

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 04/01/2024 and ending 03/31/2025

- 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 LAKE CHAMPLAIN BASIN SCIENCE CENTER, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/2000
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) LEAHY CENTER FOR LAKE CHAMPLAIN, INC. ECHO LAKE AQUARIUM AND SCIENCE CTR 1 COLLEGE STREET BURLINGTON, VT 05401-5215
2b Employer Identification Number (EIN) 03-0347288
2c Sponsor's telephone number 802-864-1848
2d Business code (see instructions) 712100
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 46
5b Total number of participants at the end of the plan year 47
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 46
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 46
5d(1) Total number of active participants at the beginning of the plan year 29
5d(2) Total number of active participants at the end of the plan year 31
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 3

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, Date, and Name. Row 1: Filed with authorized/valid electronic signature, Signature of plan administrator, 09/04/2025, BRET HODGDON. Row 2: Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, Date, BRET HODGDON.

- 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 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1717912	1836144
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1717912	1836144
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	35585	
(2) Participants	8a(2)	83691	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	71081	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		190357
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	72100	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	25	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		72125
i Net income (loss) (subtract line 8h from line 8c)	8i		118232
j Transfers to (from) the plan (see instructions)	8j		

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 2M
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				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		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?	10d		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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		1048
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

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? (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. Yes No

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 _____.

September 3, 2025

CONFIDENTIAL

Mr. David Bardaglio
Leahy Center for Lake
Champlain, Inc.
1 College Street
Burlington, VT 05401-5215

RE: Lake Champlain Basin Science Center, Inc. Defined Contribution Retirement Plan

Dear David:

We have prepared your Short Form Annual Return/Report of Small Employer Benefit Plan, Form 5500-SF, for the tax year ended 3/31/25 to be filed electronically, and it is not required to be mailed. Mailing a paper copy of Form 5500-SF to EBSA will delay the processing of your return. Your electronically filed return is not complete without your consent to file. Please review the enclosed copy of the filing, sign and return a copy to us via fax or email as your authorization to file. Please also sign and return the ***Authorization of Practitioner to Electronically Sign and File Form 5500***. You may provide this information by fax at (802) 876-1864, or via email at efile@dh-cpa.com. **Your return is due by October 31, 2025** and we will electronically file your return immediately after receipt of your authorization.

There is no tax due with this filing.

We have prepared the enclosed return from information provided by you without verification or audit. We suggest that you examine this return carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

We have also enclosed a Summary Annual Report (SAR) that can be used to meet the information disclosure requirement. The SAR must be provided to all plan participants nine months after the conclusion of the plan year, or two months following the due date of the Form 5500 if an extension has been granted by the IRS.

Mr. David Bardaglio
Leahy Center for Lake
September 3, 2025

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

A handwritten signature in black ink, appearing to read "Bret", is positioned above the printed name. The signature is written in a cursive style.

Bret Hodgdon, CPA, CFP®, CFE

2024 Form 5500-SF e-file Signature Authorization

Leahy Center for Lake Champlain, Inc.
Lake Champlain Basin Science Center, Inc. Defined Contribution Retirement 001
1 College Street
Burlington, VT 05401-5215

Employer Identification Number: 03-0347288

Client Identification Number: 7955A

You, as plan administrator, are authorizing that Davis & Hodgdon Associates CPAs, PLC electronically file the 2024 Form 5500-SF for Lake Champlain Basin Science Center, Inc. Defined as an EFAST2 Service Provider.

Authorization

As plan administrator for Lake Champlain Basin Science Center, Inc. Defined, I authorize Davis & Hodgdon Associates CPAs, PLC to electronically file Form 5500-SF for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization *David Bardaglio*
David Bardaglio (Sep 4, 2025 13:28:49 EDT)

Date: Sep 4, 2025

<p>Form 5500-SF Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Short Form Annual Return/Report of Small Employee Benefit Plan</p> <p>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).</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
<p>Complete all entries in accordance with the instructions to the Form 5500-SF.</p>		

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 4/01/2024 and ending 03/31/2025

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

<p>1a Name of plan Lake Champlain Basin Science Center, Inc. Defined Contribution Retirement Plan</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>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) Leahy Center for Lake Champlain, Inc. ECHO Lake Aquarium and Science Ctr 1 College Street Burlington VT 05401-5215</p>	<p>1c Effective date of plan 02/01/2000</p> <p>2b Employer Identification Number (EIN) 03-0347288</p> <p>2c Sponsor's telephone number 802-864-1848</p> <p>2d Business code (see instructions) 712100</p>
<p>3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.</p>	<p>3b Administrator's EIN</p> <p>3c Administrator's telephone number</p>
<p>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</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5a Total number of participants at the beginning of the plan year 46 b Total number of participants at the end of the plan year 47 c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 46 c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 46 d(1) Total number of active participants at the beginning of the plan year 29 d(2) Total number of active participants at the end of the plan year 31 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 3</p>	<p>5a 46 5b 47 5c(1) 46 5c(2) 46 5d(1) 29 5d(2) 31 5e 3</p>

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	<u>David Bardaglio</u> <small>David Bardaglio (Sep 4, 2025 13:28:49 EDT)</small>	Sep 4, 2025	David Bardaglio
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>David Bardaglio</u> <small>David Bardaglio (Sep 4, 2025 13:28:49 EDT)</small>	Sep 4, 2025	David Bardaglio
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 1717912	1836144
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a)	7c 1717912	1836144
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 35,585	
(2)	Participants	8a(2) 83,691	
(3)	Others (including rollovers)	8a(3) 0	
b	Other income (loss)	8b 71,081	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	190,357
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 72,100	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g 25	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	72,125
i	Net income (loss) (subtract line 8h from line 8c)	8i	118,232
j	Transfers to (from) the plan (see instructions)	8j	

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 2M
- 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

10 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)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	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?	10d	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.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g X		1048
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	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	10i		

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

**Leahy Center for Lake
Champlain, Inc.
1 College Street
Burlington, VT 05401-5215**

**Summary Annual Report for the
Lake Champlain Basin Science Center, Inc. Defined
Contribution Retirement Plan**

This is the summary annual report for the Lake Champlain Basin Science Center, Inc. Defined Contribution Retirement Plan, EIN 03-0347288, Plan number 001 for the period April 1, 2024 to March 31, 2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the year ended March 31, 2025 and therefore has not had an audit performed. Instead, the following information is provided to assist you in verifying that the assets reported in the Form 5500 were actually held by the plan.

The plan's assets were either qualifying employer securities, loans to participants, or held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually.

Your rights to additional information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Leahy Center for Lake Champlain, Inc., who is the plan administrator, 1 College Street, Burlington, VT, 05401-5215, 802-864-1848. These portions of the report are furnished without charge.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these

portions or the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Leahy Center for Lake
Champlain, Inc.
Plan Sponsor
1 College Street
Burlington, VT 05401-5215
03-0347288

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room
Room N-1513
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210







7955A Filing Package (5500 Return) 2024

Final Audit Report

2025-09-04

Created:	2025-09-04
By:	Marissa Richardson (marissa@dh-cpa.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWdmK9HiNBbivHdkOGaJDyvm6LDKh9NdP

"7955A Filing Package (5500 Return) 2024" History

-  Document created by Marissa Richardson (marissa@dh-cpa.com)
2025-09-04 - 5:22:50 PM GMT
-  Document emailed to dbardaglio@echovermont.org for signature
2025-09-04 - 5:23:37 PM GMT
-  Email viewed by dbardaglio@echovermont.org
2025-09-04 - 5:27:38 PM GMT
-  Signer dbardaglio@echovermont.org entered name at signing as David Bardaglio
2025-09-04 - 5:28:47 PM GMT
-  Document e-signed by David Bardaglio (dbardaglio@echovermont.org)
Signature Date: 2025-09-04 - 5:28:49 PM GMT - Time Source: server
-  Agreement completed.
2025-09-04 - 5:28:49 PM GMT