

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: NEW CANAAN COMMUNITY NURSERY SCHOOL 403(B)TDA PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): NEW CANAAN COMMUNITY NURSERY SCHOOL, NEW CANAAN COMMUNITY PRESCHOOL
2b Employer Identification Number (EIN): 06-0662156
2c Sponsor's telephone number: 203-966-3010
2d Business code (see instructions): 611000
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
4d PN
5a Total number of participants at the beginning of the plan year: 6
5b Total number of participants at the end of the plan year: 6
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 6
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 6
5d(1) Total number of active participants at the beginning of the plan year: 2
5d(2) Total number of active participants at the end of the plan year: 2
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for GISELLE M. COVEN dated 07/20/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	240905	313636
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	240905	313636
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers		
	(2) Participants	5825	
	(3) Others (including rollovers)		
b	Other income (loss)	66906	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		72731
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		
e	Certain deemed and/or corrective distributions (see instructions) .		
f	Administrative service providers (salaries, fees, commissions)		
g	Other expenses		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		
i	Net income (loss) (subtract line 8h from line 8c)		72731
j	Transfers to (from) the plan (see instructions)		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Statement of Changes to Net Assets

Total Plan Assets Under Management – Investment Detail

NCCNS DBA NCCP

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

	TIAA TRADITIONAL BENEFIT RESPONSIVE BR1	CREF STOCK R1 X2	CREF MONEY MARKET R1 X3	CREF SOCIAL CHOICE R1 X4
Market Value at the Beginning of the Period	\$1,237.50	\$21,733.95	\$1,035.41	\$1.76
Additions to Net Assets				
Contributions				
EMPLOYEE PRE-TAX	\$0.00	\$1,140.00	\$0.00	\$0.00
Total Contributions	\$0.00	\$1,140.00	\$0.00	\$0.00
Plan Servicing Credit	\$0.00	\$0.00	\$0.00	\$0.00
Other Receipts	\$0.00	\$0.00	\$0.00	\$0.00
Total Additions to Net Assets	\$0.00	\$1,140.00	\$0.00	\$0.00
Investment Income				
Earnings	\$13.21	\$0.00	\$0.00	\$0.00
Participant Loan Interest	\$0.00	\$0.00	\$0.00	\$0.00
Dividends	\$0.00	\$0.00	\$0.00	\$0.00
Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00
Unrealized Gain (Loss)	\$37.31	\$3,609.27	\$50.96	\$0.15
Total Investment Income	\$50.52	\$3,609.27	\$50.96	\$0.15
Deductions from Net Assets				
Withdrawals	\$0.00	\$0.00	\$0.00	\$0.00
Distributions	\$0.00	\$0.00	\$0.00	\$0.00
Annuity Settlement Options	\$0.00	\$0.00	\$0.00	\$0.00
Forfeitures	\$0.00	\$0.00	\$0.00	\$0.00
Fees	\$0.00	\$0.00	\$0.00	\$0.00
Other Deductions	\$0.00	\$0.00	\$0.00	\$0.00
Total Deductions from Net Assets	\$0.00	\$0.00	\$0.00	\$0.00
Transfers				
Interfund Transfer In	\$0.00	\$0.00	\$0.00	\$0.00
Interfund Transfer (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Source Conversions In/(Out)	\$0.00	\$0.00	\$0.00	\$0.00
Conversion In	\$0.00	\$0.00	\$0.00	\$0.00
Conversion (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer In	\$0.00	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loans Issued	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Principal Repayment	\$0.00	\$0.00	\$0.00	\$0.00
Total Transfers	\$0.00	\$0.00	\$0.00	\$0.00
Market Value at the End of the Period	\$1,288.02	\$26,483.22	\$1,086.37	\$1.91



Statement of Changes to Net Assets

Total Plan Assets Under Management – Investment Detail

NCCNS DBA NCCP

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

	CREF GLOBAL EQUITIES R1 X6	CREF GROWTH R1 X7	CREF EQUITY INDEX R1 X8	CREF INFLATION- LINKED BOND R1 X9
Market Value at the Beginning of the Period	\$17,617.55	\$174,918.82	\$16,612.26	\$3,351.30
Additions to Net Assets				
Contributions				
EMPLOYEE PRE-TAX	\$1,140.00	\$2,025.12	\$760.00	\$380.00
Total Contributions	\$1,140.00	\$2,025.12	\$760.00	\$380.00
Plan Servicing Credit	\$0.00	\$0.00	\$0.00	\$0.00
Other Receipts	\$0.00	\$0.00	\$0.00	\$0.00
Total Additions to Net Assets	\$1,140.00	\$2,025.12	\$760.00	\$380.00
Investment Income				
Earnings	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Interest	\$0.00	\$0.00	\$0.00	\$0.00
Dividends	\$0.00	\$0.00	\$0.00	\$0.00
Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00
Unrealized Gain (Loss)	\$3,383.22	\$55,751.06	\$3,928.60	\$112.58
Total Investment Income	\$3,383.22	\$55,751.06	\$3,928.60	\$112.58
Deductions from Net Assets				
Withdrawals	\$0.00	\$0.00	\$0.00	\$0.00
Distributions	\$0.00	\$0.00	\$0.00	\$0.00
Annuity Settlement Options	\$0.00	\$0.00	\$0.00	\$0.00
Forfeitures	\$0.00	\$0.00	\$0.00	\$0.00
Fees	\$0.00	\$0.00	\$0.00	\$0.00
Other Deductions	\$0.00	\$0.00	\$0.00	\$0.00
Total Deductions from Net Assets	\$0.00	\$0.00	\$0.00	\$0.00
Transfers				
Interfund Transfer In	\$0.00	\$0.00	\$0.00	\$0.00
Interfund Transfer (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Source Conversions In/(Out)	\$0.00	\$0.00	\$0.00	\$0.00
Conversion In	\$0.00	\$0.00	\$0.00	\$0.00
Conversion (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer In	\$0.00	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer (Out)	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loans Issued	\$0.00	\$0.00	\$0.00	\$0.00
Participant Loan Principal Repayment	\$0.00	\$0.00	\$0.00	\$0.00
Total Transfers	\$0.00	\$0.00	\$0.00	\$0.00
Market Value at the End of the Period	\$22,140.77	\$232,695.00	\$21,300.86	\$3,843.88



Statement of Changes to Net Assets

Total Plan Assets Under Management – Investment Detail

NCCNS DBA NCCP

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

	TIAA REAL ESTATE X1	CREF CORE BOND R1 X5	TOTAL
Market Value at the Beginning of the Period	\$1,249.79	\$3,146.87	\$240,905.21
Additions to Net Assets			
Contributions			
EMPLOYEE PRE-TAX	\$0.00	\$380.00	\$5,825.12
Total Contributions	\$0.00	\$380.00	\$5,825.12
Plan Servicing Credit	\$0.00	\$0.00	\$0.00
Other Receipts	\$0.00	\$0.00	\$0.00
Total Additions to Net Assets	\$0.00	\$380.00	\$5,825.12
Investment Income			
Earnings	\$0.00	\$0.00	\$13.21
Participant Loan Interest	\$0.00	\$0.00	\$0.00
Dividends	\$0.00	\$0.00	\$0.00
Realized Gain (Loss)	\$0.00	\$0.00	\$0.00
Unrealized Gain (Loss)	(\$51.48)	\$70.90	\$66,892.57
Total Investment Income	(\$51.48)	\$70.90	\$66,905.78
Deductions from Net Assets			
Withdrawals	\$0.00	\$0.00	\$0.00
Distributions	\$0.00	\$0.00	\$0.00
Annuity Settlement Options	\$0.00	\$0.00	\$0.00
Forfeitures	\$0.00	\$0.00	\$0.00
Fees	\$0.00	\$0.00	\$0.00
Other Deductions	\$0.00	\$0.00	\$0.00
Total Deductions from Net Assets	\$0.00	\$0.00	\$0.00
Transfers			
Interfund Transfer In	\$0.00	\$0.00	\$0.00
Interfund Transfer (Out)	\$0.00	\$0.00	\$0.00
Source Conversions In/(Out)	\$0.00	\$0.00	\$0.00
Conversion In	\$0.00	\$0.00	\$0.00
Conversion (Out)	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer In	\$0.00	\$0.00	\$0.00
Plan to Plan Transfer (Out)	\$0.00	\$0.00	\$0.00
Participant Loans Issued	\$0.00	\$0.00	\$0.00
Participant Loan Principal Repayment	\$0.00	\$0.00	\$0.00
Total Transfers	\$0.00	\$0.00	\$0.00
Market Value at the End of the Period	\$1,198.31	\$3,597.77	\$313,636.11



Schedule of Assets Held for Investment

Total Plan Assets Under Management

NCCNS DBA NCCP

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
NCCNS DBA NCCP							
BR1	TIAA#	TIAA Traditional Benefit Responsive				\$1,288.02	\$813.51
X2	QCSTRX	CREF Stock R1	\$894.411400	29.6094	\$0.24	\$26,483.22	\$11,210.32
X3	QCMMRX	CREF Money Market R1	\$29.136800	37.2850	\$0.00	\$1,086.37	\$937.92
X4	QCSCRX	CREF Social Choice R1	\$360.266300	0.0053	\$0.00	\$1.91	\$0.76
X6	QCGLRX	CREF Global Equities R1	\$339.777400	65.1622	\$0.13	\$22,140.77	\$10,098.80
X7	QCGRRX	CREF Growth R1	\$514.792400	452.0169	\$0.14	\$232,695.00	\$46,162.50
X8	QCEQRX	CREF Equity Index R1	\$504.433800	42.2268	\$0.23	\$21,300.86	\$7,088.27
X9	QCILRX	CREF Inflation-Linked Bond R1	\$82.728100	46.4640	\$0.00	\$3,843.88	\$3,238.88
X1	QREARX	TIAA Real Estate	\$461.243100	2.5980	\$0.00	\$1,198.31	\$814.48
X5	QCBMRX	CREF Core Bond R1	\$131.342800	27.3922	\$0.00	\$3,597.77	\$3,211.60
Subtotal						\$313,636.11	\$83,577.04
NCCNS DBA NCCP TOTAL						\$313,636.11	\$83,577.04
PLAN TOTAL						\$313,636.11	\$83,577.04

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description) _____

D If the plan is a collectively-bargained plan, check here

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 NEW CANAAN COMMUNITY NURSERY SCHOOL 403 (B) TDA PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	10/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.) NEW CANAAN COMMUNITY NURSERY SCHOOL 77 OLD NORWALK ROAD NEW CANAAN CT 06840-6418	2b Employer Identification Number (EIN)	06-0662156
	2c Sponsor's telephone number	203-966-3010
	2d Business code (see instructions)	611000
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	6
b Total number of participants at the end of the plan year	5b	6
c (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	6
c (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	6
d (1) Total number of active participants at the beginning of the plan year	5d(1)	2
d (2) Total number of active participants at the end of the plan year	5d(2)	2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		07/22/2025	GISELLE M. COVEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/22/2025	GISELLE M. COVEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor