

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE CHILDREN'S AID SOCIETY RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE CHILDREN'S AID SOCIETY</u></p> <p><u>117 WEST 124TH STREET</u> <u>3RD FLOOR</u> <u>NEW YORK, NY 10027</u></p>	<p>1c Effective date of plan <u>01/01/1938</u></p> <p>2b Employer Identification Number (EIN) <u>13-5562191</u></p> <p>2c Plan Sponsor's telephone number <u>212-949-4401</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	SHERYL HAUGHTON TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	SHERYL HAUGHTON TAYLOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	1058
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)	211
	6a(2)	195
	6b	308
	6c	518
	6d	1021
	6e	30
	6f	1051
	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 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 checked="" 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>THE CHILDREN'S AID SOCIETY RETIREMENT 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>THE CHILDREN'S AID SOCIETY</u>	D Employer Identification Number (EIN) <u>13-5562191</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 type="checkbox"/> 101-500 <input checked="" 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>85899090</u>	
b Actuarial value	2b	<u>86523602</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>296</u>	<u>33016517</u>	<u>33016517</u>
b For terminated vested participants	<u>551</u>	<u>29063560</u>	<u>29063560</u>
c For active participants	<u>211</u>	<u>23099583</u>	<u>23099583</u>
d Total	<u>1058</u>	<u>85179660</u>	<u>85179660</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>5.20 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>672959</u>	
c Target normal cost	6c	<u>672959</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>JEFFREY C. LITER</u> Type or print name of actuary <u>THE ANGELL PENSION GROUP, INC.</u> Firm name <u>88 BOYD AVENUE</u> <u>EAST PROVIDENCE, RI 02914</u> Address of the firm	<u>09/15/2025</u> Date <u>23-06544</u> Most recent enrollment number <u>401-438-9250</u> Telephone number (including area code)
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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	3026609
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3026609
10	Interest on line 9 using prior year's actual return of <u>14.80</u> %	0	447938
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1309330
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>5.33</u> %		69787
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		1379117
d	Portion of (c) to be added to prefunding balance		1379117
12	Other reductions in balances due to elections or deemed elections	0	4182681
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	670983

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.79 %
15	Adjusted funding target attainment percentage	15	101.57 %
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	97.75 %
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		
04/15/2024	451000	0					
06/03/2025	1171442	0					
06/06/2025	250000	0					
06/16/2025	100000	0					
			Totals ▶	18(b)	1972442	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	1860137
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes <input 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 672959
b Excess assets, if applicable, but not greater than line 31a				31b 672959
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1860137
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1860137
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 THE CHILDREN'S AID SOCIETY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S AID SOCIETY	D Employer Identification Number (EIN) 13-5562191	

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)

CERITY PARTNERS

27-1003080

(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?
28 99	NONE	513171	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)

THE ANGELL PENSION GROUP, INC.

04-2530412

(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?
11 99	NONE	306737	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)

PERELLA WEINBERG PARTNERS

20-8547180

(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?
28	NONE	202744	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"/>

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)

THE BANK OF NY MELLON

13-5160382

(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?
18 19 21 50	NONE	167069	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SANDERS CAPITAL LLC

27-0705845

(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?
28 99	NONE	15714	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)

VULCAN VALUE PARTNERS

39-2051712

(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?
28	NONE	15284	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"/>

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)

CLARKSTON CAPITAL PARTNERS LLC

83-0473650

(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?
28	NONE	9889	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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>THE CHILDREN'S AID SOCIETY RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE CHILDREN'S AID SOCIETY</u>	D Employer Identification Number (EIN) <u>13-5562191</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-023</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></td> </tr> </table>	c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWMARK INCOME OPPORTUNITY FD QP</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4080753</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4080753</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4080753</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RWC EMERGING MARKETS EQUITY FD LTD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BROOKDALE GLOBAL OPPORTUNITY FUND</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2919168</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2919168</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2919168</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DCIG CAPITAL LTD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1890450</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1890450</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1890450</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHONFELD STRAT PART OFFSHORE FD</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>595114</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>595114</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>595114</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AIKYA EMERGING MARKETS LP</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>25-6078093-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></td> </tr> </table>	c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>			

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CORP DISCIPLINED ALPHA TRUST

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30307615
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHENKMAN OPPORTUNISTIC CREDIT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 874850
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.	<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 THE CHILDREN'S AID SOCIETY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S AID SOCIETY	D Employer Identification Number (EIN) 13-5562191

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	161091	3002
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	799000	1521442
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4021611	8615909
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	150842	1738160
(2) U.S. Government securities	1c(2)	0	19565071
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10596156	0
(5) Partnership/joint venture interests	1c(5)	7675165	2761711
(6) Real estate (other than employer real property)	1c(6)	6420017	2085438
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13366437	40667950
(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)	44433816	8693837
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	129441	-548959

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	87753576	85103561
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	438500
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1851115	9819
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1851115	448319
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	85902461	84655242

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1972442	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1972442
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	49978	
(B) U.S. Government securities.....	2b(1)(B)	26598	
(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)		76576
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	166877	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	478752	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		645629
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	24799094	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	25686573	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-887479
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	418583	
(B) Other.....	2b(5)(B)	-1683376	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1264793

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		721088
(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)		3118502
c Other income	2c		-117039
d Total income. Add all income amounts in column (b) and enter total	2d		4264926

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4126207	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4126207
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)	489459	
(6) Bank or trust company trustee/custodial fees	2i(6)	562069	
(7) Actuarial fees	2i(7)	232680	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	101730	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1385938
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5512145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1247219
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)			
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 541695.

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.
--	---	---

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

A Name of plan <u>THE CHILDREN'S AID SOCIETY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CHILDREN'S AID SOCIETY</u>	D Employer Identification Number (EIN) <u>13-5562191</u>	

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): 13-3684694

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 92.8 %
 High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 6.2 %

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 _____.

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	THE CHILDREN'S AID SOCIETY RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5562191	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1873538	528139	3285325	5687002
2025	796462	644970	3196239	4637671
2026	904200	737500	3101464	4743164
2027	1011459	936881	2997669	4946009
2028	1050127	1030344	2890713	4971184
2029	1170866	1169141	2775621	5115628
2030	1202163	1284127	2660443	5146733
2031	1238233	1398322	2538096	5174651
2032	1357438	1503566	2403551	5264555
2033	1327514	1638705	2273535	5239754
2034	1382032	1734760	2140134	5256926
2035	1457895	1865165	2007823	5330883
2036	1483257	1974294	1874686	5332237
2037	1580029	2121262	1741563	5442854
2038	1607419	2156150	1609317	5372886
2039	1645757	2264465	1478847	5389069
2040	1625463	2374523	1351073	5351059
2041	1621016	2415773	1226890	5263679
2042	1649718	2440941	1107126	5197785
2043	1582462	2458838	992498	5033798
2044	1567322	2449325	881130	4897777
2045	1543740	2456957	778882	4779579
2046	1526571	2478586	683358	4688515
2047	1495701	2493733	594892	4584326
2048	1452639	2473060	513707	4439406

Name of Plan	THE CHILDREN'S AID SOCIETY RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-5562191	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	1400361	2418420	439933	4258714
2050	1361782	2366396	373585	4101763
2051	1306148	2298825	314554	3919527
2052	1248480	2227482	262613	3738575
2053	1187836	2146315	217431	3551582
2054	1121079	2053952	178581	3353612
2055	1056985	1954374	145564	3156923
2056	989978	1852919	117826	2960723
2057	923177	1747398	94789	2765364
2058	857845	1642346	75870	2576061
2059	794380	1538240	60499	2393119
2060	732964	1435547	48137	2216648
2061	673833	1334723	38293	2046849
2062	617154	1236219	30523	1883896
2063	563124	1140451	24442	1728017
2064	511887	1047821	19719	1579427
2065	463546	958701	16079	1438326
2066	418175	873420	13291	1304886
2067	375798	792264	11169	1179231
2068	336408	715448	9560	1061416
2069	299968	643118	8344	951430
2070	266403	575353	7422	849178
2071	235619	512179	6719	754517
2072	207512	453584	6176	667272
2073	181966	399517	5746	587229

Financial Statements and Report of
Independent Certified Public
Accountants

The Children's Aid Society Retirement Plan

December 31, 2024 and 2023

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* All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and applicable regulations issued by the Department of Labor.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Participants and Plan Administrator of
The Children's Aid Society Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of The Children's Aid Society Retirement 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note E 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 Auditor's Responsibilities for the Audit of the Financial Statements section.

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

Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit 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

As described in Notes A and B to the financial statements, on September 26, 2024, the Board of Trustees of the Children's Aid Society, the Plan Sponsor, approved a plan of termination, and management determined liquidation is imminent. Accordingly, the Plan has changed its basis of accounting from the going concern basis used in presenting the Plan's 2023 financial statements to the liquidation basis used in presenting 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.

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.

Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other matter - supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and 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 supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. 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).

Grant Thornton LLP

Edison, New Jersey
October 15, 2025

The Children's Aid Society Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2024 (in liquidation)	2023 (ongoing)
ASSETS		
Cash	\$ 3,002	\$ 161,091
Investments, at fair value	74,963,208	82,771,874
Receivables		
Employer contributions	-	799,000
Accrued interest and dividends	196,369	82,877
Due from broker	8,117,437	3,819,876
Employer contributions, in liquidation	1,521,442	-
Others	302,103	118,858
Total assets	85,103,561	87,753,576
LIABILITIES		
Due to broker	-	1,851,115
Accrued administrative expenses, in liquidation	438,500	-
Accrued administrative expenses	9,819	-
Total liabilities	448,319	1,851,115
NET ASSETS AVAILABLE FOR BENEFITS	\$ 84,655,242	\$ 85,902,461

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

The Children's Aid Society Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2024 (in liquidation)	2023 (ongoing)
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,570,279	\$ 9,870,989
Interest and dividends	722,205	1,260,355
Net investment income	2,292,484	11,131,344
Contributions		
Employer	451,000	2,049,000
Total additions	2,743,484	13,180,344
Deductions		
Benefits paid to participants	4,126,207	3,917,527
Administrative expenses	947,438	672,959
Total deductions	5,073,645	4,590,486
NET (DECREASE) INCREASE	(2,330,161)	8,589,858
Adjustments to liquidation basis		
Employer contributions	1,521,442	-
Accrued expenses	(438,500)	-
Net assets available for benefits at beginning of year	85,902,461	77,312,603
Net assets available for benefits at end of year	\$ 84,655,242	\$ 85,902,461

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

The Children's Aid Society Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the Children's Aid Society Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Effective January 1, 1938, The Children's Aid Society (the "Society") established the "Contributory Plan" to provide retirement benefits for its employees. On January 1, 1969, the "Contributory Plan" was amended to provide for alternative funding arrangements. On July 1, 1977, the Society adopted a "Non-Contributory Plan" for all eligible employees except those who elected to continue in the "Contributory Plan." The "Contributory Plan" and "Non-Contributory Plan" were combined on July 1, 1985, to form the Plan. All employees who were participants in the predecessor plans were automatically covered by this Plan. In addition, all other employees meeting the eligibility requirements are covered by the Plan. Participants who were covered by the "Contributory Plan" were able to make additional contributions to the Plan. The Plan is funded by the purchase of securities. The Plan was amended and restated effective January 1, 2016, to incorporate all prior amendments since the last amended and restated Plan document effective January 1, 2011. The Plan was further amended on September 13, 2018, to freeze benefit accruals in the Plan effective December 31, 2018. This plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was amended and restated effective January 1, 2021, to incorporate all prior amendments since the last amended and restated Plan document effective January 1, 2016.

The Plan is a defined benefit pension plan covering employees hired before January 1, 2012. These employees were eligible on January 1 or July 1 of the year in which they have completed one year of service and are age 21 or older.

Plan Termination

On September 26, 2024, the Board of Trustees (the "Board") of the Society formally authorized the termination of the Plan, effective as of December 31, 2024. Pursuant to this resolution, the Board delegated authority to Society's management to approve and adopt one or more amendments necessary to implement the termination. Consequently, the Plan was amended and restated effective December 31, 2024, to provide for the formal termination of the Plan. Incident to the Plan's termination as of December 31, 2024, effective December 31, 2024, all participants became fully vested. The liquidation basis of accounting was applied as of and for the year ended December 31, 2024, and thereafter, as described in Note B.

The Plan filed an Application for Determination for Terminating Plan with the Internal Revenue Service (the "IRS") on November 20, 2024. The Plan proceeded with the distribution of plan assets without awaiting the formal approval from the IRS. Subsequently, the Plan received a favorable determination letter from the IRS dated September 2, 2025, with respect to the Plan's tax qualified status upon termination, permitting the Plan to continue settlement of the benefit obligations during 2025 by distributing Plan assets to participants in the form of lump sum payments and by purchasing a group annuity contract from a third-party insurer to cover vested and retiree benefits. The Plan was terminated in compliance with the termination procedures of Title IV of ERISA on December 31, 2024.

On November 20, 2024, the Plan sent out a Notice of Plan Benefits in order to notify participants that upon regulatory approval of the termination, they would be offered the option to elect a single lump sum distribution or monthly annuity payments in connection with the termination of the Plan. For those who were already receiving benefit payments, the Plan notified such participants that they intend to purchase an annuity contract for their benefits.

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

On January 31, 2025, the Plan submitted documents, in support of the standard termination of the Plan, to the Pension Benefit Guaranty Corporation ("PBGC").

As part of the termination process, on May 27, 2025, the Plan Sponsor completed the purchase of a group annuity contract from Western & Southern Life, remitting \$35,753,767 to secure future monthly annuity payments for designated participants. There was no change to pension benefits for transferred participants. Under the terms of the contract, the insurer assumed responsibility for monthly annuity payments beginning July 1, 2025.

Through March 2025, the Society paid \$1,064,978 in annuity payments to Plan participants. These payments occurred outside the designated annuity buy-out and lump sum election window. Subsequently, Society's management directed Bank of New York Mellon ("Trustee") to initiate lump sum payments to eligible Plan participants and income beneficiaries on June 5, 2025. The total amount of these payments was \$46,455,510. The final payment from Plan assets was made to the PBGC for 48 missing or non-responsive participants, in accordance with PBGC's Missing Participant Program. The total amount allocated for these individuals is \$1,118,661, inclusive of a \$35 per participant administrative fee, based on an assumed deemed distribution date of June 30, 2025.

There was a shortfall as of June 30, 2025, between the plan assets and plan benefit obligation amounting to \$1,521,442. This shortfall was funded by the Society from its organizational reserves. This amount is presented as Employer contributions, in liquidation in the statements of net assets available for benefits.

The following paragraphs described the policies applicable to the Plan prior to its termination.

Pension Benefits

The Plan provides for full retirement benefits when an employee reaches their normal retirement date and has a termination of employment. The normal retirement date is defined as the later of the first day of the month coincident with an employee's 65th birthday or fifth anniversary of participation in the Plan. Retirement benefits equal the sum of the following:

1. The amount of the annuity earned, if any, under the "Contributory Plan" due to service prior to January 1, 1969; plus
2. The amount of annuity earned, if any, under the "Non-Contributory Plan," "Contributory Plan," and Plan for the periods of service between January 1, 1969, and December 31, 1988; plus
3. The amount of benefit earned for each year between January 1, 1989, and December 31, 1991, that an employee was a participant in the Plan based on formulas detailed in the Plan; plus
4. The amount of benefit earned after January 1, 1992, and prior to July 1, 2011, is based on the greater of:
 - a. 2.5% of earnings for each year, after January 1, 1992, an employee is a participant in the Plan; or
 - b. 1.5% of average earnings over the final five years of service multiplied by the years of service after January 1, 1992; plus
5. The amount of benefit earned after July 1, 2011, is equal to 1.25% of the participant's earnings in each plan year as a participant earning a year of service beginning on and after June 30, 2011.

The Plan permits early retirement at ages 55 through 64 with the completion of 10 years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. For employees terminated before rendering five years of service, they forfeit the right to receive an actuarial

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

equivalent single lump-sum distribution and may elect to receive their benefits as a life annuity payable monthly upon retirement.

Death and Disability Benefits

In general, there are no benefits payable under the Plan upon death unless the employee has completed at least five years of service. However, for employees who made contributions under the "Contributory Plan," their beneficiary will receive at least the accumulated value of such contributions with interest.

Vesting

Participants in the Plan are 100% vested upon attaining five years of service. One year of service is credited upon completion of 1,000 hours for each 12-month period from date of employment. Before attaining five years of service, participants are not vested in the Plan, employees forfeit the right to receive an actuarial equivalent single lump-sum distribution and may elect to receive their benefits as a life annuity payable monthly upon retirement.

On September 13, 2018, the Board voted to amend and restate the Plan to freeze benefit accruals in the Plan effective December 31, 2018. Earnings received or that would otherwise be credited to a participant for periods after December 31, 2018, shall not be taken into account in determining a participant's accrued benefit under the Plan.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

In accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), the Plan has changed its basis of accounting from the going concern basis for an ongoing plan in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements, as the Board approved a plan of termination on September 26, 2024.

Through the adoption of the liquidation basis of accounting, the Plan recognized an accrued employer contribution of \$1,521,442, based on the final amount determined by a third-party actuary. Additionally, administrative expenses totaling \$438,500 were accrued as of December 31, 2024.

Under the liquidation basis of accounting, assets are measured to reflect the amount of expected consideration from liquidation and liabilities are measured in accordance with U.S. GAAP that otherwise applies to such liabilities.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements.

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided in the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

NOTE C - FUNDING POLICY

The Society's funding policy is to make annual contributions that meet the requirements of the Internal Revenue Code ("IRC"). The minimum funding requirements of ERISA have been met for the years ended December 31, 2024 and 2023.

NOTE D - PLAN BENEFIT OBLIGATIONS

As a result of the Plan's termination, all benefits are expected to be settled in 2025. Refer to Note A for details of benefits to be settled in 2025.

NOTE E - INVESTMENTS AND INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 (c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon ("BONY Mellon" as "Trustee") has certified that the following information in the accompanying financial statements and supplemental schedules are complete and accurate:

- Cash, investments, accrued interest and dividends receivable, and due from/to broker as shown in the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing);
- Net investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing); and
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

NOTE F - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the assets or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means;

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stock and U.S. Government securities - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

Registered investment companies ("RICs") - RICs are valued at the daily closing price as reported by the fund. RICs held by the Plan are open-end RICs that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The RICs held by the Plan are deemed to be actively traded (Level 1).

Interest-bearing cash - Consisting of bank deposits at fair value (Level 1).

Collective trust funds - Measured using the daily NAV and the fair value of the collective funds is readily determinable. The NAV, as provided by the trustee, is based on the fair value of the underlying investments held by the fund less its liabilities (Level 1).

Other investments - Consisting of futures contract that are traded on an exchange and valued at their last reported sales price as of the valuation date (Level 1).

Investment partnerships - Investment partnerships are carried at their estimated fair value based on the NAV practical expedient as reported by the fund's manager and certified by the Trustee. This is the value that the Plan would receive upon any redemption request or distribution and, as such, constitutes the exit price for the Plan. The Plan believes that the NAV or partnership interest, as provided by the fund manager, is the best indicator of fair value available. There are no unfunded commitments with respect to any of these funds in which the Plan invests.

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

The Children's Aid Society Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Society evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Level 1, 2 or 3.

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

	Level 1	Level 2	Level 3	Total
Assets carried, at fair value				
Investments				
Interest-bearing cash	\$ 1,738,160	\$ -	\$ -	\$ 1,738,160
Collective trust funds	40,667,950	-	-	40,667,950
Registered investment companies	8,693,837	-	-	8,693,837
U.S. Government Securities	19,565,071	-	-	19,565,071
Other investments	(548,959)	-	-	(548,959)
Total assets, at fair value	<u>\$ 70,116,059</u>	<u>\$ -</u>	<u>\$ -</u>	70,116,059
Investments valued at NAV				<u>4,847,149</u>
Total assets, at fair value				<u>\$ 74,963,208</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Assets carried, at fair value				
Investments				
Interest-bearing cash	\$ 150,842	\$ -	\$ -	\$ 150,842
Collective trust funds	13,366,436	-	-	13,366,436
Common stock	10,596,158	-	-	10,596,158
Registered investment companies	44,433,815	-	-	44,433,815
Other investments	129,441	-	-	129,441
Total assets, at fair value	<u>\$ 68,676,692</u>	<u>\$ -</u>	<u>\$ -</u>	68,676,692
Investments valued at NAV				<u>14,095,182</u>
Total assets, at fair value				<u>\$ 82,771,874</u>

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following tables set forth a summary of the Plan's investments with a reported NAV at December 31, 2024 and 2023:

<u>Investment</u>	Fair Value Estimated Using NAV per Share at December 31,			
	2024 Fair Value	2023 Fair Value	Redemption Frequency	Redemption Notice Period
Tensile Capital Partners LP ^(a)	\$ 2,085,438	\$ 2,998,103	Semi annual	90 days
The Windcare Domestic Partnership LP ^(b)	-	5,154,378	Annual	45 days
Baxter Street Fund II LP ^(c)	-	3,421,914	Monthly	30 days
Hudson Bay International Fund Ltd - Class A – UR4 T1 ^(d)	2,761,711	2,520,787	Semi annual	65 days
	<u>\$ 4,847,149</u>	<u>\$ 14,095,182</u>		

- (a) The fund's investment objective is to generate superior risk-adjusted, after-tax returns through long-term investments in a concentrated portfolio of undervalued publicly traded securities and select illiquid securities.
- (b) The fund seeks to outperform the Bloomberg Barclays 1-3 Year U.S. Credit Index by investing primarily in investment-grade fixed income credit securities, including, but not limited to, corporate securities; 144A securities; convertible securities; U.S. dollar-denominated debt of foreign issuers; and preferred, hybrid capital securities.
- (c) The fund's investment objective is to achieve maximum total return by investing primarily in equity securities of non-U.S. domiciled issuers.
- (d) These funds employ a mix of convertible/bond arbitrage, event-driven, volatility trading and other strategies to make its investments.

NOTE G - TAX STATUS

The IRS has determined and informed the Plan by a letter dated December 12, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receipt of the letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

See Note A for information on the new letter received from the IRS dated September 2, 2025.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Children's Aid Society Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE H - RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported 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 the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE I - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has interest bearing cash, non-interest bearing cash on deposit and certain Plan investments that are managed by BONY Mellon. BONY Mellon is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE J - SUBSEQUENT EVENTS

Management has evaluated for potential recognition and disclosure events subsequent to the date of the statement of net assets available for benefits through October 15, 2025, the date the financial statements were available to be issued. There have been no subsequent events that required adjustment to or disclosure to in the financial statements as of and for the year ended December 31, 2024, other than the events related to the termination of the Plan as outlined in the notes above.

SUPPLEMENTAL SCHEDULES

The Children's Aid Society Retirement Plan

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

December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Collective Trust Funds			
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A SERIES A1		\$ 3,836,659	\$ 3,792,609
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - APR2024		87,235	88,500
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - JULY2024		99,197	101,056
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - OCT2024		97,369	98,588
	BROOKDALE GLBL OPPORTUNITY FD CL D SUB-SER 3 - SER 07-2019		1,000,000	1,641,108
	BROOKDALE GLOBAL OPPORTUNITY FUND		753,980	1,278,060
	SHENKMAN OPPORTUNISTIC CREDIT FUND		800,000	874,850
	LONG CORPORATE DISCIPLINED ALPHA TRUST		31,200,000	30,307,615
	DCIG CAPITAL LTD		749,931	1,246,318
	DCIG CAPITAL LTD CLASS B 1.25/15 - MAY 2020		369,132	644,132
	SCHONFELD STRATEGIC PARTNERS OFFSHORE FUND LTD CL E NOV2021		458,333	595,114
			<u>39,451,836</u>	<u>40,667,950</u>
	Investment Partnerships			
	HUDSON BAY INTERNATIONAL FUND LTD-CLASS A-UR4 T1		2,521,080	2,761,711
	TENSILE CAPITAL PARTNERS LP		784,484	2,085,438
			<u>3,305,564</u>	<u>4,847,149</u>
	U.S. Government Securities			
	US TREASURY BILL 0.00% 02/06/2025 DD 08/08/2024		275,777	275,777
	US TREASURY BD PRIN STRIP 0.00% 11/15/2053 DD 11/15/23		6,535,656	5,989,414
	US TREASURY BD PRIN STRIP 0.00% 02/15/2054 DD 02/15/24		7,174,563	6,579,558
	US TREASURY BOND 3.125% 02/15/2043 DD 02/15/13		3,413,694	3,296,929
	US TREASURY BOND 4.125% 08/15/2044 DD 08/15/24		3,330,588	3,216,993
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		206,400	206,400
			<u>20,936,678</u>	<u>19,565,071</u>
	Registered Investment Companies			
	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 6/3/1997		8,693,837	8,693,837
	Other Investments			
	US 10 YR ULTRA FUTURE (CBT) EXP MAR 25		-	(393,521)
	US TREASURY BOND FUTURE (CBT) EXP MAR 25		-	(146,627)
	US 5YR TREASURY NTS FUTURE (CBT) EXP MAR 25		-	(76,249)
	S&P 500 EMINI FUTURE (CME) EXP MAR 25		-	48,563
	MSCI EAFE FUTURE (NYF)		-	18,875
			<u>-</u>	<u>(548,959)</u>
			<u>72,387,915</u>	<u>73,225,048</u>
*	Interest Bearing Cash		1,738,160	1,738,160
			<u>\$ 74,126,075</u>	<u>\$ 74,963,208</u>

* Party-in-interest to the Plan, as defined by ERISA

The Children's Aid Society Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transaction in Excess of Five Percent of Plan Assets						
LSV VALUE EQUITY FUND	Registered Investment Companies	\$ -	\$ 4,815,711	\$ 4,812,222	\$ 4,815,711	\$ 3,489
INDPNDNT FRN PRT US EQTY	Registered Investment Companies	-	6,703,526	5,577,386	6,703,526	1,126,140
ARTISAN INTL VAL-INST	Registered Investment Companies	-	6,044,391	4,451,205	6,044,391	1,593,185
CARILLON RMS COR PL BND-I	Registered Investment Companies	-	6,582,837	7,122,732	6,582,837	(539,895)
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	-	5,085,063	4,817,603	5,085,063	267,460
US TREASURY BD PRIN STRIP 0.000% 11/15/2053 DD 11/15/23	U.S. Government Securities	6,068,792	-	6,068,792	6,068,792	-
US TREASURY BD PRIN STRIP 0.000% 02/15/2054 DD 02/15/24	U.S. Government Securities	6,082,367	-	6,082,367	6,082,367	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	15,359,783	-	15,359,783	15,359,783	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	18,849,593	-	18,849,593	18,849,593	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	6,647,074	-	6,647,074	6,647,074	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	8,909,283	-	8,909,283	8,909,283	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	6,001,553	-	6,001,553	6,001,553	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	-	28,468,300	28,468,300	28,468,300	-
DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	Registered Investment Companies	-	22,000,000	22,000,000	22,000,000	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Registered Investment Companies	5,927,170	-	5,927,170	5,927,170	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Registered Investment Companies	-	8,909,283	8,909,283	8,909,283	-

The Children's Aid Society Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - (CONTINUED)

Year ended December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Series of Transactions in Excess of Five Percent of Plan Assets</i>						
LSV VALUE EQUITY FUND-INST	Registered Investment Companies	\$ -	\$ 4,815,711	\$ 4,812,222	\$ 4,815,711	\$ 3,489
INDPNDNT FRN PRT US EQTY	Registered Investment Companies	-	6,703,526	5,577,386	6,703,526	1,126,140
ARTISAN INTL VAL-INST	Registered Investment Companies	-	6,044,391	4,451,205	6,044,391	1,593,185
CARILLON RMS COR PL BND-I	Registered Investment Companies	-	6,582,837	7,122,732	6,582,837	(539,895)
CARILLON RMS COR PL BND-I	Registered Investment Companies	170,417	-	170,417	170,417	-
ISHARES CORE U.S. AGGREGATE	Registered Investment Companies	-	5,518,369	6,186,253	5,518,369	(667,883)
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	326,068	-	326,068	326,068	-
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	-	5,833,480	5,546,652	5,833,480	286,829
ISHARES 1-5Y INV GRADE CORP	Registered Investment Companies	-	4,426,567	4,468,014	4,426,567	(41,447)
US TREASURY BD PRIN STRIP	U.S. Government Securities	6,535,656	-	6,535,656	6,535,656	-
0.000% 11/15/2053 DD 11/15/23						
US TREASURY BD PRIN STRIP	U.S. Government Securities	7,174,563	-	7,174,563	7,174,563	-
0.000% 02/15/2054 DD 02/15/24						
US TREASURY BOND	U.S. Government Securities	3,986,874	-	3,986,874	3,986,874	-
3.125% 02/15/2043 DD 02/15/13						
US TREASURY BOND	U.S. Government Securities	-	577,855	573,180	577,855	4,676
3.125% 02/15/2043 DD 02/15/13						
US TREASURY BOND	U.S. Government Securities	3,987,139	-	3,987,139	3,987,139	-
4.125% 08/15/2044 DD 08/15/24						
US TREASURY BOND	U.S. Government Securities	-	661,828	656,551	661,828	5,277
4.125% 08/15/2044 DD 08/15/24						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	82,010,940	-	82,010,940	82,010,940	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	78,825,832	78,825,832	78,825,832	-
VAR RT 12/31/2075 DD 06/03/97						
BNY MELLON CASH RESERVE	U.S. Government Securities	2,939,747	-	2,939,747	2,939,747	-
0.100% 12/31/2049 DD 06/26/97						
BNY MELLON CASH RESERVE	U.S. Government Securities	-	2,733,347	2,733,347	2,733,347	-
0.100% 12/31/2049 DD 06/26/97						
EB TEMP INV FD	Registered Investment Companies	9,063,089	-	9,063,089	9,063,089	-
1.147% 12/31/2049 DD 11/01/01						
EB TEMP INV FD	Registered Investment Companies	-	9,234,554	9,234,554	9,234,554	-
1.147% 12/31/2049 DD 11/01/01						

Plan Name: The Children's Aid Society Retirement Plan

EIN: 13-5562191

Plan Number: 001

Schedule SB, Line 26a -- Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
Attained Age	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 & up	
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		1		1		0		0		0		0		0	
35 to 39	0		0		0		8		7		2		0		0		0		0	
40 to 44	0		0		0		1		11		6		4		0		0		0	
45 to 49	0		0		0		3		11		7		2		1		0		0	
50 to 54	0		0		0		5		16		10		9		3		0		0	
55 to 59	0		0		0		3		15		4		7		5		1		0	
60 to 64	0		0		0		2		6		10		8		9		2		3	
65 to 69	0		0		0		2		1		4		4		5		1		0	
70 & up	0		0		0		1		1		4		2		1		0		2	
Total	0		0		0		26		69		47		36		24		4		5	

*The plan is "hard frozen", and average annual accrued benefits are reported in lieu of average annual compensation.

SECTION XI **ACTUARIAL COST METHODS**

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XII ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

The Actuarial Value of Assets (AVA) is an average value of the prior two years, constrained to a 90% - 110% corridor around the Market Value of Assets. The AVA includes discounted receivable contributions for the prior plan year.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

- | | |
|--|-------|
| 1. Segment Rate 1 for Years 1 Through 5 | 4.75% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.87% |
| 3. Segment Rate 3 for Years After 20 | 5.59% |

Plan Effective Interest Rate 5.20%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

- | | |
|-----------------------------------|-------|
| 1. Pre-Retirement Discount Rate: | 6.24% |
| 2. Post-Retirement Discount Rate: | 6.24% |

Mortality Tables

- | | |
|---------------------------------------|--|
| 1. Employee Mortality - Male | Pri-2012(WC) Male Employee Projected Generationally in 2D with Scale MP-2021 Male |
| Employee Mortality - Female | Pri-2012(WC) Female Employee Projected Generationally in 2D with Scale MP-2021 Female |
| 2. Healthy Annuitant Mortality - Male | Pri-2012(WC) Male Retiree Projected Generationally in 2D with Scale MP-2021 Male |
| Healthy Annuitant Mortality - Female | Pri-2012(WC) Female Retiree Projected Generationally in 2D with Scale MP-2021 Female |
| 3. Beneficiary Mortality - Male | Pri-2012(WC) Male Contingent Survivor Projected Generationally in 2D with Scale MP-2021 Male |
| Beneficiary Mortality - Female | Pri-2012(WC) Female Contingent Survivor Projected Generationally in 2D with Scale MP-2021 Female |

SECTION XII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Salary Scale Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption No TWB increase was assumed in the valuation.

Social Security CPI Assumption No CPI increase was assumed in the valuation.

Plan Benefit COLA Assumption No COLA increase was assumed in the valuation.

Retirement Rates Retirement Rates were assumed in the valuation.

The following are sample retirement rates for various ages with 100% assumed to retire at age 70

	<u>Male</u>	<u>Female</u>
64	0.250000	0.250000
65	0.250000	0.250000
66	0.250000	0.250000
67	0.250000	0.250000
68	0.250000	0.250000
69	0.250000	0.250000
70	1.000000	1.000000

Termination Rates Termination Rates were assumed in the valuation.

The following are sample termination rates for various ages that apply to new hires:

	<u>Male</u>	<u>Female</u>
20	0.179384	0.179384
25	0.172242	0.172242
30	0.162052	0.162052
35	0.148583	0.148583
40	0.131043	0.131043
45	0.108377	0.108377
50	0.079157	0.079157
55	0.044042	0.044042
60	0.012013	0.012013

Disability Rates Disability Rates were not assumed in the valuation.

SECTION XII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: Pri-2012(IRS) Male Employee

Female: Pri-2012(IRS) Female Employee

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000560	0.000150
25	0.000540	0.000190
30	0.00055	0.000210
35	0.000610	0.000280
40	0.000740	0.000430
45	0.000970	0.000650
50	0.001470	0.000980
55	0.00234	0.001480
60	0.003690	0.002240
65	0.005730	0.003390
70	0.00967	0.006060
75	0.016320	0.010850

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: Pri-2012(IRS) Male Annuitant

Female: Pri-2012(IRS) Female Annuitant

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.006470	0.005170
60	0.008480	0.006430
65	0.010870	0.009280
70	0.017290	0.014440
75	0.029050	0.024450
80	0.050460	0.041980
85	0.089460	0.071320
90	0.157030	0.124530
95	0.245690	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

SECTION XII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Administrative Expenses	\$672,959
Percent Married	80% of males and 80% of females are assumed to be married.
Age of Spouse	Spouses of Males are assumed to be 3 years younger than the participant. Spouses of Females are assumed to be 3 years older than the participant.
Form of Payment	25% of eligible active participants are assumed to elect the lump sum form of payment upon retirement.
Lump Sum Mortality	IRS 2024 Applicable Mortality for Lump Sums

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.87% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are subject to a 5.0% floor and adjusted by the applicable percentage of the 25-year average segment rates.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.58%.
ASC 960 Interest Rate	6.24%	The Children's Aid Society	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Salary Scale	N/A	The Angell Pension Group, Inc.	Plan benefits are frozen and do not depend on future salary.	None
Pre-Retirement Mortality	2024 IRS P.V. Non-Annuitants (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3))	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS P.V. Non-Annuitants (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement and lump sum mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.57%.
Post-Retirement Mortality	2024 IRS P.V. Annuitants (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3))	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS P.V. Annuitants (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement and lump sum mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2023, by 1.57%.
Lump Sum Mortality	IRS 2024 Applicable Mortality for Lump Sums	Prescribed by Internal Revenue Service (Notice 2015-53)	The IRS prescribes by regulation mortality tables to be used in determining the value of a lump sum form of benefit. Those tables are based on the actual experience of pension plans and projected trends in that experience.	The mortality tables changed from the IRS 2023 Applicable Mortality for Lump Sums tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement and post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.57%.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Pre-Retirement Mortality for ASC 960	Pri-2012 White Collar Employee with Scale MP-2021 Generational Improvements (M/F) and IRS 2024 Applicable Mortality for Lump Sums	The Children's Aid Society	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables with MP-2021 generational projection presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience.	The lump sum mortality table changed from IRS 2023 Applicable Mortality for Lump Sums as of the prior measurement date, January 1, 2023. The change was made to reflect the best estimate of future experience under the plan. This change decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 0.06%.
Post-Retirement Mortality for ASC 960	Pri-2012 White Collar Retiree/Contingent Survivor with Scale MP-2021 Generational Improvements (M/F) and IRS 2024 Applicable Mortality for Lump Sums	The Children's Aid Society	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables with MP-2021 generational projection presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience.	The lump sum mortality table changed from IRS 2023 Applicable Mortality for Lump Sums as of the prior measurement date, January 1, 2023. The change was made to reflect the best estimate of future experience under the plan. This change decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 0.06%.
Disability Rates	None	The Angell Pension Group, Inc.	Disability rates are not assumed, since the Plan does not provide for disability retirement.	None
Withdrawal Rates	Crocker Sarason Straight T-10 table	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Retirement Rates	Rates by Age: Age 64 - 69: 25% per year Age 70: 100%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Form of Payment	25% of eligible active participants are assumed to elect the lump sum form of payment upon retirement.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None
Percent Married	80% of males and 80% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

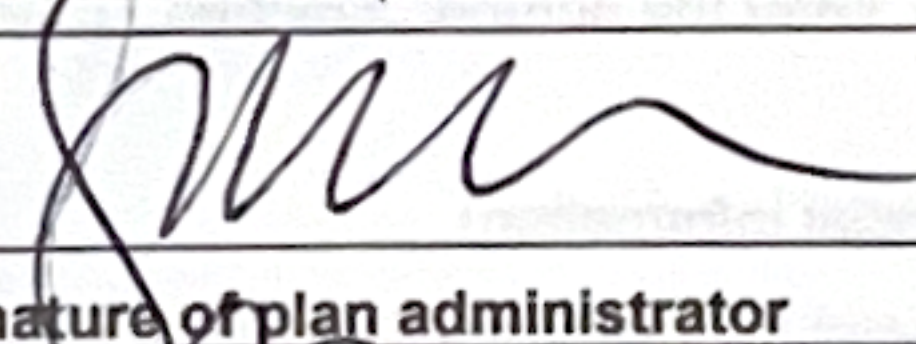
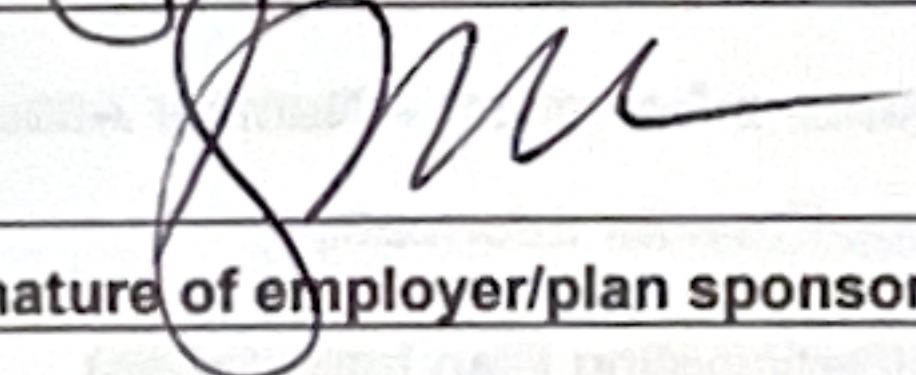
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan THE CHILDREN'S AID SOCIETY RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/1938
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) The Children's Aid Society 117 West 124th Street 3rd Floor New York NY 10027		2b Employer Identification Number (EIN)	13-5562191
		2c Plan Sponsor's telephone number	212-949-4401
		2d Business code (see instructions)	813000

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

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

SIGN HERE		<u>10/10/25</u>	Sheryl Haughton Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/10/25</u>	Sheryl Haughton Taylor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	1,058
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)	211
	6a(2)	195
	6b	308
	6c	518
	6d	1,021
	6e	30
	6f	1,051
	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 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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

The Children's Aid Society Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transaction in Excess of Five Percent of Plan Assets						
LSV VALUE EQUITY FUND	Registered Investment Companies	\$ -	\$ 4,815,711	\$ 4,812,222	\$ 4,815,711	\$ 3,489
INDPNDNT FRN PRT US EQTY	Registered Investment Companies	-	6,703,526	5,577,386	6,703,526	1,126,140
ARTISAN INTL VAL-INST	Registered Investment Companies	-	6,044,391	4,451,205	6,044,391	1,593,185
CARILLON RMS COR PL BND-I	Registered Investment Companies	-	6,582,837	7,122,732	6,582,837	(539,895)
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	-	5,085,063	4,817,603	5,085,063	267,460
US TREASURY BD PRIN STRIP	U.S. Government Securities	6,068,792	-	6,068,792	6,068,792	-
0.000% 11/15/2053 DD 11/15/23						
US TREASURY BD PRIN STRIP	U.S. Government Securities	6,082,367	-	6,082,367	6,082,367	-
0.000% 02/15/2054 DD 02/15/24						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	15,359,783	-	15,359,783	15,359,783	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	18,849,593	-	18,849,593	18,849,593	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	6,647,074	-	6,647,074	6,647,074	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	8,909,283	-	8,909,283	8,909,283	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	6,001,553	-	6,001,553	6,001,553	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	28,468,300	28,468,300	28,468,300	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	22,000,000	22,000,000	22,000,000	-
VAR RT 12/31/2075 DD 06/03/97						
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	5,927,170	-	5,927,170	5,927,170	-
VAR RT 12/31/2075 DD 06/03/97						
EB TEMP INV FD	Registered Investment Companies	-	8,909,283	8,909,283	8,909,283	-
1.147% 12/31/2049 DD 11/01/01						
EB TEMP INV FD	Registered Investment Companies	-	8,909,283	8,909,283	8,909,283	-
1.147% 12/31/2049 DD 11/01/01						

The Children's Aid Society Retirement Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - (CONTINUED)

Year ended December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of Transactions in Excess of Five Percent of Plan Assets						
LSV VALUE EQUITY FUND-INST	Registered Investment Companies	\$ -	4,815,711	\$ 4,812,222	\$ 4,815,711	\$ 3,489
INDPNDNT FRN PRT US EQTY	Registered Investment Companies	-	6,703,526	5,577,386	6,703,526	1,126,140
ARTISAN INTL VAL-INST	Registered Investment Companies	-	6,044,391	4,451,205	6,044,391	1,593,185
CARILLON RMS COR PL BND-I	Registered Investment Companies	-	6,582,837	7,122,732	6,582,837	(539,895)
CARILLON RMS COR PL BND-I	Registered Investment Companies	170,417	-	170,417	170,417	-
ISHARES CORE U.S. AGGREGATE	Registered Investment Companies	-	5,518,369	6,186,253	5,518,369	(667,883)
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	326,068	-	326,068	326,068	-
ISHARES 7-10 YEAR TREASURY B	Registered Investment Companies	-	5,833,480	5,546,652	5,833,480	286,829
ISHARES 1-5Y INV GRADE CORP	Registered Investment Companies	-	4,426,567	4,468,014	4,426,567	(41,447)
US TREASURY BD PRIN STRIP	U.S. Government Securities	6,535,656	-	6,535,656	6,535,656	-
0.000% 11/15/2053 DD 11/15/23	U.S. Government Securities	7,174,563	-	7,174,563	7,174,563	-
US TREASURY BD PRIN STRIP	U.S. Government Securities	-	3,986,874	3,986,874	3,986,874	-
0.000% 02/15/2054 DD 02/15/24	U.S. Government Securities	3,986,874	-	3,986,874	3,986,874	-
US TREASURY BOND	U.S. Government Securities	-	577,855	573,180	577,855	4,676
3.125% 02/15/2043 DD 02/15/13	U.S. Government Securities	-	-	-	-	-
US TREASURY BOND	U.S. Government Securities	3,987,139	-	3,987,139	3,987,139	-
3.125% 02/15/2043 DD 02/15/13	U.S. Government Securities	3,987,139	-	3,987,139	3,987,139	-
US TREASURY BOND	U.S. Government Securities	-	661,828	656,551	661,828	5,277
4.125% 08/15/2044 DD 08/15/24	U.S. Government Securities	-	-	-	-	-
US TREASURY BOND	U.S. Government Securities	82,010,940	-	82,010,940	82,010,940	-
4.125% 08/15/2044 DD 08/15/24	U.S. Government Securities	82,010,940	-	82,010,940	82,010,940	-
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	78,825,832	78,825,832	78,825,832	-
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	78,825,832	78,825,832	78,825,832	-
VAR RT 12/31/2075 DD 06/03/97	U.S. Government Securities	2,939,747	-	2,939,747	2,939,747	-
DREYFUS GOVT CAS MGMT INST 289	Registered Investment Companies	-	2,733,347	2,733,347	2,733,347	-
VAR RT 12/31/2075 DD 06/03/97	U.S. Government Securities	2,939,747	-	2,939,747	2,939,747	-
BNY MELLON CASH RESERVE	U.S. Government Securities	-	2,733,347	2,733,347	2,733,347	-
0.100% 12/31/2049 DD 06/26/97	U.S. Government Securities	-	2,733,347	2,733,347	2,733,347	-
BNY MELLON CASH RESERVE	U.S. Government Securities	-	2,733,347	2,733,347	2,733,347	-
0.100% 12/31/2049 DD 06/26/97	U.S. Government Securities	9,063,089	-	9,063,089	9,063,089	-
EB TEMP INV FD	Registered Investment Companies	9,063,089	-	9,063,089	9,063,089	-
1.147% 12/31/2049 DD 11/01/01	Registered Investment Companies	-	9,234,554	9,234,554	9,234,554	-
EB TEMP INV FD	Registered Investment Companies	-	9,234,554	9,234,554	9,234,554	-
1.147% 12/31/2049 DD 11/01/01	Registered Investment Companies	-	9,234,554	9,234,554	9,234,554	-

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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 THE CHILDREN'S AID SOCIETY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
---	---	-----

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Children's Aid Society	D Employer Identification Number (EIN) 13-5562191
--	---

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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
---	---

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:	
a Market value	2a 85,899,090
b Actuarial value	2b 86,523,602

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	296	33,016,517	33,016,517
b For terminated vested participants	551	29,063,560	29,063,560
c For active participants	211	23,099,583	23,099,583
d Total	1,058	85,179,660	85,179,660

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

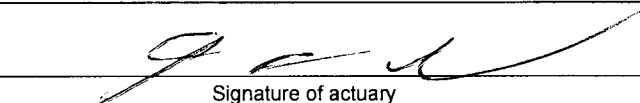
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b

5 Effective interest rate **5** 5.20%

6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 672,959
c Target normal cost	6c 672,959

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		<u>September 15, 2025</u>
	Signature of actuary	Date

<u>JEFFREY C. LITER</u>	<u>2306544</u>
Type or print name of actuary	Most recent enrollment number

<u>THE ANGELL PENSION GROUP, INC.</u>	<u>401-438-9250</u>
Firm name	Telephone number (including area code)

88 BOYD AVENUE
EAST PROVIDENCE RI 02914
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

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

Schedule SB (Form 5500) 2024
v. 240311

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** 66

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes 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** 672,959

b Excess assets, if applicable, but not greater than line 31a **31b** 672,959

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,860,137

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 1,860,137

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. 2019 2020 2021

Appendix A

Summary of Plan Provisions

<i>Plan Effective Date:</i>	Effective January 1, 1938, the Society established a "Contributory Plan". Effective July 1, 1977, the Society then adopted a "Noncontributory Plan". Effective July 1, 1985, the Contributory and Noncontributory Plans were combined, and the combined plan was called "The Children's Aid Society Retirement Plan" and was last restated effective January 1, 2021. Amended most recently effective June 1, 2024.
<i>Eligibility Requirements:</i>	Age: 21 Service: 1 Year Effective January 1, 2012, the plan is closed to new entrants hired or rehired on or after that date.
<i>Year of Service:</i>	12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service. Computation period commences on employee's date of hire. Benefit accruals are frozen effective December 31, 2018.
<i>Plan Entry Date:</i>	An eligible employee will enter the plan on the first day of January or July following completion of the eligibility requirements.
<i>Normal Retirement Date:</i>	First day of the month coincident or next following the later of a participant's 65th Birthday or the fifth anniversary of his/her date of participation.
<i>Earnings:</i>	For each Plan Year, an Employee's annualized rate of regular base pay for employment with the Society (excluding overtime, bonuses, commissions and fringe benefits of every kind and form) for the first payroll period commencing on or after January 1 of each year. For plan years beginning after 12/31/2001, no more than \$200,000 of compensation will be considered for plan purposes. This limit of \$200,000 is subject to adjustment by the Secretary of the Treasury or his delegate. The indexed limit for 2018 is \$275,000.

Normal Retirement

Benefit:

The monthly Retirement Benefits payable to any participant who retires on or after his Normal Retirement Date shall be equal to the sum of (a), (b), (c), (d) plus (e) as follows:

(a) The amount of the annuity earned, if any, under the Contributory Plan for service prior to January 1, 1969; plus

(b) The amount of the annuity earned, if any, under the Noncontributory, Contributory and Conformed Plans for periods employed after December 31, 1968 and prior to January 1, 1989; plus

(c) The amount of annuity based on Years of Service and earnings for each year after December 31, 1988 and prior to January 1, 1992 of participation in the Plan; plus

(d) The amount of the benefit earned after December 31, 1991 and prior to July 1, 2011 will be equal to the greater of (i) or (ii) below, plus;

(i) Two and one half percent (2½%) of the Participant's Earnings in each Plan Year as a Participant earning a Year of Service beginning on and after January 1, 1992; or

(ii) One and one half percent (1½%) of the average of the Participant's Earnings for the final five of all of his Years of Service (or, if less, all of such Participant's Years of Service), times his Years of Service beginning on and after January 1, 1992 as an Employee.

(e) The amount of the benefit earned after July 1, 2011 will be equal to one and one quarter percent (1¼%) of the Participant's Earnings in each Plan year as a Participant earning a Year of Service beginning on and after June 30, 2011.

Benefit accruals are frozen effective December 31, 2018.

Normal Form of Benefit:

Single Life Annuity

Accrued Benefit:

The Normal Retirement Benefit accrued

Benefit accruals are frozen effective December 31, 2018.

Early Retirement:

First day of the month coincident or next following the later of a participant's 55th Birthday or the completion of 10 Years of Vesting Service.

The amount of the early retirement benefits payable to a participant commencing on his Early Retirement Date is determined in accordance with the calculation for normal retirement benefit above on the basis of his Earnings and Years of Service as of his Early Retirement Date, and is equal to the Actuarial Equivalent of the normal retirement benefit that would be payable commencing on his Normal Retirement Date.

Late Retirement: Participants who continue employment after their Normal Retirement Date are eligible for a late retirement benefit equal to the greater of the accrued benefit determined at actual retirement, or the actuarial equivalent of the accrued benefit computed as of Normal Retirement Date.

Death Benefit: For a married participant who has been married for at least one year and who dies after he has completed at least five Years of Service, a death benefit will be payable for the remaining lifetime of his surviving spouse. The amount of benefits payable to the surviving spouse will be determined as if the participant had terminated his employment the day before his death, survived to the Earliest Retirement Date under the Plan, elected the joint and 50% survivorship benefit and died the next day. However, if the participant dies after satisfying the requirements for Early Retirement (attainment of age 55 and completion of at least 10 Years of Service), the amount of benefits payable to the surviving spouse will be determined as if the participant had retired the day before his death, elected the joint and 50% survivorship benefit and died the next day. However, if a participant made contributions under the Contributory Plan, his beneficiary will receive at least the accumulated value of such contributions remaining in the Plan with interest.

Vesting: Based on Years of Service, subject to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 years or more	100%

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

The Children's Aid Society Retirement Plan

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

December 31, 2024

EMPLOYER ID NO: 13-5562191, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Collective Trust Funds			
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A SERIES A1		\$ 3,836,659	\$ 3,792,609
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - APR2024		87,235	88,500
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - JULY2024		99,197	101,056
	ARROWMARK INCOME OPPORTUNITY FUND QP LTD CLASS A - OCT2024		97,369	98,588
	BROOKDALE GLBL OPPORTUNITY FD CL D SUB-SER 3 - SER 07-2019		1,000,000	1,641,108
	BROOKDALE GLOBAL OPPORTUNITY FUND		753,980	1,278,060
	SHENKMAN OPPORTUNISTIC CREDIT FUND		800,000	874,850
	LONG CORPORATE DISCIPLINED ALPHA TRUST		31,200,000	30,307,615
	DCIG CAPITAL LTD		749,931	1,246,318
	DCIG CAPITAL LTD CLASS B 1.25/15 - MAY 2020		369,132	644,132
	SCHONFELD STRATEGIC PARTNERS OFFSHORE FUND LTD CL E NOV2021		458,333	595,114
			<u>39,451,836</u>	<u>40,667,950</u>
	Investment Partnerships			
	HUDSON BAY INTERNATIONAL FUND LTD-CLASS A-UR4 T1		2,521,080	2,761,711
	TENSILE CAPITAL PARTNERS LP		784,484	2,085,438
			<u>3,305,564</u>	<u>4,847,149</u>
	U.S. Government Securities			
	US TREASURY BILL 0.00% 02/06/2025 DD 08/08/2024		275,777	275,777
	US TREASURY BD PRIN STRIP 0.00% 11/15/2053 DD 11/15/23		6,535,656	5,989,414
	US TREASURY BD PRIN STRIP 0.00% 02/15/2054 DD 02/15/24		7,174,563	6,579,558
	US TREASURY BOND 3.125% 02/15/2043 DD 02/15/13		3,413,694	3,296,929
	US TREASURY BOND 4.125% 08/15/2044 DD 08/15/24		3,330,588	3,216,993
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		206,400	206,400
			<u>20,936,678</u>	<u>19,565,071</u>
	Registered Investment Companies			
	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 6/3/1997		8,693,837	8,693,837
	Other Investments			
	US 10 YR ULTRA FUTURE (CBT) EXP MAR 25		-	(393,521)
	US TREASURY BOND FUTURE (CBT) EXP MAR 25		-	(146,627)
	US 5YR TREASURY NTS FUTURE (CBT) EXP MAR 25		-	(76,249)
	S&P 500 EMINI FUTURE (CME) EXP MAR 25		-	48,563
	MSCI EAFE FUTURE (NYF)		-	18,875
			<u>-</u>	<u>(548,959)</u>
			<u>72,387,915</u>	<u>73,225,048</u>
*	Interest Bearing Cash		1,738,160	1,738,160
			<u>\$ 74,126,075</u>	<u>\$ 74,963,208</u>

* Party-in-interest to the Plan, as defined by ERISA