

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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1975
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) UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY 380 WASHINGTON AVENUE ROOSEVELT, NY 11575
2b	Employer Identification Number (EIN) 11-1723782
2c	Plan Sponsor's telephone number 516-378-2000
2d	Business code (see instructions) 621498

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.	04/15/2026	GORDON SIESS
	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	5 534
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) 134 6a(2) 127 6b 46 6c 159 6d 332 6e 11 6f 343 6g(1) 0 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (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 2
- (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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782	

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 NATIONAL INTEGRITY 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
16-0958252	75264	GLUNCEPANT01252	50	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
39476	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
USI INSURANCE BROKERS 95 GLASTONBURY BLVD GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39476	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	

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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	

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **APPLICABLE MORTALITY TABLE AND INTEREST RATE DETERMINED BY THE INSURANCE COMPANY**

b Premiums paid to carrier	6b	1973795
c Premiums due but unpaid at the end of the year	6c	0
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	0

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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782	

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
NATIONAL INTEGRITY LIFE ASSURANCE 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
16-0958252	75264	GLUNCEPANC0124V	133	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 41355	(b) Total amount of fees paid 0
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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
USI INSURANCE BROKERS
95 GLASTONBURY BLVD
GLASTONBURY, CT 06033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41355	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	

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(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	

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ APPLICABLE MORTALITY TABLE AND INTEREST RATE DETERMINED BY THE INSURANCE COMPANY		
b Premiums paid to carrier	6b	2067797
c Premiums due but unpaid at the end of the year	6c	0
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	0
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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	17928771	
b	Actuarial value	2b	17574370	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	227	8560120	8560120
b	For terminated vested participants	180	5572546	5572546
c	For active participants	127	3672681	3672681
d	Total	534	17805347	17805347
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.28 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	311660	
c	Target normal cost	6c	311660	

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

SIGN HERE	Signature of actuary GARRETT T. NOROF Type or print name of actuary USI CONSULTING GROUP Firm name 600 THIRD AVE. THIRD FLOOR NEW YORK, NY 10016 Address of the firm	04/13/2026 Date 26-07808 Most recent enrollment number 212-878-0446 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1359634
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	200812
9 Amount remaining (line 7 minus line 8)	0	1158822
10 Interest on line 9 using prior year's actual return of <u>7.82</u> %	0	90620
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		898965
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		36723
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		15703
c Total available at beginning of current plan year to add to prefunding balance		951391
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1249442

Part III Funding Percentages

14 Funding target attainment percentage	14	91.68 %
15 Adjusted funding target attainment percentage	15	91.68 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	95000		07/15/2025	95000	
02/18/2025	95000		10/07/2025	90000	
03/17/2025	95000		12/04/2025	15000	
04/15/2025	95000		12/09/2025	850	
05/15/2025	95000		12/11/2025	285	
06/16/2025	95000				
Totals ▶			18(b)	771135	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	737767

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.12 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

70

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 311660**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment
1480419 168483**b** Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 480143

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		227920	227920

36 Additional cash requirement (line 34 minus line 35) **36** 252223**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 737767**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 485544**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 227920**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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(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)

USI CONSULTING GROUP

13-4032401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27	NONE	132225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, PC

13-5381590

(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?
10	NONE	24726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB

94-1737782

(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?
21	NONE	23658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CAPTRUST ACTUARIAL SERVICES, LLC

47-4009638

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27	NONE	16113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP

22-1467904

(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?
15	NONE	6782	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:

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

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY		D Employer Identification Number (EIN) 11-1723782

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
UCP FOUNDATION	AFFILIATE NETWORK	YEARLY MAINTENANCE FEES	1705		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782	

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	116848	195017
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	645000	201135
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	76705	45639
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		291959
(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)		9388625
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17261198	5037757
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	18099751	15160132
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	163270	83808
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	163270	83808
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17936481	15076324

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)	771135	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		771135
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3700	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3700
(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)	214828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		214828
(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)		
(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)		718027
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		634820
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2342510

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	898176	
(2) To insurance carriers for the provision of benefits	2e(2)	4041592	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4939768
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	24726	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	26372	
(7) Actuarial fees	2i(7)	144858	
(8) Legal fees	2i(8)	6227	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	60716	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		262899
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5202667

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2860157
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, PC**

(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.)		☒	
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.)	☒		1705
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 570047.

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 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY		D Employer Identification Number (EIN) 11-1723782
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): 22-1467904		
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 4
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_____.

**United Cerebral Palsy Association
of Nassau County, Inc.
Defined Benefit Plan and Trust**

**Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended June 30, 2025 and 2024**

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of
BDO International Limited, a UK company limited by guarantee.



United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended June 30, 2025 and 2024

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

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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
United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust
Roosevelt, New York

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

We have performed audits of the financial statements of the United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan and Trust (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), which 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, the statement of accumulated plan benefits as of June 30, 2024, and the related statement of changes in accumulated plan benefits for the year 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 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Termination

As discussed in Note 9 to the financial statements, a termination amendment was executed by the Plan Sponsor in December 2025 to terminate the Plan effective December 31, 2025. No adjustments have been made in the financial statements for this event as liquidation was not considered imminent as of June 30, 2025. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial



likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The ERISA-required supplemental schedules, Schedule G, Part III - Schedule of Nonexempt Transactions for the Year Ended June 30, 2025, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025 and the Schedule H, Line 4j - Schedule of Reportable Transactions 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. The information included



in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

April 15, 2026

Financial Statements

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2025	2024
Assets		
Noninterest-bearing cash	\$ 195,017	\$ 116,848
Investments, at fair value	14,718,341	17,261,198
Receivables		
Employer contributions	201,135	645,000
Due from vendor	1,705	-
Total Receivables	202,840	645,000
Prepaid expenses	43,934	76,705
Total Assets	15,160,132	18,099,751
Liabilities		
Accounts payable and accrued expenses	83,808	163,270
Total Liabilities	83,808	163,270
Net Assets Available for Benefits	\$ 15,076,324	\$ 17,936,481

See accompanying notes to financial statements.

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

Statements of Changes in Net Assets Available for Benefits

<i>Year ended June 30,</i>	2025	2024
Additions		
Employer contributions	\$ 771,135	\$ 1,215,000
Investment income:		
Net appreciation in fair value of investments	1,352,847	711,766
Interest and dividend income	218,528	616,010
Total Investment Income	1,571,375	1,327,776
Total Additions	2,342,510	2,542,776
Deductions		
Benefits paid directly to participants	898,176	919,612
Purchase of annuity contracts (Note 1)	4,041,592	-
Administrative expenses	262,899	311,660
Total Deductions	5,202,667	1,231,272
Net (Decrease) Increase	(2,860,157)	1,311,504
Net Assets Available for Benefits, beginning of year	17,936,481	16,624,977
Net Assets Available for Benefits, end of year	\$ 15,076,324	\$ 17,936,481

See accompanying notes to financial statements.

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

Statement of Accumulated Plan Benefits

June 30, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefits	\$ 7,719,590
Terminated vested participants	4,763,100
Active participants	3,087,814

Total Actuarial Present Value of Accumulated Plan Benefits	\$ 15,570,504
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See accompanying notes to financial statements.

United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust

Statement of Changes in Accumulated Plan Benefits

Year ended June 30, 2024

Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$ 18,423,918
Increase (decrease) during the year attributable to:	
Benefits accumulated, including expense gains and losses	(283,660)
Increase for interest due to the decrease in the discount period	898,486
Benefits paid	(919,612)
Change in assumptions	(2,548,628)
Net Decrease	(2,853,414)
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 15,570,504

See accompanying notes to financial statements.

United Cerebral Palsy Association of Nassau County, Inc.

Defined Benefit Plan and Trust

Notes to Financial Statements

1. Description of Plan and Summary of Significant Policies

The following description of the United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the summary Plan description and Plan agreement for complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of the United Cerebral Palsy Association of Nassau County, Inc., UCP - Bayville, Inc., and UCP - Bayview Nursing Home, Inc. (collectively, the Corporations or the Employer). United Cerebral Palsy Association of Nassau County, Inc. sponsors the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 1, 2007, the Plan has been frozen. Although this benefit freeze results in no further benefits being accrued, all benefits already accrued as of the freeze date are payable to all vested employees upon their retirement, under the terms of the existing Plan. Only employees who have entered the Plan on or before December 1, 2007 shall be participants in the Plan. There will be no new participants after that date.

Vanguard Fiduciary Trust Company served as the Plan's custodian until September 3, 2024. Effective September 4, 2024, assets were transferred to Charles Schwab Trust Bank.

As part of a de-risking strategy, in October 2024 and January 2025, the Plan purchased annuity contracts from National Integrity Life Insurance Company totaling \$2.1 million and \$1.9 million, respectively, to provide for the future benefits to be paid from the Plan.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Eligibility and Vesting Requirements

Covered employees are considered eligible for Plan participation on the first day of July or January, immediately following their attainment of age 21 and completion of one year of service. One year of service is defined as any 12-month period during a pension plan year, July 1 through June 30, during which the employee completes at least 1,000 hours of service. A participant is considered fully vested upon the completion of five years of service in which such employee completed at least 1,000 hours of service per pension plan year.

Pension Benefit

Employees with five or more years of vested service are entitled to receive the value of their accumulated plan benefits as a joint and survivor annuity, or as a life annuity payable from normal retirement age (65).

Employees who retire or terminate with an actuarially determined accumulated plan benefit of \$5,000 or less will receive a lump-sum payment. If an employee terminates prior to rendering five years of service, they forfeit the right to receive the nonvested portion of their accumulated

United Cerebral Palsy Association of Nassau County, Inc.

Defined Benefit Plan and Trust

Notes to Financial Statements

plan benefits in the net assets of the Plan. The Plan permits early retirement at age 55, provided that such employee has completed ten years of service.

Vested terminated participants may request lump-sum payments in an amount that is not less than \$1,000, but does not exceed \$30,000.

Death and Disability Benefits

Upon death or total and permanent disability, as defined in the Plan document, a participant or their beneficiary is entitled to receive a benefit equal to the actuarial equivalent of the accrued benefit.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 (the exit price). See Note 4 for a discussion of fair value measurements.

Net appreciation of investments included in the accompanying statements of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable to services rendered by employees, under the Plan's provisions, up to the valuation date. Accumulated plan benefits include benefits expected to be paid to present, retired, or terminated employees or their beneficiaries. The monthly benefit for participants, until the period in which the Plan was frozen on December 1, 2007, was equal to 0.85% of average annual compensation for the period through June 30, 2001, and 0.75% of average annual compensation as of July 1, 2001, plus 0.65% of average annual compensation in excess of covered compensation for the Plan year for each year of service, up to a maximum of 33 years. Average annual compensation is defined as compensation averaged over the three highest consecutive years of service. Covered compensation is defined as the average of the maximum wages considered for purposes of social security for the 35-year period ending with the calendar year in which a participant attains social security retirement age.

The actuarial present value of accumulated plan benefits is determined by an actuary as of July 1, 2024 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. Had the valuation been prepared

United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan and Trust

Notes to Financial Statements

as of June 30, there would be no material differences in the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in the valuation are: (a) expected mortality of participants (for accumulated plan benefits, the Pri-2012 *Blue Collar* Mortality Table, generationally projected with projection scale MP-2021, as of June 30, 2025 and 2024), (b) retirement-age assumptions (the assumed average retirement age was 65), and (c) investment return (for accumulated plan benefits, 6.5% and 5% as of June 30, 2025 and 2024, respectively). The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Corporations, as provided for by the Plan document. Expenses that are paid directly by the Corporations are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

2. Funding Policy

The Corporations make periodic contributions to the Plan based on actuarial estimates. It is the Corporations' present intention to make contributions of amounts sufficient to meet the minimum funding requirements of ERISA. As of June 30, 2025 and 2024, the Plan has met ERISA's minimum funding requirements.

3. Plan Termination

The Corporations may terminate the Plan at any time under certain criteria, as established by ERISA and its related regulations. In the event the Plan terminates, all participants will become 100% vested in the present value of their accumulated Plan benefits.

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have

United Cerebral Palsy Association of Nassau County, Inc.

Defined Benefit Plan and Trust

Notes to Financial Statements

been receiving if they had retired with benefits in the normal form of annuity under the Plan.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a United States government agency, up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency at the time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

See Note 9, Subsequent Events, for discussion on the Plan's intent to terminate.

4. 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 - This level consists of inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - This level consists of inputs to the valuation methodology that 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 - This level consists of inputs to the valuation methodology that 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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.

United Cerebral Palsy Association of Nassau County, Inc.

Defined Benefit Plan and Trust

Notes to Financial Statements

Money Market Deposit Account - The money market deposit account, an interest-bearing account, is stated at cost which represents fair value due to its liquid nature.

Mutual Funds - These assets are valued at unadjusted quoted prices based on the net asset value (NAV) of shares held by the Plan at year-end. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Investment Trusts (CIT) - These assets are valued at the NAV of units held. The NAV, as provided by the trustee of the CITs, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CIT less its liabilities. This practical expedient is not used when it is determined to be probable that the CITs will sell for an amount different than the reported NAV. The CITs provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value:

June 30, 2025

	Level 1	Level 2	Level 3	Balance
Investments, at fair value:				
Money market	\$ 291,959	\$ -	\$ -	\$ 291,959
Mutual funds	5,037,757	-	-	5,037,757
Total	\$ 5,329,716	\$ -	\$ -	5,329,716
Collective Investment Trusts, at NAV*				9,388,625
Total Investments, at fair value				\$ 14,718,341

June 30, 2024

	Level 1	Level 2	Level 3	Balance
Investments, at fair value:				
Mutual funds	\$ 17,261,198	\$ -	\$ -	\$ 17,261,198
Total Investments, at fair value	\$ 17,261,198	\$ -	\$ -	\$ 17,261,198

* The CITs 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 presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The Plan had no financial assets that were measured at fair value on a non-recurring basis during the years ended June 30, 2025 and 2024.

United Cerebral Palsy Association of Nassau County, Inc.

Defined Benefit Plan and Trust

Notes to Financial Statements

5. Information Certified by the Plan Trustee

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends 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 Vanguard Fiduciary Trust Company (for the periods July 1, 2024 to September 3, 2024 and July 1, 2023 to June 30, 2024) and Charles Schwab Trust Bank (from September 4, 2024 onward), each a qualified institution.

6. Related Party and Party-in-Interest Transactions

Certain of the Plan's investments are managed by Vanguard Fiduciary Trust Company or Charles Schwab Trust Bank. The transactions related to those investments qualify as party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated thereunder.

7. Tax Status

The Plan obtained its latest determination letter dated April 29, 2014, in which the Internal Revenue Service (IRS) has determined that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

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

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. 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 the amounts reported in the financial statements.

As of June 30, 2025 and 2024, one investment comprised 26% and 31% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at June 30, 2025.

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

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

Notes to Financial Statements

9. Subsequent Events

On December 22, 2025, the Plan adopted an amendment to terminate the Plan effective December 31, 2025. All participants were fully vested in their account balances, and the account balances will be liquidated and distributed to participants as soon as administratively practicable.

The Plan filed the required Notice of Intent to Terminate on October 17, 2025, and submitted the Notice of Single-Employer Plan Termination to the PBGC in March 2026. Participants may elect a lump sum payment, or benefits may be paid through transfer to the PBGC Missing Participant Program, or via annuity contracts.

For the purpose of determining the effects of subsequent events on these financial statements, management has evaluated events through April 15, 2026, the date the financial statements were available to be issued, and there were no other subsequent events requiring adjustments to the financial statements or disclosures as stated herein.

ERISA-Required Supplemental Schedules

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

Schedule G, Part III - Schedule of Nonexempt Transactions

EIN: 11-1723782

Plan Number.: 001

Year ended June 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Identity of Party Involved	Relationship to Plan, Employer, or Other Party in Interest	Description of Transaction, Including Maturity Date, Rate of Collateral, Part or Maturity Value	Purchase Price	Selling Price	Lease Rental	Transaction Expense	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Each Transaction
CP Foundation of Nassau, Inc.	A supporting foundation of the Corporations	Certain expenses of the UCP Foundation were paid from Plan assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,705	\$ -

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

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

EIN: 11-1723782

Plan Number.: 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	Fair Value	
Money Market Deposit Account				
* Charles Schwab Bank Savings	Money Market Deposit Account	291,959	291,959	
Mutual Funds				
* Vanguard	Vanguard Long Term Corp Index	\$ 3,940,093	\$ 3,864,522	
Fidelity	Fidelity US Bond Index Fund	1,181,065	1,173,235	
Total Mutual Funds		5,121,158	5,037,757	
Collective Investment Trusts				
BlackRock	BlackRock Developed Real Estate	514,438	514,612	
BlackRock	BlackRock Equity Index Fund	2,190,524	2,430,499	
BlackRock	BlackRock MSCI ACWI Ex-US Index Fund	1,450,572	1,630,961	
BlackRock	BlackRock Russel 2500TM IDS Fund	591,350	607,750	
BlackRock	BlackRock U.S. Tips Index Fund	233,650	236,892	
BlackRock	BlackRock 20+ Treasury Bond Index	2,609,137	2,585,742	
Pioneer	Pioneer Multi-Sector Fixed Income	1,318,004	1,382,169	
Total Collective Investment Trusts		8,907,675	9,388,625	
Total		\$ 14,320,792	\$ 14,718,341	

* A party-in-interest, as defined by ERISA.

United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-1723782

Plan Number.: 001

Year ended June 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
BlackRock	BLACKROCK EQUITY INDEX FUND	\$ 5,062,411	\$ -	\$ -	\$ -	\$ 5,062,411	\$ 5,062,411	\$ -
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	3,407,392	-	-	-	3,407,392	3,407,392	-
BlackRock	BLACKROCK RUSSELL 2500TM IDX FD	1,265,603	-	-	-	1,265,603	1,265,603	-
BlackRock	BLACKROCK 20+ TREASURY BOND IDX	1,442,282	-	-	-	1,442,282	1,442,282	-
Fidelity	FIDELITY US BOND INDEX FD	1,983,138	-	-	-	1,983,138	1,983,138	-
Pioneer	PIONEER MULTI-SECTOR FIXED INCOME	1,334,111	-	-	-	1,334,111	1,334,111	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	2,163,424	-	-	-	2,163,424	2,163,424	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	1,074,087	-	-	-	1,074,087	1,074,087	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	2,101,020	-	-	-	2,101,020	2,101,020	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	1,980,612	-	-	-	1,980,612	1,980,612	-
BlackRock	BLACKROCK EQUITY INDEX FUND	-	1,074,087	-	-	1,009,741	1,074,087	64,346
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM INV GRADE FUND	-	5,698,159	-	-	7,378,606	5,409,294	288,864
Legg Mason	WESTERN ASSET CORE PLUS BOND FUND	-	2,244,287	-	-	2,696,135	2,173,421	70,866
MFS	MFS INTERNATIONAL DIVERSIFICATION	-	1,749,817	-	-	1,175,046	1,646,762	103,055
* Vanguard Fiduciary Trust Company	VANGUARD 500 INDEX FUND	-	4,366,858	-	-	1,888,297	4,255,520	111,338
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	2,101,020	-	-	2,101,020	2,101,020	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	1,980,612	-	-	1,980,612	1,980,612	-
Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets								
BlackRock	BLACKROCK EQUITY INDEX FUND	\$ 5,218,277	\$ -	\$ -	\$ -	\$ 5,218,277	\$ 5,218,277	\$ -
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	3,550,110	-	-	-	3,550,110	3,550,110	-
BlackRock	BLACKROCK RUSSELL 2500TM IDX FD	1,351,149	-	-	-	1,351,149	1,351,149	-
BlackRock	BLACKROCK 20+ TREASURY BOND IDX	2,996,613	-	-	-	2,996,613	2,996,613	-
Fidelity	FIDELITY US BOND INDEX FD	2,076,537	-	-	-	2,076,537	2,076,537	-
Pioneer	PIONEER MULTI-SECTOR FIXED INCOME	1,644,621	-	-	-	1,644,621	1,644,621	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	4,488,496	-	-	-	4,488,496	4,488,496	-
BlackRock	BLACKROCK EQUITY INDEX FUND	-	3,217,571	-	-	3,027,753	3,217,571	189,819
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	-	2,147,894	-	-	2,099,538	2,147,894	48,355
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM INV GRADE FUND	-	5,698,718	-	-	7,379,344	5,409,835	288,882
Legg Mason	WESTERN ASSET CORE PLUS BOND FUND	-	2,244,287	-	-	2,696,135	2,173,421	70,866
MFS	MFS INTERNATIONAL DIVERSIFICATION	-	1,749,990	-	-	1,175,169	1,646,934	103,056
* Vanguard Fiduciary Trust Company	VANGUARD 500 INDEX FUND	-	4,367,289	-	-	1,888,492	4,255,960	111,329
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	4,132,144	-	-	4,132,144	4,132,144	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	4,139,644	-	-	-	4,139,644	4,139,644	-

There were no category (ii) or (iv) reportable transactions.

* A party-in-interest, as defined by ERISA.

Plan Sponsor: United Cerebral Palsy Association of Nassau County
Plan Name: United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan & Trust
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SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rate (as prescribed by PPA and modified by Interest Rate Stabilization)

Without Adjusted Interest Rates:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of March 2024.

With Adjusted Interest Rates:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Interest Rate Stabilization.

PBGC Premiums:

The Plan Sponsor elected to use the Standard Method to determine the 2024 Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums
Segment 1 (0 to 5 years)	4.64%	4.75%	5.09%
Segment 2 (5 to 20 years)	5.12%	5.12%	5.28%
Segment 3 (20+ years)	5.10%	5.59%	5.52%
Effective Rate	5.09%	5.28%	5.34%

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SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Retirement

Mortality Assumption

Non-Disabled – 2024 Annuitant and Non-Annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(d)

Disabled – 2024 Annuitant and Non-Annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(d)

Credit Balances – Excess contributions plus interest for the 2023 plan year in the amount of \$0 were elected to be added to the prefunding balance.

The voluntary reduction of the funding standard carryover balance was \$0.

The voluntary reduction of the prefunding balance was \$0.

Expense Load – “Plan related” expenses are assumed to be \$311,660

Salary Projection – N/A

Retirement Age – Rates for Active Participants are in accordance with the following table:

<u>Ages</u>	<u>Rate</u>
<54	0%
55-63	1%
64-68	10%
69-74	5%
75+	100%

– Rates for Terminated Vested Participants are in accordance with the following table:

<u>Ages</u>	<u>Rate</u>
<54	0%
55-59	1%
60-64	3%
65	40%
66-72	10%
73+	100%

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SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Withdrawal Rates – Rates are in accordance with the following table:

<u>Ages</u>	<u>Rate</u>
<19	0%
20-39	25%
40-44	8%
45-49	7%
50-64	5%
65+	0%

Disability Rates – none

Lump Sum Election Rate – Rates are in accordance with the following table:

	<u>Lump Sum</u>	<u>Normal Form</u>
Active Retirement	40%	60%
Active Termination	10%	90%
Terminated Vested Retirement	10%	90%

Interest Rates for Lump Sum Conversion

Funding Liability –

Interest rate assumptions under Interest Rate Stabilization

ASC 960 Liability –

Prior Year: IRS segment rates of 5.26%, 5.23%, and 5.16%

Current Year: IRS segment rates of 5.18%, 5.41%, and 5.62%

Mortality Table for Lump Sum Conversion–

Prior Year: 2023 Applicable Table for 417(e) distributions

Current Year: 2024 Applicable Table for 417(e) distributions

Interest Rate for Low-Default-Risk Obligation: 5.36%

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on industry trends related to the business of the Plan Sponsor.
3. The Expected Return on Plan Assets and the Salary Projection assumptions were chosen based on discussions with the Plan Sponsor.

Plan Sponsor: United Cerebral Palsy Association of Nassau County
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SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS **(continued)**

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the “adjusted value” of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715:

Prior Year: 5.00%

Current Year: 6.50%

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the plan’s current and expected future asset portfolio, as supported by the plan’s investment manager.

This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

Plan Sponsor: United Cerebral Palsy Association of Nassau County
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SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Because the plan is frozen, there is no further attribution; all benefits are included in the accrued liability as of the valuation date.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Plan Sponsor: United Cerebral Palsy Association of Nassau County
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SUMMARY OF PLAN PROVISIONS

Original Effective Date:	The effective date of the Plan is July 1, 1975.
Plan Year:	July 1 – June 30
Fiscal Year:	January 1 – December 31
Participation:	Eligible Employees become Participants on the first day of the first month or the seventh month of each Plan Year following the day on which they complete one Year of Service and attain age 21. Effective December 1, 2007, the Plan is frozen. No new Employees are eligible to participate in the Plan after December 1, 2007.
Year of Service:	A Year of Service is accrued for each Plan Year in which the Participant completed 1,000 Hours of Service. For Purposes of eligibility, a Year of Service is accrued if the participant completes 1,000 Hours of Service in the 12-month period commencing on the date the Participant first completed an Hour of Service. The subsequent Years of Service periods is the Plan Year, commencing with the Plan Year that contains the first anniversary of the Participant's Date of Hire. In the case of a Plan Year that is less than 12 months, the Hours of Service is proportionally reduced. Effective December 1, 2007, the Plan is frozen. No Years of Credited Service shall be accrued after December 1, 2007.
Compensation Limits:	N/A
Average Annual Compensation:	The highest annual average of Compensation received by the Participant during any three consecutive Years of Service.
Retirement Date:	
Normal:	The later of the first day of the month coincident with or next following a Participant's 65th birthday and the fifth anniversary of participation date.

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SUMMARY OF PLAN PROVISIONS (Continued)

Retirement Date, continued:

- Early: The later of the first day of the month coincident with or next following a Participant's 55th birthday and completion of ten Years of Service.
- Late: The first day of any month coincident with or next following a member's termination of service after his Normal Retirement Date.

Retirement Benefits:

- Normal: A monthly benefit equal to 1/12th of the sum of (1) and (2) below:
- 1) The Actuarial Equivalent of the Participant's Frozen Accrued Benefit, adjusted for any increase in the Participant's Average Annual Compensation (if applicable).
 - 2) The sum of a) and b):
 - a) 0.75% of the Participant's Average Annual Compensation multiplied by the Participant's Years of Credited Service accrued after the Formula Fresh-Start Date
 - b) 0.65% of the Participant's Average Annual Compensation over the Covered Compensation multiplied by the Participant's Years of Credited Service accrued after the Formula Fresh-Start Date.
- Early: The Actuarial Equivalent of the Participant's Normal Retirement Benefit determined as of the Early Retirement Date.
- Disability: The Actuarial Equivalent of the Participant's Normal Retirement Benefit determined as of the Disability Retirement Date.

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SUMMARY OF PLAN PROVISIONS (Continued)

Retirement Benefits, continued:

Late: The greater of a) and b) below, to be recalculated annually on the anniversary of the Participant's Normal Retirement Date:

a) The Participant's Normal Retirement Benefit, but based on Average Annual Compensation and Years of Service at the calculation date.

b) The Actuarial Equivalent of the Accrued Benefit as determined at the most previous calculation date.

Death Benefit:

Pre-Retirement Participants: The Participant's Accrued Benefit is payable to the Participant's Beneficiary.

Post-Retirement Participants: None, unless an optional form of retirement benefit is elected, which provides a death benefit.

Vesting: A Participant shall be invested in their Accrued Benefit as per the following:

<u>Years of Service</u>	<u>Vesting</u>
Less than five	0%
Five or more	100%

A Participant shall be 100% vested upon reaching their Normal Retirement Date, Disability, death, or upon termination of the Plan.

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan & Trust**

EIN: 11-1723782 PN: 001

Attachment to Form 5500 Schedule SB,

Line 22 - Description of Weighted Average Retirement Age

For Plan Year Ending June 30, 2025

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 1000 life population retiring in accordance with the assumed rates.

(1) Assumed Retirement Age	(2) Assumed Rate of Retirement	(3) Lives per 1000 Retiring	(4) Weighted Retirement Age	
55	1.0%	10	0.55	
56	1.0%	10	0.55	
57	1.0%	10	0.56	
58	1.0%	10	0.56	
59	1.0%	10	0.57	
60	1.0%	10	0.57	
61	1.0%	9	0.57	Column (3): = (2)x [number of lives not yet retired]
62	1.0%	9	0.58	
63	1.0%	9	0.58	
64	10.0%	91	5.85	Column (4): = [(1)x(3)]/1000
65	10.0%	82	5.34	
66	10.0%	74	4.88	
67	10.0%	67	4.46	
68	10.0%	60	4.08	
69	5.0%	27	1.86	
70	5.0%	26	1.79	
71	5.0%	24	1.73	
72	5.0%	23	1.66	
73	5.0%	22	1.60	
74	5.0%	21	1.54	
75	100.0%	397	<u>29.74</u>	
Totals		1000	69.64	= Weighted Average [sum of (4)]

**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan & Trust**

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Attachment to Form 5500 Schedule SB,

Line 32 - Schedule of Amortization Bases

For Plan Year Ending June 30, 2025

Amortization Base Description	Date Established	Ammortization Period	Installment Amount	Years Remaining	Present Value of Installments
Shortfall	7/1/2020	15	156,353	11	1,361,441
Shortfall	7/1/2021	15	(21,070)	12	(195,632)
Shortfall	7/1/2022	15	39,425	13	387,710
Shortfall	7/1/2023	15	11,132	14	115,290
Shortfall	7/1/2024	15	(17,357.00)	15	(188,390)
Total			168,483.00		1,480,419.00

United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan & Trust

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Attachment to Form 5500 Schedule SB,

Line 26a – Schedule of Active Participant Data

For Plan Year Ending June 30, 2025

Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and Up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	0	0	0	0	0	0	0	0	1
40 to 44	0	6	0	0	0	0	0	0	0	0	6
45 to 49	0	8	11	0	0	0	0	0	0	0	19
50 to 54	0	10	6	5	1	0	0	0	0	0	22
55 to 59	1	4	11	5	6	2	0	0	0	0	29
60 to 64	1	8	7	3	1	3	0	0	0	0	23
65 to 69	0	7	6	2	0	2	1	0	0	0	18
70 and Up	0	3	3	0	3	0	0	0	0	0	9
Total	2	47	44	15	11	7	1	0	0	0	127

Schedule SB, Line 25 – Change in Method

United Cerebral Palsy Association of Nassau County, Inc. Defined Benefit Plan & Trust

EIN: 11-1723782 PN: 001

For Plan Year Ending June 30, 2025

CHANGE IN METHOD

There is a change in method due to a change in the enrolled actuary.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. DEFINED BENEFIT PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY	D Employer Identification Number (EIN) 11-1723782
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 7 Day 1 Year 2024
2	Assets:
a	Market value 2a 17,928,771
b	Actuarial value 2b 17,574,370
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 227 8,560,120 8,560,120
b	For terminated vested participants 180 5,572,546 5,572,546
c	For active participants 127 3,672,681 3,672,681
d	Total 534 17,805,347 17,805,347
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 5.28 %
6	Target normal cost
a	Present value of current plan year accruals 6a 0
b	Expected plan-related expenses 6b 311,660
c	Target normal cost 6c 311,660

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	04/13/2026 Date
	Garrett T. Norof Type or print name of actuary	26-07808 Most recent enrollment number
	USI Consulting Group Firm name	(212) 878-0446 Telephone number (including area code)
	600 Third Ave. Third Floor New York NY 10016 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,359,634
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	200,812
9 Amount remaining (line 7 minus line 8)	0	1,158,822
10 Interest on line 9 using prior year's actual return of <u>7.82</u> %	0	90,620
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		898,965
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		36,723
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		15,703
c Total available at beginning of current plan year to add to prefunding balance		951,391
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,249,442

Part III Funding Percentages

14 Funding target attainment percentage	14	91.68%
15 Adjusted funding target attainment percentage	15	91.68%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.27%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2025	95,000		07/15/2025	95,000	
02/18/2025	95,000		10/07/2025	90,000	
03/17/2025	95,000		12/04/2025	15,000	
04/15/2025	95,000		12/09/2025	850	
05/15/2025	95,000		12/11/2025	285	
06/16/2025	95,000				
Totals ▶			18(b)	771,135	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	737,767

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 70
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	311,660	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,480,419	168,483	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	480,143	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		227,920	227,920
36 Additional cash requirement (line 34 minus line 35)	36	252,223	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	737,767	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	485,544	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	227,920	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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**United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust**

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

EIN: 11-1723782

Plan Number.: 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	Fair Value	
Money Market Deposit Account				
* Charles Schwab Bank Savings	Money Market Deposit Account	291,959	291,959	
Mutual Funds				
* Vanguard	Vanguard Long Term Corp Index	\$ 3,940,093	\$ 3,864,522	
Fidelity	Fidelity US Bond Index Fund	1,181,065	1,173,235	
Total Mutual Funds		5,121,158	5,037,757	
Collective Investment Trusts				
BlackRock	BlackRock Developed Real Estate	514,438	514,612	
BlackRock	BlackRock Equity Index Fund	2,190,524	2,430,499	
BlackRock	BlackRock MSCI ACWI Ex-US Index Fund	1,450,572	1,630,961	
BlackRock	BlackRock Russel 2500TM IDS Fund	591,350	607,750	
BlackRock	BlackRock U.S. Tips Index Fund	233,650	236,892	
BlackRock	BlackRock 20+ Treasury Bond Index	2,609,137	2,585,742	
Pioneer	Pioneer Multi-Sector Fixed Income	1,318,004	1,382,169	
Total Collective Investment Trusts		8,907,675	9,388,625	
Total		\$ 14,320,792	\$ 14,718,341	

* A party-in-interest, as defined by ERISA.

United Cerebral Palsy Association of Nassau County, Inc.
Defined Benefit Plan and Trust

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-1723782

Plan Number.: 001

Year ended June 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
BlackRock	BLACKROCK EQUITY INDEX FUND	\$ 5,062,411	\$ -	\$ -	\$ -	\$ 5,062,411	\$ 5,062,411	\$ -
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	3,407,392	-	-	-	3,407,392	3,407,392	-
BlackRock	BLACKROCK RUSSELL 2500TM IDX FD	1,265,603	-	-	-	1,265,603	1,265,603	-
BlackRock	BLACKROCK 20+ TREASURY BOND IDX	1,442,282	-	-	-	1,442,282	1,442,282	-
Fidelity	FIDELITY US BOND INDEX FD	1,983,138	-	-	-	1,983,138	1,983,138	-
Pioneer	PIONEER MULTI-SECTOR FIXED INCOME	1,334,111	-	-	-	1,334,111	1,334,111	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	2,163,424	-	-	-	2,163,424	2,163,424	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	1,074,087	-	-	-	1,074,087	1,074,087	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	2,101,020	-	-	-	2,101,020	2,101,020	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	1,980,612	-	-	-	1,980,612	1,980,612	-
BlackRock	BLACKROCK EQUITY INDEX FUND	-	1,074,087	-	-	1,009,741	1,074,087	64,346
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM INV GRADE FUND	-	5,698,159	-	-	7,378,606	5,409,294	288,864
Legg Mason	WESTERN ASSET CORE PLUS BOND FUND	-	2,244,287	-	-	2,696,135	2,173,421	70,866
MFS	MFS INTERNATIONAL DIVERSIFICATION	-	1,749,817	-	-	1,175,046	1,646,762	103,055
* Vanguard Fiduciary Trust Company	VANGUARD 500 INDEX FUND	-	4,366,858	-	-	1,888,297	4,255,520	111,338
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	2,101,020	-	-	2,101,020	2,101,020	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	1,980,612	-	-	1,980,612	1,980,612	-
Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets								
BlackRock	BLACKROCK EQUITY INDEX FUND	\$ 5,218,277	\$ -	\$ -	\$ -	\$ 5,218,277	\$ 5,218,277	\$ -
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	3,550,110	-	-	-	3,550,110	3,550,110	-
BlackRock	BLACKROCK RUSSELL 2500TM IDX FD	1,351,149	-	-	-	1,351,149	1,351,149	-
BlackRock	BLACKROCK 20+ TREASURY BOND IDX	2,996,613	-	-	-	2,996,613	2,996,613	-
Fidelity	FIDELITY US BOND INDEX FD	2,076,537	-	-	-	2,076,537	2,076,537	-
Pioneer	PIONEER MULTI-SECTOR FIXED INCOME	1,644,621	-	-	-	1,644,621	1,644,621	-
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM CORP INDEX	4,488,496	-	-	-	4,488,496	4,488,496	-
BlackRock	BLACKROCK EQUITY INDEX FUND	-	3,217,571	-	-	3,027,753	3,217,571	189,819
BlackRock	BLACKROCK MSCI ACWI EX-US INDEX FD	-	2,147,894	-	-	2,099,538	2,147,894	48,355
* Vanguard Fiduciary Trust Company	VANGUARD LONG TERM INV GRADE FUND	-	5,698,718	-	-	7,379,344	5,409,835	288,882
Legg Mason	WESTERN ASSET CORE PLUS BOND FUND	-	2,244,287	-	-	2,696,135	2,173,421	70,866
MFS	MFS INTERNATIONAL DIVERSIFICATION	-	1,749,990	-	-	1,175,169	1,646,934	103,056
* Vanguard Fiduciary Trust Company	VANGUARD 500 INDEX FUND	-	4,367,289	-	-	1,888,492	4,255,960	111,329
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	-	4,132,144	-	-	4,132,144	4,132,144	-
* Charles Schwab	SCHWAB BANK SWEEP FOR EE BENEFIT PLN	4,139,644	-	-	-	4,139,644	4,139,644	-

There were no category (ii) or (iv) reportable transactions.

* A party-in-interest, as defined by ERISA.