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
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

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)
HILLSIDE CHILDREN'S CENTER

1183 MONROE AVENUE
ROCHESTER, NY 14620

1183 MONROE AVENUE
ROCHESTER, NY 14620

2b Employer Identification Number (EIN) 16-0743039

2c Plan Sponsor's telephone number 585-654-1391

2d Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CHRISTOPHER PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	CHRISTOPHER PETERSON
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	585
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)**	325
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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)	[ ] 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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HILLSIDE CHILDREN'S CENTER

D Employer Identification Number (EIN)
16-0743039

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	22346412
b Actuarial value	**2b**	22277901

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	58	8976599	8976599
b For terminated vested participants	202	4722837	4762513
c For active participants	325	8316183	8379784
d Total	585	22015619	22118896

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

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

5 Effective interest rate	**5**	5.26 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	140000
c Target normal cost	**6c**	140000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2026
Date

WILLIAM H. STUART, A.S.A., E.A.
Type or print name of actuary

26-06801
Most recent enrollment number

BPAS ACTUARIAL & PENSION SERVICES
Firm name

315-703-8985
Telephone number (including area code)

706 N. CLINTON STREET, SUITE 200
SYRACUSE, NY 13204
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 3.27 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		230037
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		11778
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		241815
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.71 %
15	Adjusted funding target attainment percentage	15	100.59 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/25/2025	250000				
10/23/2025	1800000				
02/04/2026	-124647				
03/06/2026	-647				
04/14/2026	-31738				
			Totals ► 18(b)	1892968	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1818097

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	140000
b Excess assets, if applicable, but not greater than line 31a	**31b**	140000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1818097

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1818097
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. [ ] 2019 [ ] 2020 [ ] 2021

SCHEDULE C (Form 5500)	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
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HILLSIDE CHILDREN'S CENTER

D Employer Identification Number (EIN)
16-0743039

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BPAS ACTUARIAL & PENSION SERVICES

706 N. CLINTON STREET, SUITE 200
SYRACUSE, NY 13204

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		217647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

7TH WASHINGTON
ST. LOUIS, MO 63101

41-6271370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27		26032	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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HILLSIDE CHILDREN'S CENTER

D Employer Identification Number (EIN)
16-0743039

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	11850	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2000000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	46673	442
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	22046074	127480
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	24104597	127922
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		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	24104597	127922

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)	50000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		50000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	339348	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	322436	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		661784
(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)	31568	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		31568
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43758
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		787110
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12643578	
(2) To insurance carriers for the provision of benefits	2e(2)	11876528	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		24520106
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	26032	
(7) Actuarial fees	2i(7)	217647	
(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)		243679
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24763785
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-23976675
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)** [ ] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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		3000000
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**		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583922.

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
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HILLSIDE CHILDREN'S CENTER

D Employer Identification Number (EIN)
16-0743039

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** |

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): 41-6271370

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** | 385

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

HILLSIDE FAMILY OF AGENCIES
PENSION PLAN

Financial Statements
as of December 31, 2025 and 2024
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

October 14, 2026

To the Plan Administrator of
Hillside Family of Agencies Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed the audits of the financial statements of Hillside Family of Agencies Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation) and December 31, 2024 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and December 31, 2024 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

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

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Pittsford, NY 14534
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www.bonadio.com

(Continued)

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting
As further discussed in Note 1 to the financial statements, the Plan sponsor approved a plan of liquidation on March 13, 2025 and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Other Matter - Supplemental Schedules Required by ERISA (Continued)
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Bonadio & Co. LLP

HILLSIDE FAMILY OF AGENCIES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 (IN LIQUIDATION) AND 2024 (ONGOING)

	2025 (liquidation)	2024 (ongoing)
ASSETS		
CASH	$ -	$ 11,850
INVESTMENTS, at fair value:		
Mutual funds	127,480	22,046,074
Total investments, at fair value	127,480	22,046,074
RECEIVABLES:		
Employer contributions	-	2,000,000
Accrued dividends	442	46,673
Total receivables	442	2,046,673
Total assets	127,922	24,104,597
LIABILITIES		
Excess assets payable to plan sponsor	125,293	-
Accrued expenses expected to be paid in liquidation	2,629	-
Total liabilities	127,922	-
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 24,104,597

The accompanying notes are an integral part of these statements.

HILLSIDE FAMILY OF AGENCIES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 (IN LIQUIDATION) AND 2024 (ONGOING)

	2025 (liquidation)	2024 (ongoing)
ADDITIONS:		
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	$ 43,758	$ (358,313)
Interest and dividend income	693,352	1,080,452
Total investment income	737,110	722,139
Employer contributions	50,000	2,000,000
Total additions	787,110	2,722,139
DEDUCTIONS:		
Benefits paid to participants or beneficiaries	12,643,578	2,251,752
Purchase of insurance contract	11,876,528	-
Administrative expenses, net	243,679	136,604
Total deductions	24,763,785	2,388,356
Net increase (decrease)	(23,976,675)	333,783
ADJUSTMENT TO LIQUIDATION BASIS	127,922	-
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(24,104,597)	333,783
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	24,104,597	23,770,814
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ -	$ 24,104,597

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Hillside Family of Agencies Pension 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 cash balance defined benefit plan providing retirement and death benefits to all eligible employees. The Plan Sponsor is Hillside Children's Center and its affiliate (collectively, Hillside or the Plan Sponsor) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan includes substantially all employees of Hillside who completed one year of service and were age 21 or older as of May 31, 2012. Effective May 31, 2012, the Plan was amended to prohibit new participants from entering the Plan and freeze benefit accruals for service and transition credits.

Plan Termination and Liquidation Basis of Accounting

On March 13, 2025, Hillside's Board of Governors elected to terminate the Plan, effective May 31, 2025, and approved a plan for liquidation. Plan governance and the administrator determined that the likelihood is remote that the liquidation plan will be blocked by other parties or that the Plan would return from liquidation. The liquidation plan involved selling investments in orderly market transactions, resulting in no discounts to fair values. In lieu of administering benefit payments directly to participants receiving annuity payments at the time of Plan termination, the Plan purchased an annuity contract with an insurance company, which assumed the obligation to pay benefits to participants and any related risks. All other participants were given notice regarding the termination of the Plan and asked to select a form of payment (annuity or a lump sum) for the final distribution of their balance.

Cash payments and interest and dividends expected to be earned in liquidation are required to be recorded in the liquidation basis statement of net assets available for benefits as of December 31, 2025 as accrued income and expenses expected to be earned or incurred in liquidation. All assets of the Plan were disbursed by April 14, 2026. Participant balances were distributed in accordance with each participant's elected method of distribution and any remaining Plan assets reverted back to the Plan sponsor.

The following pertains to information about the Plan prior to its termination. The Plan was amended to terminate as of May 31, 2025.

Administration

The Plan is administered by Hillside's Retirement Committee, which is a committee of the Board of Governors of Hillside. The Retirement Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. U.S. Bank National Association (U.S. Bank) is the trustee of the Plan.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Under the Plan's provisions, amounts are credited to participants' hypothetical cash accumulation accounts annually. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested cash accumulation account and is calculated based on credits earned by the participant. Prior to the freezing of the Plan effective May 31, 2012, participants could earn up to three types of credits, as defined by the Plan: service credits, transition credits, and interest credits. Subsequent to May 31, 2012, participants' hypothetical accounts are increased for interest credits only. Interest credits represent earnings on cash accumulation accounts. For service and transition credits earned prior to January 1, 2010, interest credits are calculated annually by multiplying the cumulative pre-2010 Plan year service and transition credits and associated interest credits by the yield of the 10-year Treasury note (average October yield from the prior Plan year), with a minimum interest rate of 2%. The Plan does not provide for interest credits related to service and transition credits earned after December 31, 2009.

Contributions and Funding Policy

The Plan's funding policy is for Hillside to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Hillside was not required to but elected to make $50,000 and $2,000,000 in contributions to the Plan in 2025 and 2024, respectively.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible to receive their Plan benefit after terminating employment with vested rights. Participants are also eligible to receive their Plan benefit if they remain actively employed three years beyond their normal retirement date or age 70½, if earlier, or if they are beyond the normal retirement age and their actuarial benefit exceeds certain limitations, as defined by the Plan. Participants became vested in the Plan after three or more years of service. If employees terminated before rendering three years of service, they forfeited the right to receive their accumulated Plan benefits. Any participant employed by the Plan Sponsor on or after December 31, 2015 is also fully vested. A participant who is eligible for his or her Plan benefit or their beneficiary may elect to receive the vested value of his or her account as a lump-sum, subject to certain restrictions based on when the participant was employed by the Plan Sponsor, or as a monthly annuity payable for their lifetime, subject to certain restrictions based on the Plan's funded status and the participant's compensation history.

Death Benefits

If a vested participant dies prior to retirement, his or her surviving spouse may receive a death benefit equal to the value of the participant's accumulated pension benefit in the form of a lump sum or an annuity commencing upon the participant's death or upon what would have been the participant's normal retirement date, as defined by the Plan. In the event that a vested participant dies and does not have a surviving spouse, a death benefit equal to the value of the participant's cash accumulation account is paid to the participant's beneficiary as a lump sum.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by Hillside and are excluded from these financial statements. The Plan pays for fees related to investment advisory services and actuarial services. The Plan also pays for certain recordkeeping fees. Investment expenses related to fund management are included in net appreciation (depreciation) in fair value of investments, rather than a direct payment from the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). As a result of the Plan Sponsor's decision to terminate the Plan, as described in Note 1, the Plan changed its basis of accounting to the liquidation basis for the year ended December 31, 2025. The liquidation basis of accounting presents assets at amounts expected to be realized in liquidation and liabilities at amounts expected to be paid. Changes in recording these assets and liabilities are presented as an adjustment to liquidation basis in the statements of changes in net assets available for benefits.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurement - Definition and Hierarchy

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

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodology used for assets measured at fair value.

Mutual funds: Mutual funds include exchange traded funds, and equity and fixed income mutual funds, and are 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 Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The mutual funds held by the Plan are deemed to be actively traded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)
There were no changes in valuation methodologies used during 2025 or 2024.

Purchase of Insurance Contract
During 2025, the Plan executed a contract with an unrelated insurance company, which assumed responsibility for making annuity and lump sum payments to certain participants who elected to receive such form of distribution under the Plan. The contract amount paid to the insurance company totaled approximately $11,900,000 and is included in the purchase of insurance contract on the statements of changes in net assets available for benefits.

Employer Contributions Receivable and Allowance for Credit Losses
The Plan records a receivable for the employer contribution that is remitted to the Plan subsequent to the Plan's year-end. The Plan considers an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and future conditions.

The Plan has not experienced any historical credit losses relative to contributions receivable, current and future economic conditions are not expected to change relative to historical financial information, and the full amount outstanding as of December 31, 2024 was received in 2025. Therefore, management has determined that no allowance for credit losses is necessary as of December 31, 2024.

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

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

Payment of Benefits
Benefit payments to participants are recorded when paid.

Estimates
The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in financial statements and accompanying notes. Actual results could differ from those estimates.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as complete and accurate by U.S. Bank, the trustee of the Plan's assets, as of and for the years ended December 31:

	2025 (In Liquidation)	2024 (Ongoing)
Statements of Net Assets Available for Benefits		
Cash	$ -	$ 11,850
Investments, at fair value	$ 127,480	$ 22,046,074
Accrued dividends	$ 442	$ 46,673
Statements of Changes in Net Assets Available for Benefits		
Net appreciation (depreciation) in fair value of investments	$ 43,758	$ (358,313)
Interest and dividend income	$ 693,352	$ 1,080,452
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

4. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31:

2025 (In Liquidation)	Level 1	Level 2	Level 3	Total
Mutual funds	$ 127,480	$ -	$ -	$ 127,480
2024 (Ongoing)	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 22,046,074	$ -	$ -	$ 22,046,074

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are based on the value of each participant's cash accumulation account. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to service rendered to the valuation date.

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

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The final actuarial present value of accumulated plan benefits is presented as of December 31, 2024, using computations made as of January 1, 2025. The significant assumptions used in the valuations as of December 31, 2024 were as follows:

a) Investment rate of return of 5%

b) Retirement rates vary by age and gender.

c) Mortality is based on the sex-distinct Amount-Weighted Pri-2012 mortality tables with mortality improvements projected using Scale MP-2021 on a generational basis.

d) Interest rate credited to participant accounts for determining projected cash accumulation plan account balance was 3.13%.

The Traditional Unit Credit Cost method is the actuarial method used to calculate the funding costs of the Plan.

As discussed in Note 1, on March 13, 2025, Hillside's Board of Governors elected to terminate the Plan and approved a plan for liquidation. Payments made to settle substantially all of the plan obligations to participants in 2025 were approximately $24,500,000. No payments were made to settle plan obligations to participants in 2024.

The change in actuarial present value of accumulated plan benefits consisted of the following for the years ended December 31:

	2025 (In Liquidation)	2024 (Ongoing)
Accumulated plan benefits - beginning of year	$22,357,152	$ 24,533,892
Increase (decrease) during the year attributable to:		
Accumulations of benefits and actuarial gains and losses, net	1,658,171	180,934
Change in actuarial assumptions	-	(1,276,323)
Increase for interest due to decrease in discount period	504,783	1,170,401
Payment of benefits	(24,520,106)	(2,251,752)
Accumulated plan benefits - end of year	$ -	$ 22,357,152

The actuarial present value of accumulated plan benefits is presented as of December 31, 2024, as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits -	
Participants currently receiving payments	$ 9,192,319
Other participants	13,064,695
Total vested benefits	22,257,014
Nonvested benefits -	100,138
Total actuarial present value of accumulated plan benefits	$ 22,357,152

6. PLAN TERMINATION

In March 2025, Hillside's Board of Governors adopted a resolution to terminate the Plan. The Plan has been formally amended to adopt such resolution to terminate the Plan effective May 31, 2025. In the event of Plan termination, ERISA and its related regulations generally provide for benefits to be distributed, according to the following priorities: (a) Benefits attributable to retired participants who have retired under the plan prior to its termination without reference to the order of retirement; (b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination; (c) other vested benefits insured by the Pension Benefit Guaranty Corporation; (d) all other vested benefits, and (e) non-vested benefits. The financial position of the Plan determines the extent of benefits provided to participants when the Plan was terminated. The Plan was fully liquidated by April 14, 2026.

The statement of net assets available for benefits as of December 31, 2025 (in liquidation), includes excess plan assets due to the Plan Sponsor and expenses that were expected to be incurred during the Plan's liquidation process. Accrued expenses to be incurred in liquidation were $2,629 as of December 31, 2025. Additionally, upon settling the plan obligations to participants in 2025, excess plan assets totaling $125,293 were due to the Plan Sponsor as of December 31, 2025. The accrued expenses and amounts payable to the Plan Sponsor are included in the adjustment to liquidation basis on the statements of changes in net assets available for benefits, as well as the respective line on the statements of net assets available for benefits.

7. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed Hillside by a letter dated June 18, 2014, that the Plan, as then designed, was qualified and the trust established under the Plan was tax-exempt under the appropriate sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

8. PARTY-IN-INTEREST TRANSACTIONS

U.S. Bank is the trustee of the Plan and provides investment and advisory services to the Plan and BPAS Actuarial & Pension Services, LLC (BPAS) provides third party administrator and actuarial services to the Plan. Therefore, transactions with U.S. Bank and BPAS qualify as party-in-interest transactions.

9. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and Form 5500. The following table reconciles the Plan's net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2025	2024
Net assets available for benefits, per the financial statements	$ -	$ 24,104,597
Add: Accrued expenses to be incurred in liquidation	2,629	-
Add: Excess assets payable to plan sponsor	125,293	-
Net assets available for benefits, per Form 5500	$ 127,922	$ 24,104,597

The following table reconciles the Plan's changes in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	2025	2024
Changes in net assets available for benefits, per the financial statements	$(24,104,597)	$ 333,783
Add: Adjustment to liquidation basis	127,922	-
Changes in net assets available for benefits, per Form 5500	$(23,976,675)	$ 333,783

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

HILLSIDE FAMILY OF AGENCIES PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 16-0743039
PLAN NO. 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (IN LIQUIDATION)

(a)	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
MUTUAL FUNDS				
	First American Treasury Oblig	Mutual Fund	$ 127,480	$ 127,480
			$ 127,480	$ 127,480

The accompanying notes are an integral part of this schedule.

HILLSIDE FAMILY OF AGENCIES PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 16-0743039
PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025 (IN LIQUIDATION)

(a) Identity of Party Involved	(b) Description of Asset	Purchase/ Sale	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
I. Individual 5% Transactions							
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
US Treasury Bill - 8/14/25	U.S. Government Securities	Purchase	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 6,089,548	$ -	$ 6,089,548	$ 6,089,548	$ -
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 1,843,163	$ -	$ 1,843,163	$ 1,843,163	$ -
US Treasury Bill - 8/14/25	U.S. Government Securities	Sale	$ -	$ 16,660,652	$ 16,660,652	$ 16,660,652	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 16,660,652	$ 16,660,652	$ 16,660,652	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 11,876,528	$ 11,876,528	$ 11,876,528	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 8,143,703	$ 8,143,703	$ 8,143,703	$ -
Vanguard Long Term Bond Index ETF	Mutual Fund	Sale	$ -	$ 3,182,791	$ 4,576,999	$ 3,181,782	$ (1,395,217)
MacQuarie Extended Duration Bond Fund Instl	Mutual Fund	Sale	$ -	$ 2,907,766	$ 4,302,645	$ 2,907,766	$ (1,394,879)
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 1,404,538	$ 1,404,538	$ 1,404,538	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
None							
III. Series of Transactions Involving Securities of the Same Issue							
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 25,942,363	$ -	$ 25,942,363	$ 25,942,363	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 41,815,162	$ 41,815,162	$ 41,815,162	$ -
IV. Series of Transactions with a Single Person							
None							

The accompanying notes are an integral part of this schedule.

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **Hillside Children's Center**
EIN/PN: **16-0743039/001**

Effective Date of the Plan: The Plan became effective as of January 1, 1978.

Effective Date of Latest Amendment: The Plan was amended effective May 31, 2025 to be terminated. Prior to this, the latest amendment reflected in this report is effective May 4, 2020. Effective May 4, 2020 the Plan intends to treat any distribution from the Plan that is paid after May 4, 2020 and prior to December 31, 2020 to a Qualifying Individual who certifies to such as a Coronavirus Related Distribution permitted under the CARES Act. Additionally, the Plan was amended to change the Required Beginning Date to age 72 as amended by the Secure Act. Previously, the latest amendment reflected in this report was December 1, 2015. Effective December 1, 2015, Participants for whom Credited Service is wholly attributable to service prior to January 1, 2003, a lump sum distribution is available if the lump sum present value is less than $50,000. Second, effective December 31, 2015, any participant who is employed by Hillside Children's Center on or after December 31, 2015 is fully vested. Finally, prior to January 1, 2016 interest was credited based on the greater of 2 percent and the 10-year U.S. Treasury rate in effect for October of the prior plan year plus 1 percent. Effective January 1, 2016, interest will be based on the greater of 2 percent and the 10-year U.S. Treasury rate in effect for October of the prior plan year.

Plan Entry: An eligible employee becomes a Plan participant on the first of the month coincident with or next following the attainment of age 21 and completion of one Year of Service. As of May 31, 2012 participation is frozen in the Plan.

Year of Service: The initial 12-consecutive month period during which an employee completes at least 1,000 hours of service, and each subsequent plan year during which an employee completes at least 1,000 hours of service. The initial 12-month period shall commence on the date an employee first performs an hour of service. The second 12-month period shall be the plan year which commences prior to the end of the initial 12-month period.

Years of Credited Service: An employee receives a year of credited service for each year, after completion of the eligibility requirements, in which he/she completes at least 1,000 hours of service. Completed months of service in a period of less than one year shall be credited as a portion of a year. As of May 31, 2012, credited service shall cease for all participants.

Compensation: Compensation means the total compensation paid to an Employee by an Employer, plus amounts withheld under a benefit plan that are intended to qualify under Sections 125, 402(e)(3) and 402(h)(1)(B) of the Code and amounts paid by the Employer to purchase annuities in accordance with Section 403(b).

Final Average Earnings: The final average earnings is the average of the annual compensation for the five consecutive calendar years, during the last ten calendar years, which produce the highest average.

Covered Compensation: Covered Compensation is the average of the taxable Social Security Wage Bases for the 35 years prior to the year an individual attains Social Security normal retirement age.

Social Security Wage Base: The Social Security Wage Base (SSWB) is the annual "wage" amount set by the United States Social Security Administration for purposes of calculating Social Security payroll taxes and calculating Social Security benefit amounts.

Cash Accumulation Plan Account Balance: The Cash Accumulation Plan Account Balance is a bookkeeping account. Active participants in the Plan as of December 31, 2002 had their accrued benefits converted into an Opening Account Balance. All other participants shall have an Opening Account Balance of $0. If applicable, any participant who had earned benefits under the Plan prior to January 1, 2003 but was not active in the Plan on December 31, 2002 shall retain the right to such accrued benefits but such benefits shall not be incorporated into the Cash Accumulation Plan Account Balance. The Account Balance grows each year with an Interest Credit, Service Credit, Employer Matching Contribution and, if applicable, a Protected Benefit Credit.

Opening Account Balance: The Opening Account Balance for all active participants in the Plan as of December 31, 2002 was computed to be the present value of the participant's accrued benefit under the prior plan formula as of December 31, 2002. The present value was determined using the Prevailing Commissioners' Standard Mortality Table as of December 31, 2002 (a 50/50 blend of the 1994 Group Annuity Reserve Table for males and females projected to 2002), and the October 2002 10-year Treasury rate plus one percent or equivalently 4.94%.

Interest Credits: Interest shall be credited to a participant's Cash Accumulation Plan Account Balance at the end of each plan year based on the 10-year U.S. Treasury rate in effect for October of the prior plan year plus one percent. Partial interest credits are earned for any participant who dies, terminates or retires during a given plan year. Effective January 1, 2016, interest will be based on the greater of two-percent and the 10-year U.S. Treasury rate in effect for October of the prior plan year.

Interest will only be credited to allocations made to a participant's CAP account balance as of January 1, 2010 and to interest credits thereon for future periods.

Allocation Points: A participant's Allocation Points are equal to the sum of the participant's age and Years of Credited Service as of the calculation date. Partial years are included for the calculation of both the age and service. Allocation points are used in determining the Service Credit each year.

Service Credits: Service Credits will be earned according to the following schedule based on the participant's Allocation Points at the end of the plan year (or at the time of separation from service, if earlier) and will be computed according to the schedule below. Service Credits are normally credited to a participant's cash balance account at the end of each plan year. Effective May 31, 2012, no new Service Credits will be earned.

Prior to January 1, 2010:

Allocation Points (Age +HFA Service)	HFA Allocation (Up to 50% of SSWB)	HFA Allocation (Over 50% of SSWB)
Below 30	2.50%	3.25%
30-39	3.00%	4.00%
40-49	3.50%	4.50%
50-59	4.00%	5.00%
60-69	4.50%	5.50%
70 and above	5.00%	6.00%

After January 1, 2010:

Allocation Points (Age +HFA Service)	HFA Allocation (Up to 50% of SSWB)	HFA Allocation (Over 50% of SSWB)
Below 30	2.625%	3.375%
30-39	3.00%	4.00%
40-49	3.50%	4.50%
50-59	4.00%	5.00%
60-69	4.50%	5.50%
70 and above	5.00%	6.00%

As of January 1, 2010 (or date of hire, if later) the Plan will only provide for two increases in a participant's allocation schedule.

Participants who die, terminate or retire during a plan year will earn a Service Credit for their period of employment based on their compensation during that portion of the plan year and their age and service at the date of separation, without respect to the number of hours worked during the plan year. However, to earn the Service Credit the participant must have worked at least 1,000 hours in the plan year of separation or the plan year prior to separation. For the 2012 plan year, participants will only be eligible for a Service Credit for their partial period of employment if they die, terminate, or retire prior to May 31, 2012 or have at least 1,000 hours as of May 31, 2012.

Employer Matching Contribution (for periods prior to 2007): For each participant who is making contributions to the Center's 403(b) Plan, the employer will provide an additional credit to the Plan equal to 50% of eligible Compensation the employee contributes up to a maximum of 6%. This additional benefit will be provided after one Year of Service. The matching contribution is normally credited to a participant's Cash Accumulation Plan Account Balance at the end of each plan year. **The employer matching contribution will no longer be credited to a participant's Cash Accumulation Plan Account Balance as of January 1, 2007, but will instead be contributed in the 403(b) Plan.**

Protected Benefit Credit: For plan years prior to January 1, 2013, each participant who was a participant as of December 31, 2002 is eligible to receive a Protected Benefit Credit equal to (A) – (B), not less than zero. Participants who are considered Highly Compensated Employees in 2012 will not receive a Protected Benefit Credit in 2012. Effective May 31, 2012, no new Protected Benefit Credits will be earned.

A. The present value of the benefit under the formula in effect prior to 12/31/2002 assuming that formula was still in effect. the applicable formula is detailed here for your convenience: The sum of (a) and (b) multiplied by (c) minus (d) where (a) is 1.25% of Final Average Earnings, (b) is .65% of Final Average Earnings in excess of Covered Compensation, and (c) is years of service. Maximum years of service is 30 years. An offset (d) applies to former Crestwood employees. The offset is defined as the annuitized nonforfeitable portion of the participant's Crestwood Children's Center, Inc. 401(k) Plan benefit attributable to matching and profit-sharing contributions and earnings thereon plus benefits attributable to the Crestwood Children's Center Employees Pension Plan. The present value is calculated at the end of the plan year based on the 10-year U.S. Treasury rate in effect for October of the prior plan year plus one percent. For the 2012 plan year a floor of 4.50% was added to the interest rate used in the calculation above.

B. Potential CAP value: The Cash Accumulation Plan Account Balance calculated assuming the participant deferred 6% of compensation and received the full 3% Employer Matching Contribution.

Special Account Balance: For the Chief Executive Officer employer on July 1, 2006, the minimum Cash Accumulation Account will be $505,683.72 times a fraction not to exceed 1, the numerator of which will be his credited service as of the date of termination or his date of termination if earlier, and the denominator shall be 15.083.

Normal Retirement

Eligibility: Age 65 with 5 years of service.

Amount of Benefit for Participants whose Credited Service is wholly attributable to service prior to January 1, 2003:

The sum of (a) and (b) multiplied by (c) minus (d) where (a) is 1.25% of Final Average Earnings, (b) is .65% of Final Average Earnings in excess of Covered Compensation, and (c) is years of credited service. Maximum years of credited service is 30 years. An offset (d) applies to former Crestwood employees. The offset is defined as the annuitized nonforfeitable portion of the participant's Crestwood Children's Center, Inc. 401(k) Plan benefit attributable to matching and profit-sharing contributions and earnings thereon plus benefits attributable to the Crestwood Children's Center Employees Pension Plan.

Amount of Benefit for Participants whose Credited Service includes periods on or after January 1, 2003:

The annual normal retirement benefit shall be an annuity, which is the actuarial equivalent annuity value of (I) + (II) + (III) + (IV) + (V), not less than the participant's accrued benefit determined as of December 31, 2002. Items (I), (II), (III), (IV) and (V) are defined as follows:

I. Cash Accumulation Plan Account Balances as of the last day of the prior plan year

II. Interest Credit

III. Service Credit

IV. Employer Matching Contribution

V. Protected Benefit Credit

Early Retirement

Eligibility: Attainment of age 55 and completion of 4 years of vesting service.

Amount of Benefit: Accrued Benefit reduced by 1/156 for the first 36 months and 1/312 for each of the next 60 months that the early retirement date precedes the normal retirement age. For participants who retire prior to age 57, their benefit is further actuarially reduced to their early retirement date.

Deferred Retirement: Members can postpone retirement beyond age 65 without the employer's consent, in which case the member's benefit is calculated as for normal retirement, based on years of credited service at actual retirement date.

Disability: If a participant becomes disabled and is awarded disability income by the Social Security Administration, Interest Credits and Service Credits based on the Compensation at the date of disability shall continue to accrue from that date up to the date of retirement.

Benefits Upon Termination of Employment

Eligibility: 40% vesting upon completion of 4 years of service and 100% vesting upon completion of 5 years of vesting service for employees who do not have an hour of service on or after January 1, 2008. Participants with an hour of service on or after January 1, 2008 will be 100% vested upon completion of 3 years of vesting service. Effective December 31, 2015, participants in the Plan and who are employed by Hillside Children's Center on or after December 31, 2015 will be 100% vested regardless of years of credited service.

Amount of Benefit for Participants whose Credited Service is wholly attributable to service prior to January 1, 2003:

Accrued benefit payable for life, commencing at normal retirement date, or in a reduced amount at an early retirement date.

Amount of Benefit for Participants whose Credited Service includes periods on or after January 1, 2003.

The Cash Accumulation Plan Account Balance payable immediately or an actuarially equivalent annuity commencing at normal retirement date, or in a reduced amount at termination of employment.

Form of Benefits at Retirement

Normal form of benefits is life annuity, subject to Qualified Joint and 50% Survivor Annuity requirements applicable to married members.

At retirement a member's benefit will be paid in the form of a reduced joint and 50% survivor optional benefit with his spouse as contingent annuitant unless elected otherwise by the member.

Optional forms available at retirement include various contingent annuitant options, a 10-year certain and life option, a 15-year certain and life option, and are provided on the following actuarially equivalent basis:

Interest - 7.50%

Mortality - 1984 Unisex Pension Mortality Table.

For Participants whose Credited Service is wholly attributable to service prior to January 1, 2003, a lump sum distribution is available if the lump sum present value is less than $5,000. Effective December 1, 2015, Participants for whom Credited Service is wholly attributable to service prior to January 1, 2003, a lump sum distribution is available if the lump sum present value is less than $50,000.

For Participants whose Credited Service includes periods on or after January 1, 2003, a lump sum distribution is available equal to the greater of the participant's Cash Accumulation Plan Account Balance and the lump sum present value of the participant's accrued benefit determined as of December 31, 2002, based on the plan's definition of actuarial equivalence.

Pre-Retirement Death Benefits

Amount of Benefit for Participants whose Credited Service is wholly attributable to service prior to January 1, 2003:

A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and joint and survivor option election. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan.

Amount of Benefit for Participants whose Credited Service includes periods on or after January 1, 2003:

The participant's spouse or beneficiary shall receive the entire vested portion of the participant's Cash Accumulation Plan Account Balance as a single lump sum or as an actuarially equivalent annuity benefit allowed under the plan, in the event of the death of a vested participant, married or unmarried.

Post-Retirement Death Benefits

None other than the benefit available under a selected optional form.

HILLSIDE FAMILY OF AGENCIES PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 16-0743039
PLAN NO. 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (IN LIQUIDATION)

(a)	(b) Identity of Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
MUTUAL FUNDS				
	First American Treasury Oblig	Mutual Fund	$ 127,480	$ 127,480
			$ 127,480	$ 127,480

The accompanying notes are an integral part of this schedule.

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2025											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	3	20	3	0	0	0	0	0	0	0	**26**
40-44	3	30	29	3	0	0	0	0	0	0	**65**
45-49	1	15	20	10	0	0	0	0	0	0	**46**
50-54	1	11	13	19	13	0	0	0	0	0	**57**
55-59	0	8	12	12	9	4	1	0	0	0	**46**
60-64	2	13	16	9	5	4	9	0	0	0	**58**
65-70	1	7	5	2	0	1	1	1	0	0	**18**
70 & up	0	3	2	0	2	0	1	1	0	0	**9**
Total	**11**	**107**	**100**	**55**	**29**	**9**	**12**	**2**	**0**	**0**	**325**

Active Member Statistics	January 1, 2025	January 1, 2024
Number of members	325	359
Average age	52.60	51.82
Average years of service	8.65	8.78

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Hillside Children's Center. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution and Maximum Recommended Contribution: The monthly corporate bond yield curve for December 2024, pursuant to IRC Section 430(h)(2)-1(d). The yield curve was also utilized to determine the Low-Default-Risk Obligation Measure ("LDROM"). This is intended to provide a sense of the effect on Plan liabilities and costs if the Plan invested in a less risky portfolio. The use of the current corporate bond yield rates is intended to reflect this. Please note that the LDROM measurement could have been performed using other interest rate assumptions that could have resulted in a higher or lower liability that the one disclosed herein.

Effective Interest Rate
5.26%

Rate of Compensation Increase: Future compensation increases were not assumed in the valuation.

Disability: Rates of disability were not assumed.

Mortality for Healthy Lives: The sex distinct Amount-Weighted Pri-2012 mortality tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: Rates of retirement were based on a review of plan experience from January 1, 2009 through December 31, 2013. Terminated vested participants were assumed to retire at age 65 and 5 years of participation service. Active participants were assumed to retire in accordance with the following rates.

Age	Percentage
55	8.00%
56	2.00%
57	2.00%
58	9.00%
59	9.00%
60	9.00%
61	9.00%
62	9.00%

Age	Percentage
63	9.00%
64	18.00%
65	22.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Turnover: Rates of turnover are based on a select table for the first five (5) years of employment and a blended version of the 2003 SOA Pension Plan Turnover Study Basic Age Table thereafter. Different multipliers were applied to the 2003 Pension Plan Turnover Study Basic Age Table at various ages. A multiplier of 1.3 was applied to ages prior to 35, 1.5 for ages 35-44, and 1.1 for ages 45 and older. The turnover assumption was selected based on a review of plan experience from January 1, 2009 through December 31, 2013, published tables, and the demographic profile and industry of the Plan's participants. Illustrative rates are shown below:

Select Period	
Service	Percentage
0	30.0000%
1	20.0000%
2	20.0000%
3	20.0000%
4	15.0000%
5	15.0000%

Ultimate Period				
Age	Percentage		Age	Percentage
25	24.0630%		50	6.1930%
30	15.8470%		55	3.2120%
35	12.4676%		60	2.4200%
40	10.5000%		65	3.1020%
45	7.8246%		70	4.4330%

Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance: 3.13% per year. This assumption was selected based on the five-year average of the interest crediting rate for the period ending on the Plan Termination Date of May 31, 2025.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest ten-thousand.

Spouse Assumptions: 85% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

Assumed Form of Benefit:

Cash Accumulated Plan Account Balance

Death: Beneficiaries are assumed to elect an immediate lump sum distribution.

Termination: 85% of participants are assumed to elect an immediate lump sum distribution and 15% are assumed to defer receipt of a lump sum distribution until their normal retirement age.

Retirement: 65% of participants are assumed to elect an immediate lump sum distribution and 35% are assumed to elect an immediate monthly life annuity.

Frozen Old Plan Benefit as of December 31, 2002

Death: Surviving spouses are assumed to commence the qualified pre-retirement survivor annuity at the participant's normal retirement age.

Termination: Participants are assumed to defer commencement of a monthly life annuity until normal retirement age.

Retirement: Participants are assumed to elect an immediate monthly life annuity.

Assumptions used to Annuitize Cash Accumulation Plan Account Balance: In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the Cash Accumulation Plan Account Balance is converted to an annuity using the applicable mortality table for the determination of present values under IRC Section 417(e)(3)(B) in 2025 and the underlying valuation interest rates under IRC Section 430(h)(2).

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 5.00%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Interest Rates used to Annuitize Cash Accumulation Plan Account Balance: The segment interest rates in the table below. This assumption was selected based on the five-year average of the rates in effect as of the Plan Termination Date of May 31, 2025.

Segment	Interest Rate
Segment 1	3.05%
Segment 2	4.08%
Segment 3	4.38%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Hillside Family of Agencies Pension Plan
Schedule SB, Line 24 – Change in Actuarial Assumptions
EIN/PN: 16-0743039/001

The interest crediting rate for determining the projected Cash Accumulation Account Balances was changed as of January 1, 2025 to 3.13%. The interest crediting rate of 3.13% is the same rate in effect for the 2025 plan year. The change in interest crediting rate resulted in a decrease in liabilities.

Hillside Family of Agencies Pension Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 16-0743039/001

Age	Retirements per 1000 employees	Accumulated years
55	0.08	4.40
56	0.02	1.03
57	0.02	1.03
58	0.09	4.61
59	0.09	4.27
60	0.09	3.95
61	0.09	3.66
62	0.09	3.38
63	0.09	3.13
64	0.18	5.78
65	0.22	5.88
66	0.25	5.30
67	0.25	4.03
68	0.25	3.07
69	0.25	2.34
70	1	7.11
		62.96

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.)
☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

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)
HILLSIDE CHILDREN'S CENTER

1183 MONROE AVENUE

ROCHESTER NY 14620

2b Employer Identification Number (EIN) 16-0743039

2c Plan Sponsor's telephone number 585-654-1391

2d Business code (see instructions) 624100

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

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

SIGN HERE		10/14/2026	CHRISTOPHER PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2026	CHRISTOPHER PETERSON
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025)**
v. 250312

518401 12-22-25

13521013 784124 HIL017 2025.04030 HILLSIDE CHILDREN'S CENTE HIL017_1

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4d** PN	
c Plan Name		

5 Total number of participants at the beginning of the plan year	**5**	585
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)**	325
a (2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
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)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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) ☐ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached ____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

HILLSIDE FAMILY OF AGENCIES PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 16-0743039
PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025 (IN LIQUIDATION)

(a) Identity of Party Involved	(b) Description of Asset	Purchase/ Sale	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
I. Individual 5% Transactions							
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
US Treasury Bill - 8/14/25	U.S. Government Securities	Purchase	$ 17,000,000	$ -	$ 17,000,000	$ 17,000,000	$ -
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 6,089,548	$ -	$ 6,089,548	$ 6,089,548	$ -
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 1,843,163	$ -	$ 1,843,163	$ 1,843,163	$ -
US Treasury Bill - 8/14/25	U.S. Government Securities	Sale	$ -	$ 16,660,652	$ 16,660,652	$ 16,660,652	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 16,660,652	$ 16,660,652	$ 16,660,652	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 11,876,528	$ 11,876,528	$ 11,876,528	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 8,143,703	$ 8,143,703	$ 8,143,703	$ -
Vanguard Long Term Bond Index ETF	Mutual Fund	Sale	$ -	$ 3,182,791	$ 4,576,999	$ 3,181,782	$ (1,395,217)
MacQuarie Extended Duration Bond Fund Instl	Mutual Fund	Sale	$ -	$ 2,907,766	$ 4,302,645	$ 2,907,766	$ (1,394,879)
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 1,404,538	$ 1,404,538	$ 1,404,538	$ -
II. Series of Transactions, Not Involving Securities, with the Same Person							
None							
III. Series of Transactions Involving Securities of the Same Issue							
First American Treasury Obligation Fund	Mutual Fund	Purchase	$ 25,942,363	$ -	$ 25,942,363	$ 25,942,363	$ -
First American Treasury Obligation Fund	Mutual Fund	Sale	$ -	$ 41,815,162	$ 41,815,162	$ 41,815,162	$ -
IV. Series of Transactions with a Single Person							
None							

The accompanying notes are an integral part of this schedule.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
HILLSIDE FAMILY OF AGENCIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HILLSIDE CHILDREN'S CENTER

D Employer Identification Number (EIN)
16-0743039

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	22,346,412
b Actuarial value	**2b**	22,277,901

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	58	8,976,599	8,976,599
b For terminated vested participants	202	4,722,837	4,762,513
c For active participants	325	8,316,183	8,379,784
d Total	585	22,015,619	22,118,896

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

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

5 Effective interest rate	**5**	5.26%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	140,000
c Target normal cost	**6c**	140,000

Statement by Enrolled Actuary

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

SIGN HERE William H. Stuart — Signature of actuary — 07/24/2026 — Date

William H. Stuart, A.S.A., E.A. — Type or print name of actuary

2606801 — Most recent enrollment number

BPAS Actuarial & Pension Services — Firm name

315-703-8985 — Telephone number (including area code)

706 N. Clinton Street
Suite 200
SYRACUSE NY 13204
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.27%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		230,037
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12%		11,778
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		241,815
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.71%
15	Adjusted funding target attainment percentage	15	100.59%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/25/2025	250,000	0			
10/23/2025	1,800,000	0			
02/04/2026	-124,647	0			
03/06/2026	-647	0			
04/14/2026	-31,738	0			
			Totals ► 18(b)	1,892,968	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,818,097

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	140,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	140,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,818,097

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,818,097
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. [ ] 2019 [ ] 2020 [ ] 2021