

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1972
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) 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC. 1475 PARK AVE NEW YORK, NY 10029-3810
2b	Employer Identification Number (EIN) 13-1656679
2c	Plan Sponsor's telephone number 212-426-3400
2d	Business code (see instructions) 621420

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.	04/14/2026	SHARON FRASER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 326
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) 326 6a(2) 327 6b 23 6c 34 6d 384 6e 1 6f 385 6g(1) 326 6g(2) 327 6h
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:

2L

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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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 3
- (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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan	B Three-digit plan number (PN)	001
403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.		
13-1656679		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	EXT5465677EE	34		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
SCOTT GREENFIELD	
4114 NW BRIARCLIFF CIR	
BOCA RATON, FL 33496-4064	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
GEORGE R KOROGHLIAN	
250 PEHLE AVE STE 405	
SADDLE BROOK, NJ 07663-5832	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIAM J MCQUAID

1050 CROWN POINTE PKWY STE 1800
ATLANTA, GA 30338-7704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3153518
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1065595

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	A008366262	7		

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SCOTT GREENFIELD
4114 NW BRIARCLIFF CIR
BOCA RATON, FL 33496-4064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	9638
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	293813

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	061141D	325	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEW YORK CITY REGIONAL OFFICE 320 PARK AVENUE
NEW YORK, NY 10022-6839

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	874863
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9896856

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	750736
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	81234	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	22928	
(4) Transferred from separate account	7c(4)	65233	
(5) Other (specify below).....	7c(5)	1018	

▶ ROLLOVER, LOANS FORFEITURES

(6) Total additions	7c(6)	170413
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d Total of balance and additions (add lines 7b and 7c(6))	7d	921149
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	45677	
(2) Administration charge made by carrier.....	7e(2)	609	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below).....	7e(4)		

▶

(5) Total deductions	7e(5)	46286
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	874863
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

Part I	Service Provider Information (see instructions)
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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

AMERICAN CENTURY INVESTMENTS	P.O. BOX 419200 4500 MAIN STREET KANSAS CITY, MO 64141
------------------------------	--

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

CALVERT RESEARCH AND MANAGEMENT	1825 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90071-1406
----------------	---

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

PIMCO	840 NEWPORT CENTER DRIVE SUITE 100 NEWPORT BEACH, CA 92660
-------	--

T. ROWE PRICE
100 EAST PRATT STREET
BALTIMORE, MD 21202

MFS 111 HUNTINGTON AVENUE
BOSTON, MA 02199

VICTORY CAPITAL MANAGEMENT INC. 15935 LA CANTERS PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

FIDELITY INVESTMENTS 82 DEVONSHIRE STREET
BOSTON, MA 02109

VANGUARD 100 VANGUARD BOULEVARD
MALVERN, PA 19355

NEUBERGER BERMAN 1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

GOLDMAN SACHS 200 WEST STREET
STE 2500
NEW YORK, NY 10282

DELAWARE FUNDS BY MACQUARIE

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

MUTUAL OF AMERICA

320 PARK AVENUE
NEW YORK, NY 10022

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

DWS

210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

INVESCO

11 GREENWAY PLAZA
STE 2500
HOUSTON, TX 77046

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	INSURANCE CARRIER	3046	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

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: SEPARATE ACCOUNT NUMBER SA2			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA			
c EIN-PN 13-1614399-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9896856	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293813	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1065595	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.	D Employer Identification Number (EIN) 13-1656679	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21349	15281
(2) Participant contributions.....	1b(2)	32675	25771
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10085318	11256264
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3887742	4038019
(15) Other.....	1c(15)		

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	14027084	15335335
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14027084	15335335

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)	342143	
(B) Participants	2a(1)(B)	604744	
(C) Others (including rollovers)	2a(1)(C)	191085	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1137972
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22928	
(F) Other	2b(1)(F)	1241	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24169
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	228861	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1022401
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2413403

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1102106	
(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)		1102106
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)	3046	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3046
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1105152

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1308251
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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.)	☒	☐	93018
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
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 _____.

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 403(B) THRIFTPLAN OF NORTHSIDE CENTER FOR CHILD DEVELOPMENT, INC.				D Employer Identification Number (EIN) 13-1656679	
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): 13-3590259 04-1590850					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

403(b) Thrift Plan of Northside Center for Child Development, Inc.

**Financial Statements
and ERISA-Required Supplemental Schedules
As of June 30, 2025 and 2024
and for the Year Ended June 30, 2025**

**403(b) Thrift Plan
of Northside Center for Child Development, Inc.**

Financial Statements and ERISA-Required Supplemental Schedules
As of June 30, 2025 and 2024 and for the Year Ended June 30, 2025

403(b) Thrift Plan of Northside Center for Child Development, Inc.

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

The Plan Administrator
403(b) Thrift Plan of Northside Center for Child Development, Inc.
New York, New York

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

We were engaged to perform audits of the financial statements of 403(b) Thrift Plan of Northside Center for Child Development, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and the custodians prior to January 1, 2009 did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.



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 (GAAP), and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025 and the supplemental Schedule H, Line 4a- Schedule of Delinquent Participant Contributions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

BDO USA, P.C.

April 13, 2026

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2025	2024
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 11,256,264	\$ 10,085,318
Guaranteed investment contracts	3,163,156	3,137,006
Investments, at contract value:		
Guaranteed annuity contracts	874,863	750,736
Total Investments	15,294,283	13,973,060
Receivables:		
Employer contributions	15,281	21,349
Participant contributions	25,771	32,675
Total Receivables	41,052	54,024
Net Assets Available for Benefits	\$ 15,335,335	\$ 14,027,084

See accompanying notes to financial statements.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Statements of Changes in Net Assets Available for Benefits

<i>Year ended June 30,</i>	2025	2024
Additions		
Contributions:		
Employer	\$ 342,143	\$ 356,920
Participants	604,744	588,415
Rollovers	191,085	2,516
Total Contributions	1,137,972	947,851
Net investment income:		
Net appreciation in fair value of investments	1,274,190	1,449,927
Interest income	1,241	1,257
Total Investment Income	1,275,431	1,451,184
Total Additions	2,413,403	2,399,035
Deductions		
Benefits paid to participants and beneficiaries	1,102,106	475,889
Administrative expenses	3,046	3,876
Total Deductions	1,105,152	479,765
Net Increase	1,308,251	1,919,270
Net Assets Available for Benefits, beginning of year	14,027,084	12,107,814
Net Assets Available for Benefits, end of year	\$ 15,335,335	\$ 14,027,084

See accompanying notes to financial statements.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

1. Description of the Plan

The following brief description of the 403(b) Thrift Plan of Northside Center for Child Development, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan.

General

The Plan is a defined contribution plan covering all eligible employees of Northside Center for Child Development, Inc. and Northside Center for Child Development Day School (collectively, the Plan Sponsor and/or the Employer), as defined in the Plan document. For purposes of making salary deferral contributions, eligible employees may enter the Plan immediately. To be eligible to receive the Employer matching contributions, the participant is required to perform one year of service and be 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

For the years ended June 30, 2025 and 2024, Mutual of America Life Insurance Company (Mutual of America) and Massachusetts Mutual Life Insurance Company (Mass Mutual) served as the custodians of the Plan assets.

Eligibility Requirements

All employees, except non-resident aliens, Students, Part-time and temporary employees (i.e., employees who worked fewer than 1,000 hours as of December 31, 2024) are eligible to participate in the Plan with the Employer.

Effective January 1, 2025, employees classified as part-time or temporary only who have completed 500 hours of service during each of the immediate two consecutive years are eligible to participate in the Plan.

Contributions

Each year, eligible participants may elect to defer a portion of their annual earnings to the Plan. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Rollover contributions are subject to the terms of the Plan and are fully vested and non-forfeitable.

The Employer provides a discretionary Employer matching contribution to eligible participants. During 2025 and 2024, the Employer matches 100% of participant contributions, not to exceed 5% of eligible compensation received during the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment Options

All of the Plan's investment options are fully participant-directed. Participants may direct the investment of their account balances into any of the Plan's available investment options.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

Participant Accounts

Each participant's account is credited with the participant's and Employer contributions, as well as allocations of Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested at all times in their elective deferrals and the Employer matching contributions, plus earnings thereon.

Contract Loans to Participants

Participants may borrow from Mutual of America or Mass Mutual and use their Plan account balance (invested in the pooled separate accounts or guaranteed annuity contracts) as collateral. The collateral must be equal to or exceed 120% of the loan, and payments on the loan are made outside of the Plan. Participants may borrow a minimum of \$1,000 up to a maximum of the lesser of one half of the vested account balance or \$50,000. The loans bear interest at a rate commensurate with local prevailing rates at the time funds are borrowed, as determined by Mutual of America or Mass Mutual. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. These loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for benefits. As of June 30, 2025 and 2024, the total outstanding contract loans collateralized by individual participant accounts were \$222,175 and \$201,989, respectively. As such, \$266,610 and \$242,386 as of June 30, 2025 and 2024, respectively, of account values serve as collateral for the related loans.

Payment of Benefits

On termination of service due to death, disability, retirement, or severance from employment, a participant is entitled to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments, or payments at will. Participants are entitled to retirement benefit payments beginning at the age of 65, based on the full value of their accounts at the normal retirement date. Participants will normally receive payment of their benefits, as soon as practicable, following their retirement date. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented under the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Prior to January 1, 2009, various accounting records and supporting documentation at the participant or Plan level relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan. As such, neither the Employer nor the custodian have been able to produce sufficient records and supporting

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities at the date of the financial statements. These estimates include fair values of investments. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The investments of the Plan (except for the fully benefit-responsive investment contracts) 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 5 for a discussion on fair value measurements.

Fully benefit-responsive investment contracts are reported at contract value. Contract value, as reported to the Plan by Mutual of America, represents contributions made under the contracts plus earnings, less participant withdrawals and administrative expenses. See Note 6 for a discussion on fully benefit-responsive contracts.

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

Contributions Receivable

Participant contributions and any related discretionary Employer matching contributions are recognized in the period during which the Plan makes the respective payroll deduction from the participant's compensation as contributions. For any contributions not received by the Plan at year end they are included as contributions receivable in the statements of net assets available for benefits.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of benefit payments and general service charges are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

Benefit Payments

Benefit payments are recorded when paid.

403(b) Thrift Plan of Northside Center for Child Development, Inc.

Notes to Financial Statements

3. Risks and Uncertainties

The Plan is invested in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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.

4. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments and notes receivable from participants held as of June 30, 2025 and 2024, and net appreciation in fair value of investments, interest, and interest income on notes receivable from participants for the years ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Mass Mutual, and Mutual of America, qualified institutions.

5. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions

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Notes to Financial Statements

market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Pooled Separate Accounts - These accounts are valued at their accumulation unit value (AUV), which approximates fair value. The AUV is determined daily based on the net asset value (NAV) of shares of the underlying fund and the separate account charges (i.e., the daily asset charge). The NAV, as provided by Mutual of America and Mass Mutual is used as a practical expedient to measure fair value. The underlying investments of the pooled separate accounts with Mutual of America and Mass Mutual, consist of mutual funds, each of which follows separate investment strategies consistent with its investment style. The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

Guaranteed Investment Contracts - Investments in non-fully benefit responsive investment contracts are reported at fair value, using the contract's exit price, which approximates contract value. The value of these investments equals the accumulated cash contributions and interest credited to the individual contracts less any withdrawals and expenses. Withdrawals from these investments are restricted. Participants may only withdraw in substantially equal amounts over a four-year period.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 following tables set forth, by level within the fair value hierarchy, assets at fair value:

June 30, 2025

	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 3,163,156	\$ 3,163,156
Total Investments Assets, in the fair value hierarchy	\$ -	\$ -	\$ 3,163,156	3,163,156
Pooled separate accounts, measured at NAV*				11,256,264
Total Investments, at fair value				\$ 14,419,420

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Notes to Financial Statements

June 30, 2024

	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 3,137,006	\$ 3,137,006
Total Investments Assets, in the fair value hierarchy	\$ -	\$ -	\$ 3,137,006	3,137,006
Pooled separate accounts, measured at NAV*				10,085,318
Total Investments, at fair value				\$ 13,222,324

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts included in this table are intended to permit reconciliation of the fair value hierarchy table to the amounts presented in the statements of net assets available for benefits.

The tables below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

June 30, 2025

Fair Value, July 1	\$ 3,137,006
Sales	(67,404)
Interest income	93,554
Fair Value, June 30	\$ 3,163,156

June 30, 2024

Fair Value, July 1	\$ 3,099,226
Sales	(53,938)
Interest income	91,718
Fair Value, June 30	\$ 3,137,006

6. Fully Benefit-Responsive Guaranteed Annuity Contracts

The Plan entered into fully benefit-responsive guaranteed annuity contracts with Mutual of America. Mutual of America maintains the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and at a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale

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Notes to Financial Statements

or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

The guaranteed investment contracts do not permit Mutual of America to terminate the agreements prior to the scheduled maturity date.

7. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of the Plan termination, participants will remain 100% vested in their accounts.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Mass Mutual and Mutual of America. Any purchases and sales of these funds qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions also qualify as exempt party-in-interest transactions under ERISA.

9. Late Remittances

During the years ended June 30, 2019, 2022 and 2025, the Plan did not remit employee deferrals totaling \$93,018 in a timely manner, as required by Department of Labor regulations. These transactions constitute prohibited transactions as defined by ERISA. The Plan self-corrected the late remittances by contributing lost earnings in 2025.

10. Tax Status

The Plan adopted the volume-submitter plan document provided by Mutual of America. Mutual of America received an opinion letter dated March 31, 2017 from the IRS stating that the volume-submitter plan document is acceptable under Section 403(b) of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Subsequently, the Plan has been amended. The Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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Notes to Financial Statements

11. Subsequent Events

The Plan committee has evaluated the accompanying financial statements for subsequent events through April 13, 2026, the date the financial statements were made available to be issued. Other than as noted below, no other significant subsequent events that would require disclosure or adjustment to the financial statements have been noted as of this date.

Effective July 1 2025, the plan's recordkeeper and custodian changed from Mutual of America to Principal Trust Company.

Effective January 1, 2026, the Plan implemented the following provisions under the Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022 (SECURE 2.0):

- Federally Declared Disaster Loans: allows increased loan limits or other loan relief for participants affected by federally declared disasters, subject to Plan terms.
- Federally Declared Disaster Withdrawals: allows eligible participants impacted by federally declared disasters to take qualified withdrawals, generally subject to statutory limits and repayment provisions, if applicable.
- Matching Contributions on Qualified Student Loan Payments: permits the Plan to make matching contributions based on a participant's qualified student loan payments, as if those amounts were elective deferrals.
- 403(b) Hardship: expands the sources available for hardship withdrawals under 403(b) plans and aligns certain hardship rules more closely with those for 401(k) plans.
- Emergency Expense Withdrawals: permits limited withdrawals for unforeseeable or immediate emergency personal or family financial needs, subject to applicable limits and conditions.
- Domestic Abuse Withdrawals: allows certain participants to take penalty-free withdrawals related to domestic abuse, subject to statutory dollar limits and repayment rights, if applicable.
- Small Vested Account: provision to increase the mandatory cash-out limit from \$1,000 to \$7,000.

ERISA-Required Supplemental Schedules

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Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 13-1656679

Plan No.: 001

Year ended June 30, 2025

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Check here if late participant loan repayments are included: ☐					
2025	\$ 174	\$ -	\$ 174	\$ -	\$ -
2022	198	-	198	-	-
2019	92,646	-	92,646	-	-

* Voluntary Fiduciary Correction Program (DOL)

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-1656679

Plan No.: 001

June 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
Pooled Separate Accounts				
*	Mutual of America	Mutual of America Aggressive Allocation Fund	\$	38,547
*	Mutual of America	Mutual of America Conservative Allocation Fund		767
*	Mutual of America	Mutual of America Moderate Allocation Fund		13,030
*	Mutual of America	Mutual of America Core Bond Fund		50,263
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio		218,980
*	Mutual of America	MOA US Government Money Market Fund		3,268
	Calvert Research Management	Calvert VP SRI Balanced Portfolio		2,168
	Delaware Management Company	Macquarie VIP Small Cap Value Series		28,327
*	Mutual of America	Mutual of America Equity Index Fund		1,724,022
	Fidelity Investments	Fidelity VIP Mid Cap Portfolio		703,965
	Fidelity Investments	Fidelity VIP Asset Manager Portfolio		7,168
	Fidelity Investments	Fidelity VIP Contrafund Portfolio		54,521
	Fidelity Investments	Fidelity VIP Equity-Income Portfolio		265,496
	Goldman Sachs	Goldman Sachs VIT SM Cap Equity Insights Fund		1,858
*	Mutual of America	Mutual of America Balanced Fund		15,655
*	Mutual of America	Mutual of America Intermediate Bond Fund		3,884
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund		5,636
*	Mutual of America	Mutual of America Mid Cap Value Fund		30,768
	Invesco	Invesco V.I. Main Street Fund		41,057
*	Mutual of America	Mutual of America 2020 Retirement Fund		1,577,426
*	Mutual of America	Mutual of America 2025 Retirement Fund		505,887
*	Mutual of America	Mutual of America 2030 Retirement Fund		436,200
*	Mutual of America	Mutual of America 2035 Retirement Fund		1,356,437
*	Mutual of America	Mutual of America 2040 Retirement Fund		450,900
*	Mutual of America	Mutual of America 2045 Retirement Fund		413,902
*	Mutual of America	Mutual of America 2050 Retirement Fund		680,875
*	Mutual of America	Mutual of America 2055 Retirement Fund		598,425
*	Mutual of America	Mutual of America 2060 Retirement Fund		248,088
*	Mutual of America	Mutual of America 2065 Retirement Fund		63,276
*	Mutual of America	Mutual of America Retirement Income Fund		20,304
	Vanguard	Vanguard VIF Real Estate Index Portfolio		71,862
	PIMCO	PIMCO VIT Real Return Portfolio		1,441
*	Mutual of America	Mutual of America All America Fund		5,834
*	Mutual of America	Mutual of America Small Cap Equity Index		2,605
	DWS	DWS Capital Growth VIP		4,624
*	Mutual of America	Mutual of America Small Cap Growth Fund		5,547
*	Mutual of America	Mutual of America Small Cap Value Fund		4,596
	LVIP Trust	American Century Investments VP Capital Appreciation Fund		75,023
	Vanguard	Vanguard VIF Diversified Value Portfolio		1,387
	Vanguard	Vanguard VIF International Portfolio		61,491
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio		100,112
	Neuberger Berman AMT	Neuberger Berman AMT Sustainable Equity Portfolio		1,235
	Fidelity Investments	Fidelity VIP Contrafund		117,296
	Invesco	Invesco V.I. Discovery Large Cap		9,010
	Invesco	Invesco V.I. Discovery Mid Cap Growth		114,707
	Invesco	Invesco V.I. Global		39,974

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 13-1656679

Plan No.: 001

June 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
Pooled Separate Accounts				
(continued)				
	Invesco	Invesco V.I. Global Strategic Income	\$	43,705
	Invesco	Invesco V.I. International Growth		11,221
	Invesco	Invesco V.I. Main Street		58,814
	Invesco	Invesco V.I. Technology		8,889
	Invesco	Invesco V.I. U.S. Government Money		1,156
*	Mass Mutual	MML Balanced Allocation		28,790
*	Mass Mutual	MML Blend		102,426
*	Mass Mutual	MML Blue Chip Growth		66,448
*	Mass Mutual	MML Conservative Allocation		3,071
*	Mass Mutual	MML Equity		193,640
*	Mass Mutual	MML Equity Income		10,194
*	Mass Mutual	MML Equity Index		23,410
*	Mass Mutual	MML Foreign		4,190
*	Mass Mutual	MML Global		52,685
*	Mass Mutual	MML Growth Allocation		64,540
*	Mass Mutual	MML Inflation-Protected & Income		3,757
*	Mass Mutual	MML Managed Bond		45,432
*	Mass Mutual	MML Mid Cap Growth		13,131
*	Mass Mutual	MML Moderate Allocation		34,859
*	Mass Mutual	MML Small Cap Growth Equity		29,721
*	Mass Mutual	MML Small/Mid Cap Value		8,479
*	Mass Mutual	MML Sustainable Equity		126,084
*	Mass Mutual	MML U.S. Government Money Market		49,543
*	Mass Mutual	MML VIP American Century Mid Cap Value		1,940
*	Mass Mutual	MML VIP American Century Small Comp Val		5,110
*	Mass Mutual	MML VIP Invesco Small Cap Equity		71,571
*	Mass Mutual	MML VIP Loomis Sayles Large Cap Growth		13,461
*	Mass Mutual	MML VIP MFS International Equity		2,153
Total Pooled Separate Accounts				11,256,264
Guaranteed Investment Contracts				
*	Mass Mutual	Guaranteed Principal Account		55,962
*	Mass Mutual	Fixed Account (Artistry)		3,107,194
Total Guaranteed Investment Contracts				3,163,156
Guaranteed Annuity Contracts				
*	Mutual of America	Mutual of America Interest Accumulation		874,863
Total Investments				\$ 15,294,283

* Represents a party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

Summary of Saving and Investment Options for the Plan Year Ending June 30, 2025

Date: **Sep 11, 2025** EIN Number: **13-1656679**
Plan Name: **Northside Center for Child Development, Inc.** Plan Number(s): **061141**
SPD: **001**

Saving Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Mutual of America Interest Accumulation Account	\$750,736.36	\$45,819.75	\$35,414.10	\$0.00	\$66,209.49	-\$45,677.48	-\$566.94	\$22,928.12	\$874,863.40

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
DWS Capital Growth VIP	\$3,449.44	\$832.86	\$0.00	\$0.00	\$0.11	-\$250.92	\$1.94	\$591.03	\$4,624.46
Fidelity VIP Equity-Income Portfolio	\$246,716.45	\$7,200.88	\$1,007.44	\$0.00	\$4.89	-\$21,731.37	\$0.00	\$32,297.21	\$265,495.50
Fidelity VIP Contrafund Portfolio	\$13,323.35	\$33,571.13	\$1,062.03	\$0.00	-\$19.29	\$0.00	-\$50.16	\$6,634.29	\$54,521.35
Goldman Sachs VIT US Equity Insights Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MoA All America Fund	\$5,053.85	\$283.03	\$143.01	\$0.00	\$0.48	-\$223.68	\$0.30	\$576.93	\$5,833.92
MoA Equity Index Fund	\$1,480,391.63	\$40,242.56	\$23,342.28	\$0.00	\$12.79	-\$37,648.49	-\$60.08	\$217,740.89	\$1,724,021.58
Neuberger Berman AMT Sustainable Equity Portfolio	\$419.68	\$666.25	\$0.00	\$0.00	\$0.00	\$0.00	\$1.31	\$148.18	\$1,235.42

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Invesco V.I. Main Street Fund	\$33,325.28	\$106.40	\$106.40	\$0.00	\$3,131.76	-\$230.94	\$0.30	\$4,618.22	\$41,057.42
T. Rowe Price Blue Chip Growth Portfolio	\$201,291.20	\$13,133.17	\$3,857.93	\$0.00	\$7,630.23	-\$41,070.72	-\$15.48	\$34,153.18	\$218,979.51
Vanguard VIF Diversified Value Portfolio	\$75,476.76	\$4,220.81	\$175.00	\$0.00	\$2.90	-\$82,919.83	\$2.40	\$4,429.43	\$1,387.47
American Century Investments VP Capital Appreciation Fund	\$61,729.66	\$1,611.32	\$603.90	\$0.00	-\$3,009.88	-\$423.64	\$1.80	\$14,510.02	\$75,023.18
Fidelity VIP Mid Cap Portfolio	\$703,128.83	\$14,571.01	\$4,044.27	\$0.00	\$546.66	-\$71,758.96	\$3.00	\$53,429.89	\$703,964.70
MoA Mid Cap Equity Index Fund	\$5,278.59	\$0.00	\$0.00	\$0.00	\$0.18	\$0.00	\$0.00	\$357.26	\$5,636.03
MoA Mid Cap Value Fund	\$29,327.30	\$0.00	\$0.00	\$0.00	\$0.55	-\$193.74	\$0.30	\$1,633.71	\$30,768.12
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Macquarie VIP Small Cap Value Series	\$26,456.18	\$0.00	\$0.00	\$0.00	\$0.44	\$0.00	\$0.00	\$1,870.23	\$28,326.85
Goldman Sachs VIT Small Cap Equity Insights Fund	\$1,141.96	\$297.37	\$297.37	\$0.00	\$0.00	\$0.00	\$1.20	\$120.25	\$1,858.15
MoA Small Cap Growth Fund	\$5,301.02	\$0.00	\$0.00	\$0.00	\$0.17	\$0.00	\$0.00	\$245.34	\$5,546.53
MoA Small Cap Equity Index Fund	\$2,505.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98.93	\$2,604.57
MoA Small Cap Value Fund	\$3,049.85	\$395.97	\$374.45	\$0.00	\$787.19	-\$181.54	\$1.50	\$168.47	\$4,595.89
Victory RS Small Cap Growth Equity VIP Series	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MoA Core Bond Fund	\$46,924.91	\$430.58	\$430.59	\$0.00	\$2.55	-\$155.84	\$0.90	\$2,629.50	\$50,263.19
MoA Intermediate Bond Fund	\$3,977.03	\$0.00	\$0.00	\$0.00	\$0.28	-\$328.53	\$0.60	\$234.57	\$3,883.95

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
PIMCO VIT Real Return Portfolio	\$1,359.14	\$0.00	\$0.00	\$0.00	\$0.18	\$0.00	\$0.00	\$81.98	\$1,441.30
Vanguard VIF Total Bond Market Index Portfolio	\$90,524.85	\$3,621.19	\$866.58	\$0.00	\$3.06	\$0.00	\$1.84	\$5,094.10	\$100,111.62
MoA US Government Money Market Fund	\$3,281.12	\$0.00	\$0.00	\$0.00	\$0.29	-\$118.04	-\$27.70	\$132.22	\$3,267.89
American Funds Insurance Series New World Fund	\$1,929.63	\$268.13	\$268.13	\$0.00	-\$2,733.19	\$0.00	\$1.20	\$266.10	\$0.00
MoA International Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vanguard VIF International Portfolio	\$47,538.04	\$3,219.81	\$2,053.07	\$0.00	\$2.11	\$0.00	\$1.20	\$8,676.30	\$61,490.53
Vanguard VIF Real Estate Index Portfolio	\$58,372.70	\$5,156.32	\$2,678.67	\$0.00	\$2.48	\$0.00	\$0.60	\$5,651.37	\$71,862.14
Calvert VP SRI Balanced Portfolio	\$1,278.93	\$471.94	\$238.36	\$0.00	\$0.23	\$0.00	\$0.00	\$178.06	\$2,167.52
Fidelity VIP Asset Manager Portfolio	\$4,679.75	\$1,098.76	\$833.16	\$0.00	\$0.39	\$0.00	-\$25.60	\$581.05	\$7,167.51
MoA Aggressive Allocation Fund	\$29,853.04	\$1,024.15	\$790.80	\$0.00	\$3,137.08	\$0.00	\$1.80	\$3,740.50	\$38,547.37
MoA Balanced Fund	\$6,762.46	\$4,333.18	\$2,855.38	\$0.00	\$19.12	\$0.00	-\$23.80	\$1,708.59	\$15,654.93
MoA Conservative Allocation Fund	\$724.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$19.22	\$61.56	\$767.32
MoA Moderate Allocation Fund	\$9,458.53	\$1,279.40	\$1,279.40	\$0.00	\$0.12	-\$201.56	\$1.50	\$1,212.40	\$13,029.79
MoA Retirement Income Fund	\$263,197.19	\$2,183.03	\$1,830.68	\$0.00	\$2,757.21	-\$263,927.48	-\$35.73	\$14,298.61	\$20,303.51
MoA Clear Passage 2015 Fund	\$2,130.35	\$310.76	\$230.66	\$0.00	-\$2,748.99	\$0.00	\$0.00	\$77.22	\$0.00
MoA Clear Passage 2020 Fund	\$1,415,267.69	\$34,009.16	\$12,449.44	\$0.00	\$36.04	-\$9,188.29	-\$40.04	\$124,891.79	\$1,577,425.79
MoA Clear Passage 2025 Fund	\$385,557.92	\$36,055.58	\$13,592.60	\$58,307.30	\$21.84	-\$29,307.29	-\$100.16	\$41,759.03	\$505,886.82

Separate Account Investment Option	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
MoA Clear Passage 2030 Fund	\$332,125.58	\$53,670.32	\$39,325.74	\$0.00	-\$9,658.82	-\$17,471.15	-\$234.70	\$38,443.34	\$436,200.31
MoA Clear Passage 2035 Fund	\$1,110,869.48	\$71,479.99	\$38,972.68	\$0.00	\$42.55	-\$664.26	-\$144.32	\$135,881.34	\$1,356,437.46
MoA Clear Passage 2040 Fund	\$372,717.51	\$37,385.74	\$28,675.14	\$0.00	-\$29,613.02	-\$7,129.01	-\$132.27	\$48,995.84	\$450,899.93
MoA Clear Passage 2045 Fund	\$476,535.97	\$37,907.47	\$28,646.06	\$0.00	-\$1,809.40	-\$165,700.80	-\$166.36	\$38,489.44	\$413,902.38
MoA Clear Passage 2050 Fund	\$514,742.39	\$47,296.04	\$34,761.97	\$120,716.64	-\$21,765.47	-\$88,922.30	-\$345.31	\$74,390.91	\$680,874.87
MoA Clear Passage 2055 Fund	\$487,567.78	\$50,791.73	\$39,619.90	\$12,061.05	-\$10,027.93	-\$49,048.31	-\$585.61	\$68,046.57	\$598,425.18
MoA Clear Passage 2060 Fund	\$166,579.34	\$36,841.31	\$19,502.07	\$0.00	\$1.67	-\$1,526.64	-\$360.74	\$27,050.62	\$248,087.63
MoA Clear Passage 2065 Fund	\$32,156.91	\$19,861.11	\$8,041.74	\$0.00	-\$1,888.38	-\$964.91	-\$135.01	\$6,204.83	\$63,276.29
Separate Account Investment Options Total	\$8,763,479.89	\$565,828.46	\$312,956.90	\$191,084.99	-\$65,128.82	-\$891,288.24	-\$2,478.60	\$1,022,401.30	\$9,896,855.88

Loan Fund	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Loan Fund Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Summary of Saving and Investment Options	Opening Balance	Employee Contr.	Employer Contr.	Rollover Contr.	Other	Benefit Payments	Fees	Investment Earnings	Closing Balance
Plan Total	\$9,514,216.25	\$611,648.21	\$348,371.00	\$191,084.99	\$1,080.67	-\$936,965.72	-\$3,045.54	\$1,045,329.42	\$10,771,719.28

Mutual of America Life Insurance Company is a qualified institution described in 29 CFR 2520.103-8 that is eligible to prepare and certify financial information in

connection with an ERISA Section 103(a)(3)(C) audit, to the extent elected by the plan sponsor. Mutual of America Life Insurance Company hereby certifies that the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Moser
Senior Vice President
Administrative Operations



NORTHSIDE CENTER FOR CHILD DEVELOPMENT - Fund Summary

Begin date: Jun 28, 2024 End date: Jun 30, 2025

Account	Asset Class	Advisor	Fund	End val
				Value
057622	Var	Invesco Advisors	Invesco V.I. Discovery Mid Cap Growth	\$35,117.13
			Invesco V.I. Global	\$39,974.34
			Invesco V.I. Global Strategic Income	\$4,089.91
		MassMutual	MML Blend	\$47,534.08
			MML Equity	\$118,191.48
			MML Managed Bond	\$45,431.55
			MML U.S. Government Money Market	\$3,474.54
		MassMutual	Guaranteed Principal Acct (Flex Extra)	\$9,637.54
N40273	Var	Fidelity	Fidelity VIP Contrafund	\$117,296.02
		Invesco Advisors	Invesco V.I. Discovery Large Cap	\$9,010.29
			Invesco V.I. Discovery Mid Cap Growth	\$79,589.77
			Invesco V.I. Global	
			Invesco V.I. Global Strategic Income	\$39,615.33
			Invesco V.I. International Growth	\$11,221.19
			Invesco V.I. Main Street	\$58,814.03
			Invesco V.I. Technology	\$8,889.31
			Invesco V.I. U.S. Government Money	\$1,156.32
		MassMutual	MML Balanced Allocation	\$28,789.95
			MML Blend	\$54,891.99
			MML Blue Chip Growth	\$66,447.92
			MML Conservative Allocation	\$3,070.64
			MML Equity	\$75,448.68
			MML Equity Income	\$10,194.45
			MML Equity Index	\$23,410.29
			MML Foreign	\$4,189.61
			MML Global	\$52,685.45
			MML Growth Allocation	\$64,540.02
			MML Inflation-Protected & Income	\$3,757.10
			MML Mid Cap Growth	\$13,130.30
			MML Moderate Allocation	\$34,858.94
			MML Small Cap Growth Equity	\$29,721.23
			MML Small/Mid Cap Value	\$8,478.52
			MML Strategic Emerging Markets	
			MML Sustainable Equity	\$126,083.89
			MML U.S. Government Money Market	\$46,068.60
			MML VIP American Century Mid Cap Value	\$1,940.21
			MML VIP American Century Small Comp Val	\$5,110.11

			MML VIP Invesco Small Cap Equity	\$71,570.51
			MML VIP Loomis Sayles Large Cap Growth	\$13,461.20
			MML VIP MFS International Equity	\$2,152.85
	Loa	Loan	Accum Loan Fund (Artistry)	\$0.00
			Collateral Loan Fund (Artistry)	\$46,324.34
	Fix	MassMutual	Fixed Account (Artistry)	\$2,950,200.82
			Fixed Account (Exchange) (Artistry)	\$156,993.28
Total				\$4,522,563.73

Run Date/Time: Dec 12, 2025 / 1:31:16 PM

Report Name : ANN090010 - TSA Plan Year Summary

User id : Sherrie Barrett