAMPUSWOOD DRIVE
SUITE 204
EAST SYRACUSE, NY 13057

2b Employer Identification Number (EIN)
81-0723442

2c Plan Sponsor's telephone number
646-502-5351

2d Business code (see instructions)
561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CHRIS FEREK
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3078
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)**	2686
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2255
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	419
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2700
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2700
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)**	1519
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)**	1567
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	67
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2S 2T 2V 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
ARMHR 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMHR, LLC

D Employer Identification Number (EIN)
81-0723442

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

VESTWELL

360 MADISON AVENUE, 15TH FLOOR
NEW YORK, NY 10017

81-3062212

(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 27 51	RECORDKEEPER	345670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES

13-2638166

(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?
27 50	INVESTMENT ADVISORY-PLAN	173698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASCENSUS HOLDINGS INC DBA FUTUREPLA

101 W BROADWAY STE 1420
SAN DIEGO, CA 92101

82-3719843

(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	CONTRACT ADMIN	153007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ARMHR 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARMHR, LLC

D Employer Identification Number (EIN)
81-0723442

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

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE REL ST VAL 25053-0

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	310645

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ARMHR 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMHR, LLC

D Employer Identification Number (EIN)
81-0723442

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	18029	115732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	59383	347932
(2) Participant contributions	1b(2)	246764	347628
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	480938	641196
(9) Value of interest in common/collective trusts	1c(9)	679389	310645
(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)	44345364	74983353
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	45829867	76746486
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	45829867	76746486

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)	4524499	
(B) Participants	2a(1)(B)	12826667	
(C) Others (including rollovers)	2a(1)(C)	4568917	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21920083
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)	42333	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		42333
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		10800837
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		32763253
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8579044	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8579044
f Corrective distributions (see instructions)	2f		82090
g Certain deemed distributions of participant loans (see instructions)	2g		1893
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	673250	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		673250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9336277
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23426976
l Transfers of assets:			
(1) To this plan	2l(1)		32006220
(2) From this plan	2l(2)		24516577

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: DERMODY BURKE & BROWN CPAS LLC **(2)** EIN: 01-0723685

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

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

Part IV Compliance Questions

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

During the plan year:

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

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)
ARCHER LEWIS SERVICES LLC 401(K) PLAN	93-4709969	001
ASHFORD DENTAL OF DOBBS FERRY PC 401(K) PLAN	88-4200200	001
SPIRIT HUMAN RESOURCES, LLC RETIREMENT SAVINGS PLAN	47-4960461	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
STAFF LEASING RETIREMENT SAVINGS PLAN	16-1417529	333
INSPERITY 401(K) PLAN	76-0178498	001

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

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

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
ARMHR 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARMHR, LLC

D Employer Identification Number (EIN)
81-0723442

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): 81-3062212

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

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

A Name of plan ARMHR 401(K) RETIREMENT PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ARMHR, LLC	**D** Administrator's EIN 81-0723442

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
10BEAUTY, INC.	83-1247164	2.33	1560450
ANNIE PORTER AINSWORTH MEMORIAL LIBRARY	83-0502914	0.03	46616

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASHFORD DENTAL OF DOBBS FERRY PC	88-4200200	0.11	0
ASSURED INVENTORY LOSS PREVENTION SERVICES	82-2073056	0.00	2217
ATB FURNISHED HOUSING OF SOUTH FLORIDA	20-3545927	0.05	0
BARADO'S ON THE WATER	45-5037270	0.00	0
FALLON LAW OFFICE	10-5602458	0.08	178364
FORD ENGLISH FINANCIAL GROUP, LLC	11-3667603	0.00	2101
HARTY CONSTRUCTION	03-0422010	0.06	171571
HEREBA MENTAL HEALTH COUNSELING, LMHC, P.C.	82-2984673	0.04	71210
KNYCH & WHRITENOUR LLC	20-3585821	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONONDAGA BUILDERS	16-1593079	0.07	189017
ROSE'S QUICK STOP, LLC	82-2943978	0.03	237196
SCHAEFER BANKRUPTCY LAW, P.C.	82-4323653	0.19	281657
SPINELLA FREIGHT LINES	16-1208725	0.00	0
STENGER, GLASS, HAGSTROM, LINDARS & IUELE LLP	16-1254312	0.00	0
WILLOWBANK CO	16-1552808	0.10	244382
ATB CARPET & RESTORATION SERVICES INC	27-4280045	0.00	0
CJ'S CAR AMERICA	16-1593738	0.00	0
D. ROHDE HEATING PLUMBING AND A/C INC.	46-3278416	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW PALTZ RESCUE SQUAD	23-7261243	0.00	72103
FRED'S USED AUTO PARTS	10-4543229	0.00	16306
BGG PLUMBING & HEATING	26-4450969	0.00	50290
CORNERSTONE HERKIMER, LLC	81-4349735	0.00	0
DR. WILLIAM TUCKER MD PLLC	45-3778664	0.00	522052
BRONX LACROSSE, INC.	82-1991261	0.52	475961
JIM RINALDO'S CABINETRY CORPORATION	59-3073587	0.05	257462
NORTHWAY STOP N SHOP INC.	26-2133038	0.10	191990
STATLINE MEDICAL PC	16-1254312	1.17	364951

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URTASKER INC.	84-1916400	0.01	0
MAYA KAIMAL FOODS, LLC	35-2650151	0.99	2017996
SINGULARITY-INTELLIGENCE AMPLIFIED, LLC	47-2852561	0.00	0
1KB & MS LLC	81-2536395	0.23	77099
REEDS GARAGE INC	20-3811934	0.00	25421
ACCESSORIES OF TAMPA BAY CRB INC	59-3108438	0.00	14952
GD MAPSTONE	26-0836937	0.00	207
LYOPHILIZATION SYSTEMS, INC.	14-1793316	0.25	955084
4 PAWS VETERINARY CARE PLLC	20-8295833	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVILA PROPERTY OWNERS' ASSOCIATION, INC.	59-1934484	0.31	188138
ONONDAGA LEASING SERVICES	16-1254312	2.64	3014293
MILLROCK TECHNOLOGY INC.	20-1023604	1.14	1887571
L & L PROPERTY MAINTENANCE, LLC	16-1481498	0.00	0
22 V RESEARCH LLC	86-2694070	2.14	1244611
ACQUALINA MANAGEMENT, LLC DBA ACQUALINA RESORTS AND RESIDENCES	01-0811837	5.92	6396666
AQ PROPERTY MANAGEMENT, LLC DBA MANSIONS AT ACQUALINA	47-4130879	0.37	137038
AQ 3 PROPERTY MANAGEMENT, LLC DBA ESTATES AT ACQUALINA	87-2949876	1.27	512355
ARCHER LEWIS SERVICES, LLC	93-4709969	12.13	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARS REI USA CORP	45-4017556	0.10	132003
AUTHOR HEALTH, LLC	88-1245297	2.01	0
AUTHOR HEALTH PROFESSIONALS, P.C.	84-2752906	1.48	0
BLACE LLC	83-1818866	0.04	0
BOND UNITED HOLDINGS, LLC	99-3559690	0.22	230556
CANYON VIEW CAPITAL INC.	33-0946053	0.69	421914
CANYON VIEW PROPERTIES LLC	46-4431974	0.30	184310
CLOUDBREAK COMPLIANCE GROUP, LLC	47-4061698	2.18	0
CYNERGY MANAGEMENT INC.	85-1922193	0.88	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DA COMPANIES L.P.	81-3030196	0.39	1364008
FERO LABS INC.	47-4810612	1.23	1346517
FORA TRAVEL, INC.	87-1207464	7.95	3592066
GREENPOINT GROUP, L.P.	83-4204510	2.99	2679859
HINMAN & ASSOCIATES, LLC	41-2188844	0.00	0
HOSPICOM, INC.	20-2132662	1.07	3053543
HTL BIOTECHNOLOGY CORP	87-1984379	0.00	0
HTL BIOTECHNOLOGY INNOVATIONS, INC.	99-2418811	1.50	386798
HTL BIOTECHNOLOGY MANUFACTURING INC.	87-2002667	1.05	644517

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IT CONNECTIONS LLC	82-1416900	0.00	0
JXP MGMT LLC DBA JUXTAPOSE	84-3867656	4.57	4537233
KARD FINANCIAL, INC.	47-3712099	3.44	35440
LEFT LANE CAPITAL LLC	84-3002335	3.09	2540605
NATOORA (US), INC.	30-0947047	0.25	69654
NORTH EAST PARTS GROUP LLC	46-1590188	0.10	0
OAK HILL BIO CORP.	87-3242941	2.45	1220189
ROCKY MTN LUCKY PAWS 1, LLC DBA WELL GROOMED PETS	88-3841857	0.00	0
SAGEWOOD ASSET MANAGEMENT L.P.	81-4204922	0.49	0

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SCHOOLWIDE, INC.	13-3735087	0.33	0
SUPERMAJORITY EDUCATION FUND	84-3745987	2.05	1045847
THE LITTLE SCHOOL AT DUKE, INC.	45-4512571	0.48	475571
THE LITTLE SCHOOL OF HILLSBOROUGH AT WATERSTONE, LLC	27-1453280	0.66	439881
TRIANGLE CAPITAL GROUP LLC	26-3742454	0.48	889289
PAN-OCEANIC EYEWEAR, LTD	13-2659864	0.12	180665
ONEHEALTH SERVICES LLC	99-1003119	0.15	26465
RUDIUS MANAGEMENT LP	82-4979828	0.00	398785
CORE CREW LLC	39-3388019	0.00	76

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLTRANE ASSET MANAGEMENT, L.P.	36-5014135	0.11	2120216
RESIDENT VENTURES INC	85-3921363	0.19	485017
CORNERSTONE INFORMATION TECHNOLOGIES, LLC	04-3646632	0.33	812201
OCTAGON CAPITAL ADVISORS LP	84-3576791	0.26	1342337
BROOKLYN FOOD & BEVERAGE LLC	82-3325335	0.15	649670
WEISS ZARETT BROFMAN SONNENKLAR & LEVY, P.C.	04-3655487	0.74	2448572
GLICKMAN ENGINEERING ASSOCIATES, PLLC	20-8634180	0.42	2332669
ONE THIRTY EIGHT PRODUCTIONS, INC.	82-4024465	0.06	10975
MOMS FIRST	99-3615716	1.18	258611

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHLAND CAPITAL GROUP LLC	20-1920416	2.70	1907200
BOWERY CAPITAL MANAGEMENT, LLC	38-3899888	0.16	319319
RENGEN LLC	47-4017187	0.80	402214
DM2 MEDIA LLC	27-5031672	0.56	0
BRINE WELLS DEVELOPMENT CO. LLC	47-5171436	0.14	152512
BROWN EXCAVATING LLC	84-4113095	0.02	44560
CAITLYN BOM PHOTOGRAPHY, LLC	81-1191396	0.10	63000
CATHERINE DIANA-NUSTEP PROFESSIONAL SERVICES	27-4559148	0.01	0
CNY ASSOCIATION OF DELTA KAPPA EPSILON	15-0545634	0.00	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEE'S DINER	27-0800681	0.00	0
DEPENDABLE PAVING CO	16-1318933	0.20	627953
EMERALD GREEN VILLAS MANAGEMENT COMPANY INC	05-0535795	0.00	0
ERIKA MARIE HEGLAND, D.O., P.C.	86-2085371	0.15	192440
ALPINE GLOBAL MANAGEMENT, LLC	46-1675291	7.02	8075832
TEAM 8 LABS, INC.	61-1813570	0.11	19480
ODEKO INC.	83-3824623	9.52	6483029

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

Part III Pooled Employer Plan Information

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

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

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

ACK ID _____

ARMHR 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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ARMHR 401(k) RETIREMENT PLAN

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

PLAN ADMINISTRATOR
ARMHR 401(k) RETIREMENT PLAN

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

We have performed the audits of the accompanying financial statements of **ARMHR 401(k) RETIREMENT PLAN,** an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ARMHR 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from its qualified institutions as of December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

443 North Franklin Street • Syracuse, NY 13204
1120 Corporate Drive • Auburn, NY 13021
Main 315-471-9171 • Fax 315-471-8555
www.dbbllc.com

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ARMHR 401(k) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ARMHR 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits 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 ARMHR 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about ARMHR 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements – Continued

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 15, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

ASSETS

	2025	2024
INVESTMENTS AT FAIR VALUE		
Cash and Cash Equivalents	$ 115,732	$ 18,029
Mutual Funds	74,983,353	44,345,364
Common/Collective Trust	310,645	679,389
Total Investments at Fair Value	75,409,730	45,042,782
RECEIVABLES		
Notes Receivable from Participants	641,196	480,938
Employer Contributions	347,932	59,383
Participant Contributions	347,628	246,764
Total Receivables	1,336,756	787,085
NET ASSETS AVAILABLE FOR BENEFITS	$ 76,746,486	$ 45,829,867

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 10,800,837	$ 3,657,843
Interest Income on Notes Receivable from Participants	42,333	27,704
Contributions:		
Employer	4,524,499	1,695,984
Participant	12,826,667	6,195,063
Rollover	4,568,917	1,602,929
Total Contributions	21,920,083	9,493,976
Total Additions	32,763,253	13,179,523
DEDUCTIONS		
Benefits Paid to Participants	8,663,027	3,582,949
Administrative Expenses	673,250	189,155
Total Deductions	9,336,277	3,772,104
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE NET TRANSFER (TO) FROM OTHER PLANS	23,426,976	9,407,419
NET TRANSFER OF ASSETS (TO) FROM OTHER PLANS	7,489,643	12,857,618
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	30,916,619	22,265,037
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	45,829,867	23,564,830
End of Year	$ 76,746,486	$ 45,829,867

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN

As of January 1, 2024, the Plan was renamed from the Onondaga Employee Leasing Inc. 401(k) Tax Savings Plan to the Armhr 401(k) Retirement Plan and the sponsorship of the Plan was transferred from Onondaga Employee Leasing Services, LLC to Armhr LLC.

The following description of the ARMHR 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer, defined contribution plan covering all employees from participating employers (the "Employers" or "Companies"), who meet certain eligibility requirements as defined in the Plan Document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participant Contributions

Participants may make voluntary, pretax contributions and Roth contributions in the form of salary reductions subject to certain limitations under the terms of the Plan and Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Beginning in 2025, pursuant to the provisions of the SECURE 2.0 Act, participants who attain ages 60 through 63 during the Plan year are eligible to make catch-up contributions up to an increased limit of $11,250. Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. These contributions belong to the participant and cannot be forfeited for any reason. Roth contributions are allowed.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN – Continued

Employer Contributions

Affiliated employers, at their discretion, may elect to make various types of employer contributions to the Plan, as permitted under the Plan document. These provisions include matching contributions based on the participant's salary reduction contributions and safe harbor contributions designed to satisfy the nondiscrimination requirements of Sections 401(k) and 401(m) of the Internal Revenue Code. Under the Plan, participating employers may elect one or more of the following contribution provisions:

> ***Safe Harbor Contribution***: The employer may elect to make an "ADP Test Safe Harbor Contribution" for the plan year. If this contribution type is elected, the Plan automatically satisfies the ADP and, if applicable, the ACP safe harbor requirements when the only matching contribution made is either (1) a basic matching contribution (traditional or Qualified Automatic Contribution Arrangement (QACA) or (2) an enhanced matching contribution (traditional or QACA) that does not provide a match on elective deferrals exceeding 6% of compensation.
>
> ***Safe Harbor Matching Contribution***: The employer may elect to make a matching contribution on behalf of eligible participants. For example, under the traditional basic safe harbor matching formula, the Employer contributes 100% of each participant's elective deferrals up to 3% of compensation, plus 50% of elective deferrals that exceed 3% but do not exceed 5% of compensation.
>
> ***Enhanced or QACA Matching Contribution***: Alternatively, an employer may elect an enhanced matching contribution formula that provides a match at least as generous as the basic formula, or a QACA safe harbor matching contribution consistent with automatic enrollment provisions under the Plan.

Each affiliated employer determines its contribution election annually in accordance with the Plan provisions. During the years ended December 31, 2025 and 2024, the Plan sponsor made employer matching contributions of approximately $2,065,000 and $786,000, respectively. During the years ending December 31, 2025 and 2024, the Companies made safe harbor matching contributions to the Plan of approximately $2,135,000 and $899,000, respectively.

In addition, each affiliated employer may also make an additional profit sharing contribution to employees. The profit sharing contributions are determined by each affiliated employer, rather than at the Plan level. There were approximately $112,000 and $8,000 of discretionary profit sharing contributions for the Plan years ended December 31, 2025 and 2024, respectively.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN – Continued

Participant Accounts

Each participant's account is credited with the participant's contributions, and an allocation of (a) the employer's contributions, (b) rollover contributions, and (c) Plan earnings or losses. Participant accounts are charged with an allocation of administration expenses, if applicable. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their pre-tax, Roth and employer safe harbor matching contributions plus actual earnings thereon. Vesting in the employers' nonelective profit-sharing and matching contribution portions of participant accounts is based on years of continuous service. Each affiliated employer selects a vesting schedule under the Plan, and participants become vested in accordance with the schedule elected by their employer.

Employers may elect one of several vesting options, including immediate (100%) vesting or graded or cliff vesting schedules, provided the elected schedule meets the minimum requirements of the Internal Revenue Code. For example, an employer may elect a 6-year graded schedule under which a participant becomes vested as follows: 0% after one year of service, 20% after two years, 40% after three years, 60% after four years, 80% after five years, and 100% after six years of service.

The Plan also permits certain employers to apply the same vesting schedule to matching contributions, or to elect 100% immediate vesting for such contributions, depending on their selected plan provisions.

Notes Receivable from Participants

The availability and terms of participant loans are determined by each affiliated employer in accordance with its respective adoption agreement under the Plan. Each affiliated employer may elect whether to permit participant loans and, if so, establish specific loan provisions such as the number of loans permitted, minimum loan amount, and repayment terms. Generally, loans are subject to a maximum equal to the lesser of $50,000 or 50% of a participant's vested account balance. Loan terms typically range from one to five years, or longer if used for the purchase of a primary residence. Loans are secured by the participant's account balance and bear interest at a fixed rate determined at the time of issuance based on prevailing market rates. Principal and interest are generally repaid through payroll deductions.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN – Continued

Payment of Benefits

On termination of service due to death, disability, separation of employment, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. A participant may, upon attainment of age 59½, elect to receive all or a portion of their vested account balance while still employed. Normal retirement age is 59½.

Hardship Withdrawals

Hardship withdrawals may be permitted and subject to certain limitations imposed by the Internal Revenue Service and the provisions specified in the Plan document. The availability of hardship withdrawals is optional and determined by each affiliated employer in accordance with the Plan's adoption agreement.

Forfeitures

Upon termination, participant's non-vested account balances are forfeited. The outstanding balance of forfeited non-vested contributions totaled $115,732 and $18,029 at December 31, 2025 and 2024, respectively. These accounts will be used to reduce future Plan expenses, with the remainder used to offset employer contributions. Forfeitures used to offset Plan expenses in 2025 and 2024 amounted to $-0- for both years. Forfeitures used to reduce employer contributions were $76,655 and $63,407 for the years ended December 31, 2025 and 2024, respectively.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Investments Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and trust company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

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

Subsequent Events

Plan management has evaluated subsequent events through October 15, 2026, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 3 – CERTIFIED INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from the custodians of the Plan that the information provided by them is complete and accurate.

Effective January 1, 2024, Matrix Trust Company became the new custodian of the Plan's investments. Accordingly, the Plan's investments held by Matrix Trust Company at December 31m 2025 and from January 1, 2024 through December 31, 2024 were certified by Matrix Trust Company.

The Plan's investments held by Transamerica Financial Life Insurance Company, Inc. at December 31, 2023 and for period January 1, 2024 through January 10, 2024 were certified by Transamerica Financial Life Insurance Company, Inc.

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by the respective custodians as of and for the years ended December 31, 2025 and 2024:

	2025	2024
Investments, at Fair Value	$ 75,409,730	$ 45,042,782
Notes Receivable from Participants	$ 641,196	$ 480,938
Investment Income	$ 10,800,837	$ 3,657,843
Interest Income on Notes Receivable from Participants	$ 42,333	$ 27,704

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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

Cash and Cash Equivalents – Valued at cost plus interest which approximates fair value.

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

Common/Collective Trust – Units of the fund are valued each day on which the New York Stock Exchange (NYSE) is open for trading in accordance with the valuation procedures established by the trustee. The NAV per unit is calculated as of the close of trading on the NYSE (generally, 4:00 p.m. U.S. Eastern time). The NAV per unit is computed by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation. Investment income earned is reinvested in the fund and included in the determination of unit values.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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

Investments at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Cash	$ 115,732	$ 0	$ 0	115,732
Mutual Funds	74,983,353	0	0	74,983,353
Common/Collective Trust	0	310,645	0	310,645
Total Investments at Fair Value	$ 75,099,085	$ 310,645	$ 0	$ 75,409,730

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at Fair Value:				
Cash	$ 18,029	$ 0	$ 0	18,029
Mutual Funds	44,345,364	0	0	44,345,364
Common/Collective Trust	0	679,389	0	679,389
Total Investments at Fair Value	$ 44,363,393	$ 679,389	$ 0	$ 45,042,782

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2025 and 2024 are reported in net appreciation in fair value of investments.

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Matrix Trust Company and Transamerica Financial Life Insurance Company, Inc. were the custodians of the Plan's assets. As such, transactions between the custodian and the Plan qualify as party-in-interest transactions. Transactions involving participant loans also qualify as party-in-interest transactions.

As described in Note 2, the Plan sponsor paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA and are exempt from prohibitive transaction rules.

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their account balances.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Companies by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and Plan's tax counsel believe that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 – NET TRANSFER OF ASSETS FROM OTHER PLANS

During 2025 and 2024, the Companies lost a number of clients and acquired additional ones. The clients who left the Companies transferred the assets from the Plan to other qualified pension plans. The new clients transferred the assets of their previously sponsored pension plans to the Plan. The balance of those transfers is included in the Net Transfer of Assets from Other Plans on the statements of changes in net assets available for benefits, totaling $7,489,643 and $12,857,618 during 2025 and 2024, respectively.

NOTE 9 – RISKS AND UNCERTAINTIES

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2025

EIN: 81-0723442
Plan Number: 001
Schedule H, Part IV, Line 4(i)
Plan Sponsor: Armhr, LLC

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Allspring Special Small Cap Value R6	Mutual Fund	**	$ 78,526
	American Funds American Balanced R6	Mutual Fund	**	314,696
	American Funds New Perspective R6	Mutual Fund	**	403,687
	American Funds New World R6	Mutual Fund	**	4,171,055
	BlackRock Health Sciences Opps K	Mutual Fund	**	134,160
	BlackRock High Yield K	Mutual Fund	**	397,899
	Cash - USD	Mutual Fund	**	335
	DFA Inflation-Protected Securities I	Mutual Fund	**	369,448
	DFA US Large Cap Growth Instl	Mutual Fund	**	5,346,505
	Franklin Utilities R6	Mutual Fund	**	741,270
	Janus Henderson Triton N	Mutual Fund	**	45,644
	JPMorgan Equity Income R6	Mutual Fund	**	254,298
	MFS Intl Diversification R6	Mutual Fund	**	8,458,470
	MFS Mid Cap Value R6	Mutual Fund	**	123,870
	PGIM Total Return Bond R6	Mutual Fund	**	94,404
	Putnam Large Cap Value R6	Mutual Fund	**	5,890,143
	Reliance MetLife Series 25053 Cl 0	Common/Collective Trust	**	310,645
	Schwab PCRA Self-Directed Account	Mutual Fund	**	1,197,654
	T. Rowe Price Diversified Mid Cap Gr	Mutual Fund	**	185,189
	Vanguard 500 Index Admiral	Mutual Fund	**	2,392,178
	Vanguard Interm-Term Bond Index Adm	Mutual Fund	**	943,700
	Vanguard International Value Inv	Mutual Fund	**	624,684
	Vanguard LifeStrategy Cnsrv Gr Inv	Mutual Fund	**	39,925
	Vanguard LifeStrategy Growth Inv	Mutual Fund	**	700,951
	Vanguard LifeStrategy Income Inv	Mutual Fund	**	112,344
	Vanguard LifeStrategy Mod Gr Inv Shrs	Mutual Fund	**	201,728
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	2,504,075
	Vanguard Real Estate Index Admiral	Mutual Fund	**	849,978
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	1,292,997
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	252,633
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	871,919
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	496,969
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	509,121
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	1,027,252
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	2,355,439
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	1,438,253
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	976,356
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	53,263
	Vanguard Target Retirement 2070 Fund	Mutual Fund	**	351,413
	Vanguard Total Intl Bd Idx Admiral™	Mutual Fund	**	1,997,636
	Vanguard Total Stock Mkt Idx Adm	Mutual Fund	**	16,783,524
	Western Asset Intermediate Bond IS	Mutual Fund	**	9,999,762
				75,293,998
*	Cash and Cash Equivalents			115,732
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 10.50% with maturity dates through August 2036	-0-	641,196
*				$ 76,050,926

* Party-in-interest, as defined by ERISA.
** In accordance with ERISA, the historical cost has been omitted as the investments are participant-directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Armhr 401(k) Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)

Armhr, LLC

5015 Campuswood Drive
Suite 204
East Syracuse NY 13057

2b Employer Identification Number (EIN) 81-0723442

2c Plan Sponsor's telephone number 646-502-5351

2d Business code (see instructions) 561300

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

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

SIGN HERE	Chris Ferek	10-15-26	Chris Ferek
	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**	3,078
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)**	2,686
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2,255
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	419
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2,700
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2,700
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)**	1,519
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)**	1,567
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	67
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2S 2T 2V 3B
3D 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Armhr 401(k) Retirement Plan

Employer Identification No - 81-0723442, Plan No. - 001
2025 Form 5500 - Schedule H, Part IV, Line 5b
Plan(s) to Which Assets or Liabilities Were Transferred
Plan Year Ended December 31, 2025

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Justworks Savings Retirement Plan	46-2283648	333
G & A Partners, Inc. Multiple Employer 401(k) Plan	76-0461926	001
Digiday Media LLC 401(k) Profit Sharing Plan & Trust	27-5031672	002
North East Parts Group LLC 401(k) Plan	46-1590188	002
Extensis Group Retirement Savings Plan	86-1064991	333
CJ's Car America 401(k) Plan	16-1593738	001
Urtasker, Inc. 401(k) Plan	84-1916400	001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2025

EIN: 81-0723442
Plan Number: 001
Schedule H, Part IV, Line 4(i)
Plan Sponsor: Armhr, LLC

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Allspring Special Small Cap Value R6	Mutual Fund	**	$ 78,526
	American Funds American Balanced R6	Mutual Fund	**	314,696
	American Funds New Perspective R6	Mutual Fund	**	403,687
	American Funds New World R6	Mutual Fund	**	4,171,055
	BlackRock Health Sciences Opps K	Mutual Fund	**	134,160
	BlackRock High Yield K	Mutual Fund	**	397,899
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	DFA Inflation-Protected Securities I	Mutual Fund	**	369,448
	DFA US Large Cap Growth Instl	Mutual Fund	**	5,346,505
	Franklin Utilities R6	Mutual Fund	**	741,270
	Janus Henderson Triton N	Mutual Fund	**	45,644
	JPMorgan Equity Income R6	Mutual Fund	**	254,298
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	MFS Mid Cap Value R6	Mutual Fund	**	123,870
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	Putnam Large Cap Value R6	Mutual Fund	**	5,890,143
	Reliance MetLife Series 25053 Cl 0	Common/Collective Trust	**	310,645
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	T. Rowe Price Diversified Mid Cap Gr	Mutual Fund	**	185,189
	Vanguard 500 Index Admiral	Mutual Fund	**	2,392,178
	Vanguard Interm-Term Bond Index Adm	Mutual Fund	**	943,700
	Vanguard International Value Inv	Mutual Fund	**	624,684
	Vanguard LifeStrategy Cnsrv Gr Inv	Mutual Fund	**	39,925
	Vanguard LifeStrategy Growth Inv	Mutual Fund	**	700,951
	Vanguard LifeStrategy Income Inv	Mutual Fund	**	112,344
	Vanguard LifeStrategy Mod Gr Inv Shrs	Mutual Fund	**	201,728
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	2,504,075
	Vanguard Real Estate Index Admiral	Mutual Fund	**	849,978
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	1,292,997
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	252,633
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	871,919
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	496,969
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	509,121
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	1,027,252
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	2,355,439
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	1,438,253
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	976,356
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	53,263
	Vanguard Target Retirement 2070 Fund	Mutual Fund	**	351,413
	Vanguard Total Intl Bd Idx Admiral™	Mutual Fund	**	1,997,636
	Vanguard Total Stock Mkt Idx Adm	Mutual Fund	**	16,783,524
	Western Asset Intermediate Bond IS	Mutual Fund	**	9,999,762
				75,293,998
*	Cash and Cash Equivalents			115,732
*	Notes Receivable from Participants	Interest rates ranging from 4.25% to 10.50% with maturity dates through August 2036	-0-	641,196
*				$ 76,050,926

* Party-in-interest, as defined by ERISA.
** In accordance with ERISA, the historical cost has been omitted as the investments are participant-directed.