

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 10/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan) UNITED DISABILITY SERVICES, INC.
2b Employer Identification Number (EIN) 34-1374195
2c Plan Sponsor's telephone number 330-762-9755
2d Business code (see instructions) 624100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	
5 Total number of participants at the beginning of the plan year	5	216
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	36
	6a(2)	1
	6b	38
	6c	17
	6d	56
	6e	4
	6f	60
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED DISABILITY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1374195</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>12115869</u>
	b Actuarial value	2b	<u>12115869</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>105</u>	<u>8020286</u>
	b For terminated vested participants	<u>75</u>	<u>2679140</u>
	c For active participants	<u>36</u>	<u>3334061</u>
	d Total	<u>216</u>	<u>14033487</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>27585</u>
	c Target normal cost	6c	<u>27585</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>10/06/2025</u>	Date
	<u>JAMES W. BUDAI, FSA, EA, MAAA</u>	<u>23-07634</u>	Most recent enrollment number
	Type or print name of actuary	<u>614-793-2577</u>	Telephone number (including area code)
	<u>CBIZ BENEFITS & INSURANCE SERVICES</u>		
	Firm name		
	<u>5450 FRANTZ ROAD SUITE 300 DUBLIN, OH 43016</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	802963
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	396316
9	Amount remaining (line 7 minus line 8)	0	406647
10	Interest on line 9 using prior year's actual return of <u>15.89</u> %	0	64616
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	471263

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.97 %
15	Adjusted funding target attainment percentage	15	82.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/12/2024	68577	0					
07/12/2024	68577	0					
01/29/2025	822221	0					
			Totals ▶	18(b)	959375	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	913474

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 27585
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2390068		269965	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 297550
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 297550
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 913474
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 615924
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED DISABILITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1374195	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK

1 CASCADE PLAZA
AKRON, OH 44308

25-1211909

(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?
26 13	TRUSTEE	29231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED DISABILITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1374195

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	822221
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	20316	18379
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	527742	2526305
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	20276	0
(B) Common	1c(4)(B)	4083243	1939
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7462140	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2152	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	12115869 3368844
Liabilities			
g	Benefit claims payable.....	1g	0 3367092
h	Operating payables.....	1h	0 1752
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 3368844
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	12115869 0

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	959375
	(B) Participants.....	2a(1)(B)	0
	(C) Others (including rollovers).....	2a(1)(C)	0
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	959375
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)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(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)	366377
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	366377
(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)		737048
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2062800

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10774815	
(2) To insurance carriers for the provision of benefits	2e(2)	3367092	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14141907
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(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)	36762	
(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)		36762
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14178669

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12115869
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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) 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: **BOBER, MARKEY, FEDOROVICH AND CO.**

(2) EIN: **34-1523030**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560147.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED DISABILITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1374195	

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): _____

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	0
--	----------	----------

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

UNITED DISABILITY SERVICES
DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

December 31, 2024 and 2023

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
ANNUAL REPORT INDEX
December 31, 2024 and 2023

The following financial statements and other information of United Disability Services Defined Benefit Plan are included herewith:

- Statements of Net Assets Available for Benefits as of December 31, 2024 (in Liquidation) and 2023 (Ongoing);
- Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 (in Liquidation) and 2023 (Ongoing);
- Statements of Accumulated Plan Benefits as of January 01, 2024 and 2023;
- Statements of Changes in Accumulated Plan Benefits for the Years Ended January 01, 2024 and 2023;
- Notes to Financial Statements.

The following supplemental schedules of United Disability Services Defined Benefit Plan included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor as of and for the year ended December 31, 2024, are included herewith:

- Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
- Schedule H, Line 4j – Schedule of Reportable Transactions.

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
United Disability Services Defined Benefit Plan
Akron, Ohio

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

We have performed audits of the accompanying financial statements of United Disability Services Defined Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 (in liquidation), the statement of net assets available for benefits as of December 31, 2023 (ongoing), and the related statements of changes in net assets available for benefits for the year ended December 31, 2023 (ongoing), the statements of accumulated plan benefits as of January 1, 2024 (in liquidation), and the related statements of changes in accumulated plan benefits for the year ended January 1, 2024 (in liquidation) the statements of accumulated plan benefits as of January 1, 2023 (ongoing), and related statements of changes in accumulated plan benefits for the year ended January 1, 2023 (ongoing), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a qualified institution as of December 31, 2024 (in liquidation) and December 31, 2023 (ongoing), and for the years ended December 31, 2024 (in liquidation) and December 31, 2023 (ongoing), stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 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 accompanying financial 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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

As described in Note 2 to the financial statements, due to the termination of the Plan and its imminent liquidation, the Plan changed its basis of accounting from the accrual basis used in the 2023 financial statements to the liquidation basis of accounting for the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for 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 Audits 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 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 audits.
- 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

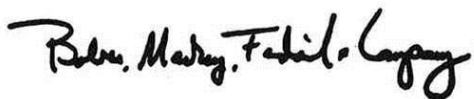
Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 (in liquidation) and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 26, 2025

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	2024 (In Liquidation)	2023 (Ongoing)
ASSETS		
Investments, at fair value	\$ 2,528,244	\$ 12,093,401
Accrued interest and dividends	18,379	20,316
Contribution receivable	822,221	-
Due from broker	-	2,152
TOTAL ASSETS	3,368,844	12,115,869
LIABILITIES		
Benefits payable to participants	(3,367,092)	-
Accrued expenses	(1,752)	-
TOTAL LIABILITIES	(3,368,844)	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 12,115,869

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

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	<u>2024</u> <u>(In Liquidation)</u>	<u>2023</u> <u>(Ongoing)</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Interest and dividends	\$ 366,377	\$ 335,789
Employer contributions	<u>959,375</u>	<u>-</u>
TOTAL ADDITIONS	1,325,752	335,789
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	10,774,815	779,037
Purchase of annuity contracts for participants	3,367,092	-
Administrative expenses	<u>36,762</u>	<u>37,184</u>
TOTAL DEDUCTIONS	14,178,669	816,221
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	<u>737,048</u>	<u>1,390,169</u>
NET (DECREASE) INCREASE	(12,115,869)	909,737
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF THE YEAR	<u>12,115,869</u>	<u>11,206,132</u>
END OF THE YEAR	<u>\$ -</u>	<u>\$ 12,115,869</u>

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

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
 STATEMENTS OF ACCUMULATED PLAN BENEFITS
 January 1, 2024 and 2023

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
VESTED BENEFITS		
Retired participants and beneficiaries	\$ 7,417,724	\$ 7,151,025
Other participants	5,416,512	4,784,478
TOTAL VESTED BENEFITS	12,834,236	11,935,503
NONVESTED BENEFITS	-	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 12,834,236	\$ 11,935,503

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

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
 STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
 For the Years Ended January 1, 2024 and 2023

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 11,935,503	\$ 12,350,447
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Actuarial assumption changes	874,319	(435,084)
Benefits accumulated and actuarial gains (losses)	19,479	(43,344)
Benefits paid	(779,037)	(709,053)
Interest	783,972	772,537
NET INCREASE (DECREASE)	898,733	(414,944)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ 12,834,236	\$ 11,935,503

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

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the United Disability Service Defined Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a trustee, non-contributory defined benefit pension plan covering substantially all employees of United Disability Services, Inc. (the "Plan Sponsor"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was amended in October 2014, so that participation is limited to participants in the Plan as of January 2, 2016. Effective December 31, 2022, the Plan was amended to freeze accumulation of benefits. Effective July 31, 2024, the Plan Sponsor terminated the Plan (see Note 6).

Pension Benefits

Participants are fully vested with three or more years of service but are not eligible to participate in the Plan until they have completed one year of service. Vested participants who are ages 21 to 65, are entitled to annual pension benefits beginning at normal retirement ages (65) equal to 1.25% of final average earnings, as defined by the Plan, multiplied by total credited service plus, 0.5% of final average earnings in excess of the social security average annual wage multiplied by total years of credited service up to a maximum 35 years. The Plan permits early retirement at ages 55 to 64 and the benefits are actuarially reduced according to age. Benefits are in the form of a life annuity, including joint and survivor and full cash refund annuity options.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan for the year ended December 31, 2024 have been prepared using the liquidation basis of accounting due to the termination of the Plan (see Note 6). Under this basis, assets are presented at the estimated cash proceeds expected to be realized upon liquidation, and liabilities are recognized and measured in accordance with generally accepted accounting principles applicable to those obligations. The Plan is also required to accrue and separately present the costs it expects to incur, and the income it expects to earn, through the expected duration of the liquidation, including costs associated with the settlement of assets and liabilities. As of December 31, 2024, the Plan's assets had not yet been fully liquidated. For comparative purposes, the financial statements for the year ended December 31, 2023 were prepared using the accrual basis of accounting.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, as further discussed in Note 4. The change in the difference between fair value and the cost of investments, along with the difference between the proceeds received and the cost of the investments sold, is reflected in the Statements of Changes in Net Assets Available for Benefits as net appreciation.

Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis.

Fair Value of Financial Instruments

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including any lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employee to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the actuary, CBIZ Retirement Plan Services, as of January 01, 2024 and January 01, 2023, and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money between the valuation date and the expected date of payment, (such as for death, disability, withdrawal or retirement). The significant actuarial assumptions used in the valuation of accumulated plan benefits as of January 01, 2024 and January 01, 2023 included: (a) the average retirement age was 65, (b) life expectancy of participants and purchase rates for pension benefits using the Internal Revenue Service prescribed mortality tables based upon the generational projection scale MP-2021 in conjunction with the RP-2014 mortality tables for 2024 and 2023, (c) an effective interest rate of 5.13% and 5.27% based on the IRS-published 3-segment rates as of January 01, 2024 and January 01, 2023, respectively, (d) a discount rate of 6.10% and 6.79% in 2024 and 2023, and (e) annual salary increases of 0% in 2024 and 2023. As described in Note 8, the Plan Sponsor terminated the Plan effective July 31, 2024. Actuarial assumptions previously based on the presumption that the Plan will continue are no longer applicable. The actuarial present value of accumulated plan benefits has been determined in connection with the termination of the Plan.

Administrative Expenses

Custodian fees are paid by the Plan. Other administrative expenses, such as legal and professional fees and Pension Benefit Guarantee Corporation ("PBGC") premiums, are paid by the Plan Sponsor.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

Use of Estimates

In preparing the financial statements in conformity with accounting principles generally accepted in the United States of America, management makes estimated calculations that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through September 26, 2025, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, which was prepared by PNC Bank, N.A., the Custodian of the Plan, as of and for the years ended December 31, 2024 and 2023 and furnished to the Plan Sponsor. The Plan Sponsor has obtained certifications from the Custodian as of and for the years ended December 31, 2024 and 2023, that such information is complete and accurate.

	2024	2023
Investments, at fair value	\$ 2,528,244	\$ 12,093,401
Accrued interest and dividends	\$ 18,379	\$ 20,316
Interest and dividends	\$ 366,377	\$ 335,789
Net appreciation in fair value of investments	\$ 737,048	\$ 1,390,169

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 - Observable inputs such as quoted prices in active markets;
- Level 2 - Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 - Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

The following tables present the fair value hierarchy for the Plan's assets measured at fair value on a recurring basis as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,526,306	\$ -	\$ -	\$ 2,526,306
Mutual funds	-	-	-	-
Preferred stocks	-	-	-	-
Common stocks	1,938	-	-	1,938
	\$ 2,528,244	\$ -	\$ -	\$ 2,528,244
	2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 527,742	\$ -	\$ -	\$ 527,742
Mutual funds	9,726,557	-	-	9,726,557
Preferred stocks	20,276	-	-	20,276
Common Stocks	1,818,826	-	-	1,818,826
	\$ 12,093,401	\$ -	\$ -	\$ 12,093,401

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets measured at fair value are as follows:

Money market fund: Valued at the accumulation unit value of shares in the active market held by the Plan at year end.

Mutual funds: Valued based on closing price in the active market.

Common and preferred stocks: Valued based on closing price in the active market.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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

NOTE 5 - FUNDING POLICY

The Plan Sponsor's funding policy was to contribute an amount as determined by the Plan actuary sufficient to maintain the minimum funding standard in accordance with ERISA.

NOTE 6 - PLAN TERMINATION

In 2024, the Plan Sponsor began preparations to terminate the Plan effective July 31, 2024 with a plan termination amendment subject to the termination becoming effective in accordance with the applicable Pension Benefit Guaranty Corporation regulations signed May 23, 2024. Participants could elect to take a one-time lump sum distribution of accumulated benefits, or opt to have benefits transferred to an annuity administered by an insurance company. Lump sum distributions as a result of plan termination were initiated in the fourth quarter of 2024, and completed in the first quarter of 2025.

For any participant not taking the lump sum distribution, the Plan transferred the remaining benefit obligations to an insurance company to administer the remaining benefits to the Plan participants. The final settlement of the transfer to the insurance company totaled \$3,291,899 and was completed in the first quarter of 2025.

NOTE 7 - TAX STATUS

The Plan has obtained a favorable determination letter from the Internal Revenue Service, dated June 12, 2002, to the effect that such Plan is exempt from Federal income taxes. While the Plan has been amended since the determination letter, a new determination letter has not been received, however, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, the Plan was qualified and considered tax-exempt as of the financial statement date.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 8 - PARTY-IN-INTEREST

Party-in-interest transactions include purchases and sales of investments through the Plan's Custodian and the payment of services and expenses. Fees paid by the Plan for the investment management services amounted to \$29,231 and \$33,912 for the years ended December 31, 2024 and 2023, respectively. There are also indirect fees deducted from investment earnings of the Plan.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024
 EIN #34-1374195
 PLAN NO. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issues, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>MONEY MARKET FUND</u>			
	FIDELITY GOVERNMENT MM INSTITUTIONAL CLASS FD	Money market fund	\$ 2,526,306	\$ 2,526,306
	<u>COMMON STOCKS</u>			
	NEBIUS GROUP N.V.	Common Stock	2,579	1,938
	LUKOIL PJSC-SPON ADR SEDOL BYZF386	Common Stock	9,893	-
			<u>12,472</u>	<u>1,938</u>
			<u>\$ 2,538,778</u>	<u>\$ 2,528,244</u>

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended For the Year Ended December 31, 2024
EIN #34-1374195
PLAN NO. 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) or Gain
<u>SINGLE TRANSACTIONS:</u>								
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	\$ 8,248,294	N/A	N/A	\$ -	\$ 8,248,294	\$ 8,248,294	N/A
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	\$ 1,321,401	N/A	N/A	\$ -	\$ 1,321,401	\$ 1,321,401	N/A
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	N/A	\$ 2,363,623	N/A	\$ -	\$ 2,363,623	\$ 2,363,623	\$ -
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	N/A	\$ 4,672,866	N/A	\$ -	\$ 4,672,866	\$ 4,672,866	\$ -
ISHARES CORE S&P 500	Mutual Fund	N/A	\$ 3,843,050	N/A	\$ 177	\$ 2,441,614	\$ 3,842,873	\$ 1,401,259
BAIRD INTERMEDIATE BD FD INSTL FD #70	Mutual Fund	N/A	\$ 1,013,001	N/A	\$ -	\$ 1,032,664	\$ 1,013,001	\$ (19,663)
DODGE & COX INCOME FUND FD #147	Mutual Fund	N/A	\$ 953,278	N/A	\$ -	\$ 965,292	\$ 953,278	\$ (12,014)
<u>SERIES OF TRANSACTIONS:</u>								
BAIRD INTERMEDIATE BD FD INSTL FD #70	Mutual Fund 2 sales	N/A	\$ 1,512,194	N/A	\$ -	\$ 1,539,126	\$ 1,512,194	\$ (26,932)
DODGE & COX INCOME FUND FD #147	Mutual Fund 2 sales	N/A	\$ 1,425,394	N/A	\$ -	\$ 1,437,456	\$ 1,425,394	\$ (12,062)
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund 31 purchases 29 sales	\$ 9,653,212 N/A	N/A \$ 7,654,649	N/A N/A	\$ - \$ -	\$ 9,653,212 \$ 7,654,649	\$ 9,653,212 \$ 7,654,649	N/A \$ -
<u>SERIES OF TRANSACTIONS BY BROKER:</u>								
CITIGROUP GLOBAL MARKETS INC	Various 4 sales	N/A	\$ 4,997,791	N/A	\$ 426	\$ 3,383,061	\$ 4,997,365	\$ 1,614,304
MUTUAL FUND AGENT	Various 15 sales	N/A	\$ 4,548,656	N/A	\$ -	\$ 4,717,905	\$ 4,548,656	\$ (169,249)

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	1	-	-	-	-	-	-	1
40 to 44	-	-	-	1	1	-	-	-	-	-	2
45 to 49	-	-	-	2	-	1	-	-	-	-	3
50 to 54	-	-	-	-	4	2	1	-	-	-	7
55 to 59	-	-	2	1	2	3	5	-	1	-	14
60 to 64	-	-	1	1	3	-	-	-	-	-	5
65 to 69	-	-	-	-	1	-	1	-	-	-	2
70 & Over	-	-	-	-	1	-	-	-	-	1	2
Total	-	-	3	6	12	6	7	-	1	1	36

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor and 5% Floor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, with a 5% floor, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.13%. For the prior Plan Year, the EIR was 5.27%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable-Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard
Segment 1:	5.01%
Segment 2:	5.13%
Segment 3:	5.15%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation.

The interest rate and mortality assumptions used to value the Target Liability for determining PBGC premiums are prescribed by law.

ASC 960 Discount Rate The discount rate used for ASC 960 purposes was 6.10%. Last year the rate was 6.79%.

The selection of ASC 960 rate is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor.

Funding Expected Return on Assets Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.

Funding Administrative Expenses Administrative expenses of \$27,585 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Rationale: Assumed expenses are equal to the prior year's actual expenses paid out of the trust.

Salary Scale Not applicable.

Rationale: Plan accruals were frozen effective December 31, 2022

Inflation Not applicable.

Rationale: Plan accruals were frozen effective December 31, 2022

Social Security Taxable Wage Base Not applicable.

Rationale: Plan accruals were frozen effective December 31, 2022

Funding Mortality

Healthy Participants - IRS §430(h) Optional Combined Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year. These tables, when used to determine the present value of an annuity, approximate the present value that would be determined using the Society of Actuaries' (SOA) RP-2014 separate employee and healthy annuitant generational mortality tables, adjusted to 2006, then projected forward using generational projection scale MP-2021, for males and females.

Disabled Participants - Not applicable. There are no disabled participants and Disability Incidence is not assumed.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Accounting Mortality

Healthy Participants - Private-2012 separate employee, healthy annuitant, and contingent survivor generational mortality tables, projected forward using generational projection scale MP-2021, for males and females.

Disabled Participants - Not applicable. There are no disabled participants and Disability Incidence is not assumed.

The mortality tables chosen reflect the most recent tables published by the Society of Actuaries and reflect their most current view of mortality trends and improvements.

Withdrawal Rates

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with the T-9 less GA51M table, which are annual rates varying by age. Sample rates are as follows:

Age	Rate
25	17.22%
30	15.83%
35	13.70%
40	11.25%
45	8.43%
50	5.06%
55	1.73%
60	0.16%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan’s Normal Retirement Age, or valuation age, if later.

Rationale: An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary’s experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

None assumed.

Rationale: An experience analysis with respect to disability was not performed. As a result, the current assumption has been selected based on observations of recent disablements, the actuary’s experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Participants are assumed to retirement at their Normal Retirement Age, or valuation age, if later.

Rationale: An experience analysis with respect to retirement was not performed. As a result, the current assumption has been selected based on observations of recent retirements, the actuary’s experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions 80% of males and 80% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

Rationale: An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

Rationale: An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Changes in funding assumptions since the prior valuation In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table.

Changes in ASC 960 assumptions since the prior valuation The Discount Rate was decreased from 6.79% to 6.10% because of the decrease in the Plan's Expected Return on Assets.

SUMMARY OF METHODS

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
ASC 960 Cost Method	The Present Value of Total Accumulated Benefits represents the present value of the benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions and discounting the payments back to the valuation date using the interest rate.
Asset Method	We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.
Funding Actuarial Value of Assets Method	Actuarial Value of Assets is equal to the Market Value of Assets. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: United Disability Services Defined Benefit Plan
EIN/PN: 34-1374195/001
Valuation Date: January 1, 2024

Total Contributed: \$ 959,375 **Total Discounted to Valuation** \$ 913,474

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
04/12/2024	\$ 68,577	01/01/2024	5.13%	\$ 949	N/A	N/A	\$ 67,628
07/12/2024	68,577	01/01/2024	5.13%	\$ 1,785	N/A	N/A	66,792
01/29/2025	822,221	01/01/2024	5.13%	\$ 43,167	N/A	N/A	779,054

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended For the Year Ended December 31, 2024
EIN #34-1374195
PLAN NO. 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) or Gain
<u>SINGLE TRANSACTIONS:</u>								
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	\$ 8,248,294	N/A	N/A	\$ -	\$ 8,248,294	\$ 8,248,294	N/A
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	\$ 1,321,401	N/A	N/A	\$ -	\$ 1,321,401	\$ 1,321,401	N/A
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	N/A	\$ 2,363,623	N/A	\$ -	\$ 2,363,623	\$ 2,363,623	\$ -
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund	N/A	\$ 4,672,866	N/A	\$ -	\$ 4,672,866	\$ 4,672,866	\$ -
ISHARES CORE S&P 500	Mutual Fund	N/A	\$ 3,843,050	N/A	\$ 177	\$ 2,441,614	\$ 3,842,873	\$ 1,401,259
BAIRD INTERMEDIATE BD FD INSTL FD #70	Mutual Fund	N/A	\$ 1,013,001	N/A	\$ -	\$ 1,032,664	\$ 1,013,001	\$ (19,663)
DODGE & COX INCOME FUND FD #147	Mutual Fund	N/A	\$ 953,278	N/A	\$ -	\$ 965,292	\$ 953,278	\$ (12,014)
<u>SERIES OF TRANSACTIONS:</u>								
BAIRD INTERMEDIATE BD FD INSTL FD #70	Mutual Fund 2 sales	N/A	\$ 1,512,194	N/A	\$ -	\$ 1,539,126	\$ 1,512,194	\$ (26,932)
DODGE & COX INCOME FUND FD #147	Mutual Fund 2 sales	N/A	\$ 1,425,394	N/A	\$ -	\$ 1,437,456	\$ 1,425,394	\$ (12,062)
FIDELITY GOVERNMENT PORT-INS FD# 2642	Money Market Fund 31 purchases 29 sales	\$ 9,653,212 N/A	N/A \$ 7,654,649	N/A N/A	\$ - \$ -	\$ 9,653,212 \$ 7,654,649	\$ 9,653,212 \$ 7,654,649	N/A \$ -
<u>SERIES OF TRANSACTIONS BY BROKER:</u>								
CITIGROUP GLOBAL MARKETS INC	Various 4 sales	N/A	\$ 4,997,791	N/A	\$ 426	\$ 3,383,061	\$ 4,997,365	\$ 1,614,304
MUTUAL FUND AGENT	Various 15 sales	N/A	\$ 4,548,656	N/A	\$ -	\$ 4,717,905	\$ 4,548,656	\$ (169,249)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan United Disability Services Defined Benefit Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED DISABILITY SERVICES, INC.	D Employer Identification Number (EIN) 34-1374195	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	12,115,869
	b Actuarial value	2b	12,115,869
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	105	8,020,286
	b For terminated vested participants	75	2,679,140
	c For active participants	36	3,334,061
	d Total	216	14,033,487
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.13%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	27,585
	c Target normal cost	6c	27,585

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	James W. Budai	
	Signature of actuary	10/06/2025
	JAMES W. BUDAI, FSA, EA, MAAA	Date
	Type or print name of actuary	2307634
	CBIZ BENEFITS & INSURANCE SERVICES	Most recent enrollment number
	Firm name	614-793-2577
	5450 FRANTZ ROAD	Telephone number (including area code)
	SUITE 300	
	DUBLIN OH 43016	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	27,585	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2,390,068	269,965	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	297,550	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	297,550	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	913,474	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	615,924	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: United Disability Services Defined Benefit Plan

EIN/PN: 34-1374195/001

Valuation Date: January 1, 2024

Each participant is assumed to retire at his/her normal retirement age of 65.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor	United Disability Services, Inc.
Plan Name	United Disability Services Defined Benefit Plan
Plan Effective Date	October 1, 1970. The plan was last restated effective January 1, 2020. The plan was last amended effective December 31, 2022.
Plan Year	January 1 – December 31
Status of the Plan	No new entrants were allowed into the plan on or after January 2, 2016. Benefit accruals were frozen effective December 31, 2022.
Eligibility Requirements	<p>First day of the month after attaining age 21, and following completion of 1,000 hours of service.</p> <p>Effective July 1, 2014 the term “Eligible Employee” shall not include any Leased Employees, or any Employees that are active participants in any other private or public Defined Benefit pension plans.</p> <p>The Plan was frozen to new entrants effective January 2, 2016.</p>
Credited Service	Elapsed Time. Credited Service shall be frozen as of December 31, 2022.
Vesting Service	Elapsed Time.
Vesting	<p>100% vesting upon earning 3 Years of Vesting Service.</p> <p>Notwithstanding the above, a Participant will become fully vested upon Plan termination, or termination of employment due to death or Disability.</p>
Compensation	<p>Wages within the meaning of Code section 3401(a) and all other payments of compensation to an Employee by the Employer (in the course of the Employer’s trade or business) for which the Employer is required to furnish the Employee a written statement under Code sections 6041(d), 6051(a)(3), and 6052. Benefit accruals were frozen as of December 31, 2022 and no Compensation after December 31, 2022 shall be recognized for any purpose.</p>

Average Monthly Compensation	The average of a Participant's annual Compensation for a Plan Year over 36 consecutive months which occur in the 120 Months of Credited Service prior to December 31, 2022, that produces the highest average. If a participant has less than 36 consecutive months of Credited Service on December 31, 2022, Compensation is averaged over months in which the Participant earns a Year of Credited Service.
Integration Level	Covered Compensation. Benefit accruals were frozen as of December 31, 2022 and no Covered Compensation shall be used after December 31, 2022.
Covered Compensation	The average (without indexing) of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. To the extent Covered Compensation is used in calculating a Participant's Accrued Benefit, no Covered Compensation shall be used after December 31, 2022.
Accrued Benefit Formula	<p>1.25% times Average Monthly Compensation times Years of Credited Service, plus 0.5% times Average Monthly Compensation in excess of the Integration Level times Years of Credited Service (up to a maximum of 35 years).</p> <p>Notwithstanding the above, a Participant's monthly normal retirement benefit shall not exceed 100% of his Average Monthly Compensation.</p> <p>Benefits are frozen effective December 31, 2022.</p>
Normal Retirement Age	The attainment of age 65.
Normal Retirement Date	The first day of the calendar month coincident with or next following Normal Retirement Age.
Late Retirement	<p><u>Eligibility:</u> Termination of employment after attainment of Normal Retirement Age.</p> <p><u>Benefit:</u> The greater of the benefit earned under the benefit as of a participant's date of termination, or the normal retirement benefit actuarially adjusted for late retirement.</p>

Early Retirement	<p><u>Eligibility:</u> The attainment of age 55.</p> <p><u>Benefit:</u> The accrued benefit reduced by 6.67% for each of the first 5 years and by 3.33% for each of the next five years that commencement precedes a Participant's Normal Retirement Date.</p>
Deferred Vested	<p><u>Eligibility:</u> Based on Vesting Schedule.</p> <p><u>Benefit:</u> The accrued benefit payable at Normal Retirement based on service and compensation earned as of the participant's termination date.</p>
Disability Retirement	<p><u>Eligibility:</u> The determination by the Social Security Administration that the Participant is eligible to receive disability benefits under the Social Security Act.</p> <p><u>Benefit:</u> <i>Participants who became Disabled prior to July 1, 1998</i> - The accrued benefit with service accruals granted during the period of disability, and compensation equal to the participant's rate of pay as of the date of disability.</p> <p><i>Participants who become Disabled after July 1, 1998</i> – No additional service is provided and the benefit is equal to the benefit as of the date of disability.</p>
Pre-Retirement Death	<p><u>Eligibility:</u> Upon earning 3 Years of Service.</p> <p><u>Benefit:</u> The surviving spouse is eligible for 50% of the benefit that would have been payable if the participant had lived to early retirement eligibility and elected a 50% Qualified Joint and Survivor Annuity and immediately died. The benefit is payable upon the Participant's earliest retirement eligibility date.</p>
Normal Form of Payment	<p>Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 66 2/3% Joint and Survivor with 10 Year Certain and Continuous benefit. For unmarried participants, the Normal Form is a Single Life Annuity.</p>

Optional Forms	Benefits may be elected from: <ul style="list-style-type: none">• 66 2/3%, 66 2/3% with 10 Year Certain and Continuous, and 75% Joint and Survivor• 3, 10 and 15 Year Certain and Continuous• Single Life Annuity
Actuarial Equivalence	Non-Lump Sum Distributions <ul style="list-style-type: none">• Mortality: 1983 GAM Table for Males projected to 1988 by Scale H, set back 4 years in age for males and females• Interest: 9.50% Lump Sum Distributions <ul style="list-style-type: none">• Mortality: The applicable mortality defined in section 417(e)(3)• Interest: The applicable interest rates defined in section 417(e)(3) in effect for the second month that precedes the plan year the lump sum is to be paid.
Change in Plan Provisions since the prior valuation	None.

UNITED DISABILITY SERVICES DEFINED BENEFIT PLAN
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024
 EIN #34-1374195
 PLAN NO. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issues, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>MONEY MARKET FUND</u>			
	FIDELITY GOVERNMENT MM INSTITUTIONAL CLASS FD	Money market fund	\$ 2,526,306	\$ 2,526,306
	<u>COMMON STOCKS</u>			
	NEBIUS GROUP N.V.	Common Stock	2,579	1,938
	LUKOIL PJSC-SPON ADR SEDOL BYZF386	Common Stock	9,893	-
			<u>12,472</u>	<u>1,938</u>
			<u>\$ 2,538,778</u>	<u>\$ 2,528,244</u>

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: United Disability Services Defined Benefit Plan

EIN/PN: 34-1374195/001

Valuation Date: January 1, 2024

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
01/01/2024	15.00 (Relife 15)	Relief 15	\$ (1,071,881)	\$ (97,520)
01/01/2023	14.00 (Relife 15)	Relief 15	2,900,440	276,826
01/01/2022	13.00 (Relife 15)	Relief 15	(188,842)	(19,001)
01/01/2021	12.00 (Relife 15)	Relief 15	(401,040)	(42,785)
01/01/2020	11.00 (Relife 15)	Relief 15	(1,305,642)	(148,695)
01/01/2019	10.00 (Relife 15)	Relief 15	2,457,033	301,140
			\$ 2,390,068	\$ 269,965