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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
ECLC OF NEW JERSEY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/01/1987

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)
ECLC OF NJ

100 PASSAIC AVENUE, SUITE I
CHATHAM, NJ 07928-2320

2b Employer Identification Number (EIN)
22-2151162

2c Plan Sponsor's telephone number
973-635-1705

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	PETER PETROU
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	694
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	**6a(1)**	411
a(2) Total number of active participants at the end of the plan year	**6a(2)**	419
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	280
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	699
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	699
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	528
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	543
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

2F 2G 2L 2A 2E

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(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
74-1625348	70238	43228	305	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	18

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

FRYC, CHRISTIAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2979968
5	Current value of plan's interest under this contract in separate accounts at year end	5	6161878

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	3125538
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	109091		
	(4) Transferred from separate account	7c(4)	1044		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	110135
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3235673
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	243690		
	(2) Administration charge made by carrier	7e(2)	15		
	(3) Transferred to separate account	7e(3)	12000		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	255705
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2979968

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)**	0
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)**	0
(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)**	0
(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.			**10b**	

Specify nature of costs.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(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
74-1625348	70238	43228	133	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	11

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

MICHAUD, GAMALIEL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	11	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	4586171

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	2824395
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	89018		
	(4) Transferred from separate account	7c(4)	20992		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	110010
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2934405
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	460603		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	29928		
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGE	7e(4)	2163		
	(5) Total deductions			7e(5)	492694
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2441711

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)**	0
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)**	0
(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)**	0
(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.			**10b**	

Specify nature of costs.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	328790	6	01/01/2025	12/31/2025

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

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

(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

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	(c) Amount	**(d)** Purpose	

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	744064
5	Current value of plan's interest under this contract in separate accounts at year end	5	874066

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	743480
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	24387		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	24387
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	767867
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23803		
	(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)	23803
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	744064

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)**	0
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)**	0
(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)**	0
(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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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).. . . . . [X] 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

TIAA-CREF

13-1624203

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

T.ROWE PRICE RETIREMENT PLAN SERVIC

PO BOX 219325
P.O. BOX 219325
KANSAS CITY, MO 64121

52-1309931

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

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

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

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

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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

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)

VARIABLE ANNUITY LIFE INS. CO

74-1625348

(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?
19 29 59 72 52 26 33 64 99 50 28 37 66 58	RECORDKEEPER	2062	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: CULLARICARRICO, LLC
b EIN: 27-0623664
c Position: CPA AUDITOR
d Address: 55 LANE ROAD
FAIRFEILD, NJ 07004
e Telephone: 973-406-3955

Explanation: CHANGED TO A NEW CPA AUDITOR

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	31745

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1131163	1264687
(2) Participant contributions	1b(2)	35294	39273
(3) Other	1b(3)	9155	9155
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	214072	199146
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	31718	31745
(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)	28156335	31379265
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6693413	6165743
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	36271150	39089014
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	36271150	39089014

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)	1264688	
(B) Participants	2a(1)(B)	1123036	
(C) Others (including rollovers)	2a(1)(C)	275902	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2663626
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	203578	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	13257	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	24387	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		241222
(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)	942418	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		942418
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1235
(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)		3366437
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7214938
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4383311	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4383311
f Corrective distributions (see instructions)	2f		178
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	13585	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13585
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4397074
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2817864
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [X] 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: CULLARICARRICO **(2)** EIN: 27-0623664

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ECLC OF NEW JERSEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECLC OF NJ

D Employer Identification Number (EIN)
22-2151162

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): 76-0519990 13-1624203

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A .

ECLC of New Jersey Retirement Plan

Financial Statements

December 31, 2025 and 2024

NISIVOCCIA
ASSURANCE · TAX · ADVISORY

ECLC of New Jersey Retirement Plan
Table of Contents
December 31, 2025 and 2024

Independent Auditors' Report 1

Financial Statements:

Statements of Net Assets Available for Benefits 5

Statement of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7

Supplemental Schedule:

Form 5500, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) 18

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, have been omitted because of the absences of conditions under which they are required.

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Bridgewater, NJ
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Independent Member
BKR International

Independent Auditors' Report

To the Board of Trustees of
ECLC of New Jersey Retirement Plan
Chatham, New Jersey

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of ECLC of New Jersey Retirement Plan ("the Plan") an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2025 financial statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 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 audit. 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.

Responsibilities of Management for the 2025 Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements 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 auditors' 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters (2025 *Supplemental Schedule Required by ERISA)*

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

To the Board of Trustees of
ECLC of New Jersey Retirement Plan

The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Other Matter

Auditors' Report on the 2024 Financial Statements

The 2024 financial statements of ECLC of New Jersey Retirement Plan were audited by predecessor auditors whose report dated September 16, 2025, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the 2024 supplemental schedule was fairly stated in all material respects in relation to the financial statements as a whole.

Nisivoccia LLP

Bridgewater, New Jersey
October 12, 2026

ECLC of New Jersey Retirement Plan
Statement of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 31,411,009	$ 28,188,053
Investments at contract value	6,165,744	6,693,413
Total investments	37,576,753	34,881,466
Receivables:		
Employer contributions	1,264,687	1,131,163
Participant contributions	39,273	35,294
Other receivable	9,155	9,155
Notes receivable from participants	199,146	214,072
Total receivables	1,512,261	1,389,684
Total assets	39,089,014	36,271,150
Liabilities:		
Excess contributions payable	416	
Total liabilities	416	
Net assets available for benefits	$ 39,088,598	$ 36,271,150

See Accompanying Notes to Financial Statements

ECLC of New Jersey Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 3,389,722	$ 2,730,151
Dividends and interest	1,148,325	946,526
Total investment income	4,538,047	3,676,677
Interest income on notes receivable from participants	13,257	16,262
Contributions:		
Participants	1,122,621	1,084,633
Employer	1,264,687	1,131,163
Rollovers	275,902	93,641
Total contributions	2,663,210	2,309,437
Total additions	7,214,514	6,002,376
Deductions:		
Benefits paid to participants	4,383,311	5,677,231
Administrative expenses	13,755	17,406
Total deductions	4,397,066	5,694,637
Net increase	2,817,448	307,739
Net assets available for benefits:		
Beginning of year	36,271,150	35,963,411
End of year	$ 39,088,598	$ 36,271,150

See Accompanying Notes to Financial Statements

1. Description of Plan

The following description of the ECLC of New Jersey Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan. The Plan sponsor ("administrator") is a member of a controlled group covering all employees of ECLC of New Jersey, Inc., Community Personnel Services, Inc., ECLC of New Jersey PRIDE Day Program and ECLC Foundation (collectively referred to as the "Organization"). The Plan was established on September 1, 1987, and has been through various amendments and restatements. The recent amendment became effective April 2, 2025, where it was resolved that the Organization consented to the adoption of the Plan by Helene's Thrifts & Gifts, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan

The general administration of the Plan and the responsibility for carrying out its provisions shall be placed on the Organization. The Organization is the plan sponsor and serves as the Plan Administrator. The Organization has engaged the services of independent plan administration companies, to assist it with the performance of its duties. Reliance Trust Company ("RTC"), the Variable Annuity Life Insurance Company ("VALIC") and TIAA Financial Services ("TIAA") serve as the custodians for the plan. T. Rowe Price serves as the account administrator for Reliance Trust Company.

Eligibility

All employees of the Organization are eligible to make salary reduction contributions, immediately upon hire. Employees become eligible for employer contributions upon attaining 1,000 hours of service. In order to share in the allocation of non-elective contributions, a participant is required to be employed by the Organization on the last day of the Plan year. Both the hours and day requirements are waived for employees who have attained the normal retirement age and are retiring.

Contributions

Each year, participants may contribute a percentage of their pre-tax annual compensation, as defined in the Plan, up to maximum of $23,500 and $23,000 for the years ended December 31, 2025 and 2024, respectively. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions not to exceed $7,500 for the years ended December 31, 2025 and 2024. Participants with fifteen years of service may make special long service catch-up contributions as defined under the provisions in the Plan document.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Contributions made by the Organization are discretionary.

Contributions are subject to certain limitations and Plan discrimination testing. Non-elective contribution failures are corrected by adding enough participants to meet the coverage requirements. Effective October 1, 2018, all ongoing contributions from the Plan sponsor is made into Reliance Trust Company and no contributions or transfers are permitted to VALIC or TIAA-CREF.

Participant Accounts

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

Vesting

Participants are immediately, 100%, vested in their employee and employer contributions and earnings thereon, therefore, there are no forfeitures.

Payment of Benefits

Normal retirement age to withdraw money from the Plan is the later of age 55 and 5 years of service. The Plan requires distributions on April 1st of the calendar year following the later of the calendar year in which the participant attains the age of 73 or retires from the Organization.

On termination due to death, disability or retirement, a participant or his or her beneficiary will receive payment equal to the value of the participant's vested interest in his or her account through a lump-sum payment due by the end of the fifth year. For termination of service, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, an in-kind rollover to an individual retirement account sponsored by either T.Rowe Price or VALIC or under a continuous right of withdrawal pursuant to which a participant may withdraw such amounts at such times as they elect.

In-Service Withdrawals

An active participant may withdraw all or a portion of their vested account balance at the participants' election, subject to possible administrative limitations on the frequency and timing of such distributions. The Plan allows for in-service withdrawals of Roth amounts. An account must be fully vested for a participant to receive an in-service withdrawal. In-service distributions are permissible once a participant attains the age of 59.5. Payments are made in the form of a lump sum.

Hardship Withdrawals

Upon proof, to the satisfaction of the Plan administrator, amounts contributed by the employee may be withdrawn for a hardship purpose. A participant may withdraw up to 100% of their elective deferral balance (including Roth balances) to pay for a financial hardship.

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. This amount may be further limited by the provisions of the contract or if participants have other loans under this Plan. Loans are secured by the balance in the participant's account and bear interest rates ranging from 4.25% to 9.5%, which are commensurate with local prevailing rates as determined by the Plan administrator, with maturities through October 2030. Principal and interest is paid over a five-year term by equal payments made at least quarterly. Loans providing payments on principal residences may exceed the 5-year term and are detailed in the loan document. Principal and interest are paid ratably directly to the trustee. All new loans are paid through automatic payroll deductions. At December 31, 2025 and 2024, amounts borrowed by participants from their accounts amounted to $199,146 and $214,072 respectively.

The maximum number of loans available to a participant at any given time is two loans. Terms depend on the type of loan; a general/conventional loan must be repaid within five years and a loan to purchase a principal residence must be paid over a period of six to ten years.

Plan Loans

Participants may borrow directly from the insurance entity and use their plan account balance (annuity held by VALIC) as collateral for the loan. The Participants may borrow a minimum of $1,000 up to a maximum of $50,000. These loans are not funded with Plan assets. However, Plan loans issued by VALIC are secured by the balance in the participants' accounts and bear interest rates ranging from 1.0% to 4.50%, with maturities through October 2029. Principal and interest are paid by the participant directly to VALIC. Collateral for the loans issued by Plan custodians amounted to $118,158 and $129,888 as of December 31, 2025 and 2024, respectively.

Participants no longer have the ability to borrow from accounts held with VALIC.

Forfeitures

The Plan has no forfeitures, as both employee and employer contributions to the Plan are immediately vested.

Investment options

Plan investments are maintained by T. Rowe Price, VALIC and TIAA, and are selected by the Plan administrator. Participants direct the investment of their accounts and choose from different investment options offered by the Plan. The accounts are credited proportionately with investment earnings, and each account is charged an investment and administrative fee by T. Rowe Price, VALIC and TIAA based on total funds in the account. Investments with T. Rowe Price, VALIC and TIAA are included in the financial statements at fair value as reported to the Plan by RTC, VALIC and TIAA.

Investments offered consist of general accounts held by the insurance company, pooled separate accounts, mutual funds and other securities held by registered investment companies; however underlying funds may be comprised of various other types of investments. Participants should refer to the fund prospectus to obtain details of the underlying funds.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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 Plan’s governing body determines the Plan's valuation policies utilizing information provided by investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. At December 31, 2025 and 2024, amounts payable to participants for contributions in excess were $416 and $0, respectively.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. Delinquent participant loans are classified as distributions as reported by the trustees.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable, if any, from participants are charged directly to the participant's account. Investment-related expenses are included in net appreciation of fair value of investments.

Reclassification

Certain prior year amounts previously reported have been reclassified to conform to current year's presentation.

Subsequent Events

The Plan's administrator has reviewed subsequent events and transactions that occurred after December 31, 2025, through the date of the independent auditors' report and the date the financial statements were available to be issued October 12, 2026. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with generally accepted accounting principles. Management has determined that there are no recognized subsequent events that require additional disclosure.

3. Certified Investments (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participant at December 31, 2025 and 2024, and net appreciation in fair value of investments and dividends and interest for the years ended December 31, 2025 and 2024, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Reliance Trust Company, VALIC and TIAA (the trustees and custodians of the Plan) are as follows:

	2025	2024
Statement of Net Assets Available for Benefits:		
Investments, at fair value	$31,411,009	$28,188,053
Investments, at contract value	6,165,744	6,693,413
Notes receivable from participants	199,146	214,072
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	3,389,722	2,730,151
Dividends and interest	1,148,325	946,526
Interest income on note receivable from participants	13,257	16,262

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 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts - these accounts invest in securities which generally have publicly quoted prices which are used in determining the net asset value of the pooled separate account. The NAV, as provided by the trustee, is the basis for current transactions and can be redeemed at NAV as of the measurement date. Therefore, these investments have a readily determinable fair value.

While the underlying asset values are quoted prices, the net asset value of a separate account is not publicly quoted. Pooled separate accounts are an accounting entity rather than a legal entity. Separate accounts are credited with the income, gains or losses resulting from the assets allocated to that specific account only. The return on separate accounts is not guaranteed as the value of an interest in a separate account increases or decreases based on the value of the assets held in the separate account. Each plan that invests in the pooled separate accounts obtains units of participation in the pooled account and through those units of participation, share in the gains and losses of all investments in the pooled account. Pooled separate accounts can be redeemed on a daily basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets as of December 31, 2025 and 2024:

	December 31, 2025		
	Level 1	Level 2	Total
Assets in the fair value hierarchy:			
Interest bearing cash	$ 118,305		$ 118,305
Mutual funds	31,260,959		31,260,959
Pooled separate account		$ 31,745	31,745
Total assets at fair value	$ 31,379,264	$ 31,745	$ 31,411,009

	December 31, 2024		
	Level 1	Level 2	Total
Assets in the fair value hierarchy:			
Interest bearing cash	$ 129,888		$ 129,888
Mutual funds	28,026,447		28,026,447
Pooled separate account		$ 31,718	31,718
Total assets at fair value	$ 28,156,335	$ 31,718	$ 28,188,053

5. Insurance Company General Contracts

Among its other types of investments, the Plan has entered into a fully benefit-responsive guaranteed investment contract with TIAA, a national insurance company. At December 31, 2025 and 2024, the fully benefit responsive contract offered by the Plan totaled $744,064 and $743,479 respectively. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and provides a guaranteed minimum rate of interest between 1% and 5%. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit responsive investment contracts criteria and therefore is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by the Plan by TIAA, represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plans sponsor or their Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at the contract value with the contract issuer and that also would limit the ability of the plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from the contract value. Such event includes (1) uncured violation of the Plan's investment guideline (2) a breach of material obligation under the contract (3) a material misrepresentation, (4) a material amendment to the agreement with the consent of the issuer.

The Plan also invests in fully benefit-responsive investment contracts issued by VALIC. Amounts invested under the contracts are maintained in VALIC's general account. VALIC is contractually obligated to repay principal and credit interest in accordance with the contract terms. These obligations are subject to VALIC's claims-paying ability.

The contract is reported at contract value, which represents contributions and transfers into the contract, plus credited interest, less withdrawals, transfers out and applicable charges. Contract value is the relevant measurement attribute because it is the amount participants receive when initiating permitted transactions under the terms of the Plan. At December 31, 2025 and 2024, contract values were $5,421,680 and $5,949,934, respectively. Interest is credited at rates established by VALIC, subject to the contract's guaranteed minimum rate. The contract is excluded from the fair value hierarchy because it is measured at contract value.

6. Party-in-Interest Transactions

Certain Plan investments are shares of funds managed by VALIC and TIAA, and therefore these transactions qualify as party-in-interest transactions as defined in ERISA, accordingly VALIC and TIAA are fiduciaries under ERISA with respect to such assets. VALIC and TIAA are also trustees of the Plan and, furthermore, these transactions qualify as party-in-interest transactions.

Purchases and sales of these funds are open market transactions at fair market value. 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. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

Additionally, the Plan sponsor, the Organization, is a party-in-interest to the Plan; however, there were no transactions with the Plan sponsor other than the funding of contributions to the Plan and payment of certain administrative expenses of the Plan.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

7. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of a Plan termination, participants will already be 100% vested in their employer contributions.

8. Tax Status

The IRS has determined and informed the third-party administrator by a letter dated March 31, 2017, that the Plan, a prototype 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 and the Plan's third-party administrator believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to tax examinations generally three years from its latest filing.

9. Risks and Uncertainties

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

The Plan invests in a pooled separate account, of which the underlying investments are comprised of real estate investments. Accordingly, the value of the account fluctuates with general economic conditions; specifically, that of the real estate market.

The Plan invests in various guaranteed insurance company accounts. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The Plan may invest in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

ECLC of New Jersey Retirement Plan
EIN: 22-2151162
Plan Number: 002
Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current
	Loan Collateral Fund	Interest bearing cash	**	$ 102,871
	Loan Collateral Fund	Interest bearing cash	**	12,892
	Loan Escrow Fund	Interest bearing cash	**	2,395
	Loan Escrow Fund	Interest bearing cash	**	147
		Total interest bearing cash		118,305
	Stock Index Fund	Mutual Funds	**	1,288,365
	Aggressive Alloc Lifestyle Fnd	Mutual Funds	**	830,536
	Mid Cap Index Fund	Mutual Funds	**	606,092
	Moderate Alloc Lifestyle Fund	Mutual Funds	**	511,180
	Vanguard Windsor Ii	Mutual Funds	**	283,074
	Science & Technology Fund	Mutual Funds	**	267,385
	Small Cap Index Fund	Mutual Funds	**	262,617
	Gs Vit Gov Money Mkt Fd Inst	Mutual Funds	**	187,387
	Large Cap Core Fund	Mutual Funds	**	182,378
	Internatl Equities Index Fund	Mutual Funds	**	178,243
	Vanguard Lifestrategy Growth	Mutual Funds	**	125,564
	Core Bond Fund	Mutual Funds	**	122,004
	International Growth Fund	Mutual Funds	**	119,644
	Intl Socially Responsible Fund	Mutual Funds	**	116,553
	Mid Cap Strategic Gwth	Mutual Funds	**	107,981
	Systematic Growth Fund	Mutual Funds	**	96,033
	Asset Allocation Fund	Mutual Funds	**	84,122
	Ariel Appreciation Fund	Mutual Funds	**	83,816
	Dividend Value	Mutual Funds	**	65,829
	Vanguard Lt Inv-Grade Fund	Mutual Funds	**	64,818
	International Value Fund	Mutual Funds	**	59,744
	Conservative Alloc Lifestyle	Mutual Funds	**	53,967
	Nasdaq-100(R) Index Fund	Mutual Funds	**	46,184
	Vanguard Wellington Fund Inc	Mutual Funds	**	40,569
	High Yield Bond Fund	Mutual Funds	**	38,344
	Small Cap Growth Fund	Mutual Funds	**	26,739
	Vanguard Lifestrategy Modera	Mutual Funds	**	25,796
	Global Real Estate Fund	Mutual Funds	**	24,064
	Emerging Economies	Mutual Funds	**	24,023
	Vc I Capital Appreciation	Mutual Funds	**	21,113
	Vanguard Lifestrategy Conser	Mutual Funds	**	18,914
	Government Securities Fund	Mutual Funds	**	18,702
	Systematic Core Fund	Mutual Funds	**	17,419
	Growth Fund	Mutual Funds	**	16,829
	Systematic Value	Mutual Funds	**	16,208
	Vanguard Long-Term Treasury	Mutual Funds	**	11,056
	Mid Cap Value Fund	Mutual Funds	**	8,902
	Intl Opportunities	Mutual Funds	**	4,418
	Stock Index Fund	Mutual Funds	**	1,722,995
	Aggressive Alloc Lifestyle Fnd	Mutual Funds	**	287,295
	Mid Cap Index Fund	Mutual Funds	**	276,459
	Core Bond Fund	Mutual Funds	**	272,478
	Internatl Equities Index Fund	Mutual Funds	**	241,666

ECLC of New Jersey Retirement Plan
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	Vanguard Windsor Ii	Mutual Funds	**	210,548
	Large Cap Core Fund	Mutual Funds	**	145,871
	Moderate Alloc Lifestyle Fund	Mutual Funds	**	136,035
	Small Cap Index Fund	Mutual Funds	**	131,626
	Mid Cap Strategic Gwth	Mutual Funds	**	104,567
	Gs Vit Gov Money Mkt Fd Inst	Mutual Funds	**	97,340
	Government Securities Fund	Mutual Funds	**	95,047
	High Yield Bond Fund	Mutual Funds	**	86,073
	Inflation Protected Fund	Mutual Funds	**	84,701
	Science & Technology Fund	Mutual Funds	**	67,241
	Emerging Economies	Mutual Funds	**	66,485
	Growth Fund	Mutual Funds	**	56,282
	Vc I Capital Appreciation	Mutual Funds	**	54,099
	Systematic Core Fund	Mutual Funds	**	41,452
	Vanguard Wellington Fund Inc	Mutual Funds	**	38,000
	Mid Cap Value Fund	Mutual Funds	**	36,902
	Intl Socially Responsible Fund	Mutual Funds	**	33,474
	Global Real Estate Fund	Mutual Funds	**	32,057
	International Growth Fund	Mutual Funds	**	30,646
	Us Socially Responsible Fund	Mutual Funds	**	30,066
	Invesco Bal Risk Commod Str R5	Mutual Funds	**	27,549
	Systematic Value	Mutual Funds	**	26,175
	Vanguard Lifestrategy Modera	Mutual Funds	**	25,344
	Ariel Appreciation Fund	Mutual Funds	**	20,895
	Vanguard Lifestrategy Growth	Mutual Funds	**	20,403
	Vanguard Lt Inv-Grade Fund	Mutual Funds	**	18,685
	Intl Opportunities	Mutual Funds	**	16,538
	International Value Fund	Mutual Funds	**	14,027
	Vanguard Lifestrategy Conser	Mutual Funds	**	12,566
	Systematic Growth Fund	Mutual Funds	**	5,108
	Asset Allocation Fund	Mutual Funds	**	2,542
	Small Cap Value Fund	Mutual Funds	**	1,044
	Dividend Value	Mutual Funds	**	1,014
	Nasdaq-100(R) Index Fund	Mutual Funds	**	921
	Conservative Alloc Lifestyle	Mutual Funds	**	548
	Small Cap Growth Fund	Mutual Funds	**	182
	Ariel Fund	Mutual Funds	**	173
	Global Strategy	Mutual Funds	**	12
	T. Rowe Price Retirement 2025 I Class	Mutual Funds	**	3,324,026
	T. Rowe Price Retirement 2030 I Class	Mutual Funds	**	3,034,083
	Vanguard 500 Index Admiral	Mutual Funds	**	1,972,166
	T. Rowe Price Retirement 2020 I Class	Mutual Funds	**	1,888,811
	T. Rowe Price Retirement 2040 I Class	Mutual Funds	**	1,861,721
	T. Rowe Price Retirement 2050 I Class	Mutual Funds	**	1,671,850
	T. Rowe Price Retirement 2035 I Class	Mutual Funds	**	1,373,608
	T. Rowe Price Retirement 2055 I Class	Mutual Funds	**	754,903
	T. Rowe Price Retirement 2060 I Class	Mutual Funds	**	666,973
	T. Rowe Price Retirement 2045 I Class	Mutual Funds	**	539,509
	T. Rowe Price Retirement 2015 I Class	Mutual Funds	**	501,311
	American Funds Growth Fund Of Amer R6	Mutual Funds	**	362,921
	American Funds Washington Mutual R6	Mutual Funds	**	327,723
	American Funds American Balanced R6	Mutual Funds	**	323,464

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(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current
	The Standard Stable Asset II	Mutual Funds	**	279,228
	Fidelity International Index	Mutual Funds	**	278,002
	Vanguard Mid Cap Index	Mutual Funds	**	165,259
	T. Rowe Price Retirement 2065 I Class	Mutual Funds	**	125,597
	American Funds Eupac R6	Mutual Funds	**	90,837
	Vanguard Small Cap Index Adm	Mutual Funds	**	81,871
	Dodge & Cox Income Fund I	Mutual Funds	**	81,181
	Vanguard Total Bond Mkt Index	Mutual Funds	**	44,565
	Blackrock High Yield Portfolio Instl	Mutual Funds	**	34,916
	Dfa Us Targeted Value Portfolio	Mutual Funds	**	2,530
	Cohen & Steers Instl Realty Shares	Mutual Funds	**	975
	T. Rowe Price Retirement 2005 I Class	Mutual Funds	**	865
*	CREF S&P 500 Index R1	Mutual Funds	**	453,218
*	CREF Global Equities R1	Mutual Funds	**	97,523
*	CREF Responsible Balanced R1	Mutual Funds	**	77,866
*	CREF Total Global Stock R1	Mutual Funds	**	70,682
*	TIAA Access Nuv Lrg Cap Val T4	Mutual Funds	**	43,567
*	TIAA Access Nuv Qt Sm Cp Eq T4	Mutual Funds	**	35,591
*	CREF Core Bond R1	Mutual Funds	**	31,711
*	TIAA Access Nuv RlEstSecSel T4	Mutual Funds	**	16,409
*	CREF Inflation-Linked Bond R1	Mutual Funds	**	15,754
		Total mutual funds		31,260,959
*	TIAA Real Estate	Pooled separate	**	31,745
*	VALIC	Insurance company general contract	**	2,813,252
*	VALIC	Insurance company general contract	**	166,716
*	VALIC	Insurance company general contract	**	2,185,321
*	VALIC	Insurance company general contract	**	256,391
				5,421,680
*	TIAA Traditional Benefit Responsive	Insurance company general contract	**	744,064
*	Notes receivable from participants	Interest rates ranging between 4.25% - 9.50%		199,146
		Total assets (held at end of year)		$ 37,775,899

* Party-in-interest.

** Cost omitted for participant directed investments

ECLC of New Jersey Retirement Plan
EIN: 22-2151162
Plan Number: 002
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Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current
	Loan Collateral Fund	Interest bearing cash	**	$ 102,871
	Loan Collateral Fund	Interest bearing cash	**	12,892
	Loan Escrow Fund	Interest bearing cash	**	2,395
	Loan Escrow Fund	Interest bearing cash	**	147
		Total interest bearing cash		118,305
	Stock Index Fund	Mutual Funds	**	1,288,365
	Aggressive Alloc Lifestyle Fnd	Mutual Funds	**	830,536
	Mid Cap Index Fund	Mutual Funds	**	606,092
	Moderate Alloc Lifestyle Fund	Mutual Funds	**	511,180
	Vanguard Windsor Ii	Mutual Funds	**	283,074
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	Small Cap Index Fund	Mutual Funds	**	262,617
	Gs Vit Gov Money Mkt Fd Inst	Mutual Funds	**	187,387
	Large Cap Core Fund	Mutual Funds	**	182,378
	Internatl Equities Index Fund	Mutual Funds	**	178,243
	Vanguard Lifestrategy Growth	Mutual Funds	**	125,564
	Core Bond Fund	Mutual Funds	**	122,004
	International Growth Fund	Mutual Funds	**	119,644
	Intl Socially Responsible Fund	Mutual Funds	**	116,553
	Mid Cap Strategic Gwth	Mutual Funds	**	107,981
	Systematic Growth Fund	Mutual Funds	**	96,033
	Asset Allocation Fund	Mutual Funds	**	84,122
	Ariel Appreciation Fund	Mutual Funds	**	83,816
	Dividend Value	Mutual Funds	**	65,829
	Vanguard Lt Inv-Grade Fund	Mutual Funds	**	64,818
	International Value Fund	Mutual Funds	**	59,744
	Conservative Alloc Lifestyle	Mutual Funds	**	53,967
	Nasdaq-100(R) Index Fund	Mutual Funds	**	46,184
	Vanguard Wellington Fund Inc	Mutual Funds	**	40,569
	High Yield Bond Fund	Mutual Funds	**	38,344
	Small Cap Growth Fund	Mutual Funds	**	26,739
	Vanguard Lifestrategy Modera	Mutual Funds	**	25,796
	Global Real Estate Fund	Mutual Funds	**	24,064
	Emerging Economies	Mutual Funds	**	24,023
	Vc I Capital Appreciation	Mutual Funds	**	21,113
	Vanguard Lifestrategy Conser	Mutual Funds	**	18,914
	Government Securities Fund	Mutual Funds	**	18,702
	Systematic Core Fund	Mutual Funds	**	17,419
	Growth Fund	Mutual Funds	**	16,829
	Systematic Value	Mutual Funds	**	16,208
	Vanguard Long-Term Treasury	Mutual Funds	**	11,056
	Mid Cap Value Fund	Mutual Funds	**	8,902
	Intl Opportunities	Mutual Funds	**	4,418
	Stock Index Fund	Mutual Funds	**	1,722,995
	Aggressive Alloc Lifestyle Fnd	Mutual Funds	**	287,295
	Mid Cap Index Fund	Mutual Funds	**	276,459
	Core Bond Fund	Mutual Funds	**	272,478
	Internatl Equities Index Fund	Mutual Funds	**	241,666

ECLC of New Jersey Retirement Plan
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Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current
	Vanguard Windsor Ii	Mutual Funds	**	210,548
	Large Cap Core Fund	Mutual Funds	**	145,871
	Moderate Alloc Lifestyle Fund	Mutual Funds	**	136,035
	Small Cap Index Fund	Mutual Funds	**	131,626
	Mid Cap Strategic Gwth	Mutual Funds	**	104,567
	Gs Vit Gov Money Mkt Fd Inst	Mutual Funds	**	97,340
	Government Securities Fund	Mutual Funds	**	95,047
	High Yield Bond Fund	Mutual Funds	**	86,073
	Inflation Protected Fund	Mutual Funds	**	84,701
	Science & Technology Fund	Mutual Funds	**	67,241
	Emerging Economies	Mutual Funds	**	66,485
	Growth Fund	Mutual Funds	**	56,282
	Vc I Capital Appreciation	Mutual Funds	**	54,099
	Systematic Core Fund	Mutual Funds	**	41,452
	Vanguard Wellington Fund Inc	Mutual Funds	**	38,000
	Mid Cap Value Fund	Mutual Funds	**	36,902
	Intl Socially Responsible Fund	Mutual Funds	**	33,474
	Global Real Estate Fund	Mutual Funds	**	32,057
	International Growth Fund	Mutual Funds	**	30,646
	Us Socially Responsible Fund	Mutual Funds	**	30,066
	Invesco Bal Risk Commod Str R5	Mutual Funds	**	27,549
	Systematic Value	Mutual Funds	**	26,175
	Vanguard Lifestrategy Modera	Mutual Funds	**	25,344
	Ariel Appreciation Fund	Mutual Funds	**	20,895
	Vanguard Lifestrategy Growth	Mutual Funds	**	20,403
	Vanguard Lt Inv-Grade Fund	Mutual Funds	**	18,685
	Intl Opportunities	Mutual Funds	**	16,538
	International Value Fund	Mutual Funds	**	14,027
	Vanguard Lifestrategy Conser	Mutual Funds	**	12,566
	Systematic Growth Fund	Mutual Funds	**	5,108
	Asset Allocation Fund	Mutual Funds	**	2,542
	Small Cap Value Fund	Mutual Funds	**	1,044
	Dividend Value	Mutual Funds	**	1,014
	Nasdaq-100(R) Index Fund	Mutual Funds	**	921
	Conservative Alloc Lifestyle	Mutual Funds	**	548
	Small Cap Growth Fund	Mutual Funds	**	182
	Ariel Fund	Mutual Funds	**	173
	Global Strategy	Mutual Funds	**	12
	T. Rowe Price Retirement 2025 I Class	Mutual Funds	**	3,324,026
	T. Rowe Price Retirement 2030 I Class	Mutual Funds	**	3,034,083
	Vanguard 500 Index Admiral	Mutual Funds	**	1,972,166
	T. Rowe Price Retirement 2020 I Class	Mutual Funds	**	1,888,811
	T. Rowe Price Retirement 2040 I Class	Mutual Funds	**	1,861,721
	T. Rowe Price Retirement 2050 I Class	Mutual Funds	**	1,671,850
	T. Rowe Price Retirement 2035 I Class	Mutual Funds	**	1,373,608
	T. Rowe Price Retirement 2055 I Class	Mutual Funds	**	754,903
	T. Rowe Price Retirement 2060 I Class	Mutual Funds	**	666,973
	T. Rowe Price Retirement 2045 I Class	Mutual Funds	**	539,509
	T. Rowe Price Retirement 2015 I Class	Mutual Funds	**	501,311
	American Funds Growth Fund Of Amer R6	Mutual Funds	**	362,921
	American Funds Washington Mutual R6	Mutual Funds	**	327,723
	American Funds American Balanced R6	Mutual Funds	**	323,464

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	The Standard Stable Asset II	Mutual Funds	**	279,228
	Fidelity International Index	Mutual Funds	**	278,002
	Vanguard Mid Cap Index	Mutual Funds	**	165,259
	T. Rowe Price Retirement 2065 I Class	Mutual Funds	**	125,597
	American Funds Eupac R6	Mutual Funds	**	90,837
	Vanguard Small Cap Index Adm	Mutual Funds	**	81,871
	Dodge & Cox Income Fund I	Mutual Funds	**	81,181
	Vanguard Total Bond Mkt Index	Mutual Funds	**	44,565
	Blackrock High Yield Portfolio Instl	Mutual Funds	**	34,916
	Dfa Us Targeted Value Portfolio	Mutual Funds	**	2,530
	Cohen & Steers Instl Realty Shares	Mutual Funds	**	975
	T. Rowe Price Retirement 2005 I Class	Mutual Funds	**	865
*	CREF S&P 500 Index R1	Mutual Funds	**	453,218
*	CREF Global Equities R1	Mutual Funds	**	97,523
*	CREF Responsible Balanced R1	Mutual Funds	**	77,866
*	CREF Total Global Stock R1	Mutual Funds	**	70,682
*	TIAA Access Nuv Lrg Cap Val T4	Mutual Funds	**	43,567
*	TIAA Access Nuv Qt Sm Cp Eq T4	Mutual Funds	**	35,591
*	CREF Core Bond R1	Mutual Funds	**	31,711
*	TIAA Access Nuv RlEstSecSel T4	Mutual Funds	**	16,409
*	CREF Inflation-Linked Bond R1	Mutual Funds	**	15,754
		Total mutual funds		31,260,959
*	TIAA Real Estate	Pooled separate	**	31,745
*	VALIC	Insurance company general contract	**	2,813,252
*	VALIC	Insurance company general contract	**	166,716
*	VALIC	Insurance company general contract	**	2,185,321
*	VALIC	Insurance company general contract	**	256,391
				5,421,680
*	TIAA Traditional Benefit Responsive	Insurance company general contract	**	744,064
*	Notes receivable from participants	Interest rates ranging between 4.25% - 9.50%		199,146
		Total assets (held at end of year)		$ 37,775,899

* Party-in-interest.
** Cost omitted for participant directed investments