

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... 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... 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: ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.
2b Employer Identification Number (EIN): 11-3574493
2c Plan Sponsor's telephone number: 718-281-8964
2d Business code (see instructions): 623000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
|   |  |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1885 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1159 |
|   | <b>6a(2)</b>                               | 1191 |
|   | <b>6b</b>                                  | 14   |
|   | <b>6c</b>                                  | 704  |
|   | <b>6d</b>                                  | 1909 |
|   | <b>6e</b>                                  | 13   |
|   | <b>6f</b>                                  | 1922 |
|   | <b>6g(1)</b>                               | 1885 |
|   | <b>6g(2)</b>                               | 1922 |
| <b>h</b>  | <b>6h</b>                                  | 87   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2K 2L 2M 2R 2T 3D 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

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

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

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

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN</b></p>                  | <p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-3574493</b></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 36-6071399 | 70688         | L7550061                              | 7   | 01/01/2024              | 12/31/2024 |

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

|  |                                      |
|--|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br><b>47</b> | <b>(b)</b> Total amount of fees paid |
|--|--------------------------------------|

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**HEALTHCARE COMMUNITY SEC CORP** **ONE EMPIRE DRIVE**  
**RENSSELAER, NY 12190**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 47  |                                 |             | 3                     |

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                   |
|----------------------------|--|-------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                   |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 105061            |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 55707             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                   |
| <b>a</b>                   | State the basis of premium rates ▶   |                   |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>         |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>         |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>         |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                   |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                   |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                   |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                   |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 109121  |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>      |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>      |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 2632 |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>      |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>      |
|                            | (6) Total additions .....  | <b>7c(6)</b> 2632 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 111753  |
| <b>e</b>                   | Deductions:  |                   |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 6692 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>      |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>      |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>      |
| (5) Total deductions ..... | <b>7e(5)</b> 6692  |                   |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 105061  |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|  |   |  |
|--|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN</span></p>                  | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">001</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">11-3574493</span></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 36-6071399 | 70688         | TT069158                              | 1925  | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 9140261              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   |                      |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 10286601   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 614959  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>         |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 274002  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>         |
|                            | (5) Other (specify below).....<br>▶ FORFEITURES, TRANSFERS, LOAN PAYMENTS & EMPLOYER ACCOUNT ACTIVITY  | <b>7c(5)</b> 749803  |
|                            | (6) Total additions .....  | <b>7c(6)</b> 1638764 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 11925365   |
| <b>e</b>                   | Deductions:  |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 2043657 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 38297   |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>         |
|                            | (4) Other (specify below).....<br>▶ TRANSFERS, LOANS ISSUED & EMPLOYER ACCOUNT ACTIVITY  | <b>7e(4)</b> 703150  |
| (5) Total deductions ..... | <b>7e(5)</b> 2785104   |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 9140261    |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>11-3574493</b> |            |

**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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

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

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

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

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

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

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

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

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

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

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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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|--|--|--|---|--|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORDKEEPER  | 193906   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

ASPIRE ADVISORS, LLC

14-1764768

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 23 53               | CONSULTANT  | 201925   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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 |
|--|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS  | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (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. |   |
| DIAMOND HILL<br>325 JOHN H MCCONNELL BLVD<br>SUITE 200<br>COLUMBUS, OH 43215 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS  | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (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. |   |
| TCW<br>865 SOUTH FIGUEROA STREET<br>SUITE 1800<br>LOS ANGELES, CA 90017      | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES  | 33 71  | 0   |
| (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. |   |
| DIAMOND HILL<br>325 JOHN H MCCONNELL BLVD<br>SUITE 200<br>COLUMBUS, OH 43215 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (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. |   |
| TCW<br>865 SOUTH FIGUEROA STREET<br>SUITE 1800<br>LOS ANGELES, CA 90017 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>                |  |
| <b>A</b> Name of plan<br><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>11-3574493</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 197654                | 202452          |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 168065                | 178029          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 22153                 | 19151           |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 1091690               | 1305786         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 85199155              | 97385654        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 10395723              | 9245322         |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 39753                 | 52163           |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 97114193              | 108388557       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 97114193              | 108388557       |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 5115087    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 5006370    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 316998     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 10438455  |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 82655      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 282161     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 364816    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 1979848    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1979848   |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (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) |            | 10631053  |
| <b>c</b> Other income .....   | 2c     |            | 17709     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 23431881  |

**Expenses**

|   |        |          |          |
|---|--------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 11561255 |          |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  |          |          |
| (3) Other .....   | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  |          | 11561255 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          | 200431   |
| <b>h</b> Interest expense .....   | 2h     |          |          |
| <b>i</b> Administrative expenses:   |        |          |          |
| (1) Salaries and allowances .....   | 2i(1)  |          |          |
| (2) Contract administrator fees .....   | 2i(2)  |          |          |
| (3) Recordkeeping fees .....  | 2i(3)  | 193906   |          |
| (4) IQPA audit fees .....   | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 201925   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |          |          |
| (7) Actuarial fees .....  | 2i(7)  |          |          |
| (8) Legal fees .....  | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....  | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....  | 2i(10) |          |          |
| (11) Other expenses .....   | 2i(11) |          |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |          | 395831   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 12157517 |

**Net Income and Reconciliation**

|   |       |  |          |
|---|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 11274364 |
| <b>l</b> Transfers of assets:                                   |       |  |          |
| (1) To this plan .....  | 2l(1) |  |          |
| (2) From this plan .....  | 2l(2) |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> 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.  |     | X  |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC. 403(B) RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>11-3574493</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|  |          |            |
|--|----------|------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> | <u>0</u>   |
| <b>2</b> 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):<br>EIN(s): <u>13-3689044</u> |          |            |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |            |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> | <u>181</u> |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500863A.

Financial Statements and Report of  
Independent Certified Public  
Accountants

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

December 31, 2024 and 2023

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

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

The Plan Administrator  
St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)

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

We were engaged to perform audits of the financial statements of St. Mary's Healthcare System for Children, Inc. (403(b) Retirement Plan) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

**Disclaimer of opinion**

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

**Basis for disclaimer of opinion**

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

**Responsibilities of management for the financial statements**

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

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

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

**Auditor's responsibilities for the audit of the financial statements**

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

We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits.

**Other matter – supplemental schedule required by ERISA**

The supplemental Schedule H, line 4i-schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**As of December 31,**

|  | <b>2024</b>               | <b>2023</b>              |
|--|---------------------------|--------------------------|
| <b>ASSETS</b>                                |                           |                          |
| Investments, at fair value (Note 3)          | \$ 97,437,817             | \$ 85,238,908            |
| Investments, at contract value (Note 4)      | 9,245,322                 | 10,395,723               |
| Receivables                                  |                           |                          |
| Employer contributions (Note 1)              | 202,452                   | 197,654                  |
| Employee contributions (Note 1)              | 178,029                   | 168,065                  |
| Notes receivable from participants (Note 2)  | 1,324,937                 | 1,113,843                |
| Total receivables                            | 1,705,418                 | 1,479,562                |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><b>\$ 108,388,557</b> | <br><b>\$ 97,114,193</b> |

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

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Year Ended December 31, 2024**

**Additions**

|   |              |
|---|--------------|
| Investment income                                       |              |
| Interest and dividends (Note 2)                         | \$ 2,262,009 |
| Net appreciation in fair value of investments (Note 2)  | 10,648,762   |
|   | 12,910,771   |
| Net investment income                                   |              |
| Interest on notes receivable from participants (Note 2) | 82,655       |
| Contributions (Note 1)                                  |              |
| Employer  | 5,115,087    |
| Employee  | 5,006,370    |
| Rollovers   | 316,998      |
|   | 10,438,455   |
| Total contributions                                     |              |
| Total additions   | 23,431,881   |

**Deductions**

|   |            |
|---|------------|
| Benefits paid directly to participants (Note 2) | 11,561,255 |
| Deemed distributions (Note 1)                   | 200,431    |
| Administrative expenses (Note 1)                | 395,831    |
|   | 12,157,517 |
| Total deductions                                |            |

**NET INCREASE** 11,274,364

**Net assets available for benefits, beginning of year** 97,114,193

**Net assets available for benefits, end of year** \$ 108,388,557

The accompanying notes are an integral part of this financial statement.

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of St. Mary's Healthcare System for Children, Inc. ("St. Mary's") (403(b) Retirement Plan) (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

***General***

The Plan was adopted April 1, 2005. The Plan is a contributory defined contribution plan covering all eligible employees of the following controlled group of employers:

- St. Mary's Hospital for Children, Inc.
- St. Mary's Rehabilitation Center for Children
- St. Mary's Foundation for Children, Inc.
- St. Mary's Community Care Professionals, Corp. (through May 30, 2023)
- SMH Administrative Services
- Extraordinary Home Care, d/b/a St. Mary's Home Care
- SMH Case Management, Inc.
- Extraordinary Pediatrics

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended effective January 1, 2009 in order to comply with ERISA requirements. An amendment was made to the Plan effective July 1, 2012 to include union employees. Amendments for nonunion and union employees took effect on January 1, 2017 and January 1, 2020 and additional amendments for union employees took effect on January 1, 2023.

Effective May 31, 2023, the plan was amended to remove St. Mary's Community Care Professionals, Corp. as a participating employer of the Plan.

***Eligibility***

Employees are eligible to participate in the Plan and become eligible to receive employer matching and nonelective contributions upon employment.

***Contributions***

The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

For nonunion employees, the employer contributes 3% of total annual base salary earned for employees effective at date of hire until two years of service, 4% for employees with at least three years of service but less than six years of service, 6% for employees with at least six years of service but less than eleven years of service, 8% for employees with at least eleven years of service but less than sixteen years of service, 10% for employees with at least sixteen years of service but less than twenty one years of

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

service, and 12% for employees with twenty one or more years of service. In addition, the employer matches 100% of the first 3% of voluntary contributions made by plan participants with an annualized base salary of less than \$60,000 and the employer matches 50% of the first 3% of voluntary contributions made by plan participants with an annualized base salary of \$60,000 or more.

Effective January 1, 2023, the Employer match for union employees ceased and employer contributions were modified to the following percentage of the employee's qualified compensation:

| <b>Employer Contribution for Employees whose<br/>Base Salary is LESS than \$60k</b> |   | <b>Employer Contribution for Employees whose<br/>Base Salary is GREATER than \$60k</b> |   |
|---|---|--|---|
| Years of employment   | Employers Non-<br>Elective Contribution | Years of employment  | Employers Non-<br>Elective Contribution |
| Up to 2 years   | 6%                                      | Up to 2 years  | 4.5%                                    |
| 3 to 5 years  | 7%                                      | 3 to 5 years   | 5.5%                                    |
| 6 to 10 years   | 9%                                      | 6 to 10 years  | 7.5%                                    |
| 11 to 15 years  | 11%                                     | 11 to 15 years   | 9.5%                                    |
| 16 to 20 years  | 13%                                     | 16 to 20 years   | 11.5%                                   |
| 21+ Years   | 15%                                     | 21+ Years  | 13.5%                                   |

The Plan accepts rollovers and transfers from other qualified plans.

The total contribution to the Plan may not exceed the dollar limit for tax-deferred compensations set by the Internal Revenue Code (the "Code"). The contribution limit was \$23,000 for the year ended December 31, 2024. Employees over the age of 50 may make additional catch-up contributions not to exceed \$7,500 for 2024.

***Participant Accounts***

Each participant's account is credited with the participant's contributions and allocations of: (a) the employers' contributions; and (b) the Plan's earnings and charged with an allocation of administrative expenses. Plan income and expenses are allocated based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

***Vesting***

For new nonunion and union employees, employer contributions become fully vested upon completion of 3 years of service.

***Payment of Benefits***

On termination of service due to disability or retirement, a participant (or a designated beneficiary) may elect to receive distributions of his or her account in a lump sum or annuity payment subject to the limitations imposed by the Internal Revenue Service ("IRS") minimum required distribution requirements.

**St. Mary's Healthcare System for Children, Inc.**  
**(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

***Notes Receivable from Participants***

Participants may borrow from their fund accounts a maximum of the lesser of \$50,000 or 50% of their fund balance, with the minimum loan amount being \$1,000. Loans shall provide for level amortization with payments to be made not less frequently than quarterly over a period not to exceed five years. However, loans used to acquire a principal residence of the participant shall provide for such periodic repayment over a reasonable period of time that may exceed five years. Loan repayments from participants are made through direct payments to the asset custodian. The interest rate charged on loans outstanding at both December 31, 2024 and 2023 ranged from 3.25% to 8.50%, based upon prime rates at the time of the loan. Delinquent participant loans are deemed as distributions based upon the terms of the plan document. During 2024, there were deemed distributions of \$200,431.

***Forfeited Accounts***

The available forfeited nonvested portion of employee accounts may be used at the Plan sponsor's discretion to pay administrative expenses of the Plan, reduce required Plan sponsor contributions, or other eligible uses of the funds. In 2024, there were \$311,729 of forfeitures and related earnings. In 2023, \$204,545 of forfeitures was used to offset Plan sponsor contributions. As of December 31, 2024 and 2023, there were \$493,986 and \$381,934, respectively, of remaining forfeited nonvested account balances.

***Administrative Expenses***

Expenses for professional services provided to the Plan are paid by the Plan sponsor. Fees paid by the Plan for investment management services and bookkeeping services are included as a reduction of the investment return on each fund. Transaction and contract administrative fees are charged to the Plan.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Presentation***

The financial statements of the Plan are prepared on the accrual basis of accounting.

***Use of Estimates***

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

***Investment Valuation and Income Recognition***

The Plan's investments are recorded at fair value, except for the fully benefit-responsive investment contracts, which are recorded at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of the Plan's fair value measurements.

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

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If applicable, delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

***Payment of Benefits***

Benefits are recorded when paid.

**NOTE 3 - FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board Accounting Standards Codification ("ASC") Topic 802, *Fair Value Measurements*, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below.

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

Level 2 - Inputs to the valuation methodology include:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the 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. There were no transfers among levels within the ASC 820 fair value hierarchy for the years ended December 31, 2024 or 2023.

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 as compared to those used at December 31, 2023.

- Mutual funds and personal choice retirement account - Valued at fair value of shares held at year end. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the assets at fair value as of December 31, 2024 and 2023:

|                                    | 2024          |         |         |               |
|------------------------------------|---------------|---------|---------|---------------|
|                                    | Level 1       | Level 2 | Level 3 | Total         |
| Mutual funds                       | \$ 97,385,654 | \$ -    | \$ -    | \$ 97,385,654 |
| Personal choice retirement account | 52,163        | -       | -       | 52,163        |
|                                    | \$ 97,437,817 | \$ -    | \$ -    | \$ 97,437,817 |
|                                    | 2023          |         |         |               |
|                                    | Level 1       | Level 2 | Level 3 | Total         |
| Mutual funds                       | \$ 85,199,155 | \$ -    | \$ -    | \$ 85,199,155 |
| Personal choice retirement account | 39,753        | -       | -       | 39,753        |
|                                    | \$ 85,238,908 | \$ -    | \$ -    | \$ 85,238,908 |

**NOTE 4 - GUARANTEED INVESTMENT CONTRACTS WITH TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY ("TFLIC")**

The Plan has entered into two fully benefit responsive guaranteed investment contracts with TFLIC, with contract values totaling \$9,245,322 and \$10,395,723 as of December 31, 2024 and 2023, respectively. TFLIC maintains the contributions in a guaranteed pooled fund account and a fixed income account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer of the guaranteed investment contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the issuer of the contracts but may not be less than the minimum guaranteed rate of 1.3% for the TFLIC Guaranteed Investment Option and 3.5% for the TFLIC Fixed Interest account. The crediting rate is reviewed on an annual basis for resetting. The annualized crediting rate for the TFLIC Guaranteed Investment Option were 2.9% and 2.3% for the years ended December 31, 2024 and 2023, respectively. The annualized crediting rate for the TFLIC Fixed Interest account was 3.5% for the years ended December 31, 2024 and 2023. The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

The contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TFLIC represents contributions made under the contracts, plus applicable interest credited, less previous withdrawals of transfers and administrative charges. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting. There are no unfunded commitments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

**NOTE 5 - INVESTMENTS AND INFORMATION CERTIFIED BY TRUSTEE AND ASSET CUSTODIAN**

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan has elected the method of annual reporting compliance with respect to the required audit of the financial statements. As a result of adopting this method, TFLIC along with State Street Bank and Trust Company ("State Street"), the insurance company and trustee for the Plan, have certified to the Plan administrator that the statements of the insurance company and trustee, including information prepared by Transamerica Retirement Solutions, LLC, the record keeper of the Plan, were complete and accurate and that the reported assets were under their control.

- Investments, at fair value, investments, at contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net investment income and interest income from notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.

**NOTE 6 - PARTY-IN-INTEREST AND RELATED-PARTY TRANSACTIONS**

The Plan's investments are held by State Street, the trustee of the Plan, and include shares of mutual funds and other investments of Transamerica and its related corporations, which also manage the Plan's investments. Fees paid by the Plan to State Street and Transamerica for investment management services and bookkeeping services were included as a reduction of the investment return on each fund. Additionally, there are loans to participants of the Plan. These transactions qualify as party-in-interest transactions, which are deemed to be exempt from prohibited transactions rules of ERISA.

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

**NOTE 7 - TAX STATUS**

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Code ("IRS") in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan is using a volume submitter plan document which received an opinion letter dated March 31, 2017, from the IRS stating the form of the plan was acceptable under Section 403(b) of the IRC. Although the Plan has been amended since receiving the advisory letter, the Plan administrator believes that the Plan is currently designed and operating, in all material respects, in accordance with the applicable requirements of Section 403(b) of the IRC and therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

**NOTE 8 - PLAN TERMINATION**

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

**NOTE 9 - RISKS AND UNCERTAINTIES**

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

**NOTE 10 - ACCOUNTING AND PAYROLL RECORDS**

In November 2007, the Department of Labor ("DOL") issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. Prior to the amended regulations, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan sponsor. Accordingly, various accounting and payroll records related to the Plan's 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan. Consequently, the financial statements have been prepared based on available records analyzed by Plan management. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined.

**St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024 and 2023**

**NOTE 11 - SUBSEQUENT EVENTS**

Subsequent events have been evaluated September 17, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)

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

December 31, 2024

EIN # 11-3574493, PLAN #: 001

| (a)  | (b)   | (c)  | (d)    | (e)                   |
|--|---|--|--------|-----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party |   | Description of Investment, Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost** | Current<br>Value      |
| <b>Mutual funds</b>                                  |   |  |        |                       |
|  | BlackRock   | BlackRock High Yield Bond K  |        | \$ 1,103,988          |
|  | Diamond Hill  | Diamond Hill Large Cap I   |        | 4,824,010             |
|  | MFS   | MFS International Growth R6  |        | 1,350,312             |
|  | MFS   | MFS International Value R6   |        | 1,386,263             |
|  | MFS   | MFS Total Return Bond R6   |        | 2,492,014             |
|  | T. Rowe Price   | T. Rowe Price Instl Large Cap Growth   |        | 11,887,288            |
|  | Templeton   | Templeton Global Bond R6   |        | 161,912               |
|  | Vanguard  | Vanguard 500 Index Adm   |        | 11,360,761            |
|  | Vanguard  | Vanguard Emerging Mkts   |        | 324,772               |
|  | Vanguard  | Vanguard Federal Money Market  |        | 411,149               |
|  | Vanguard  | Vanguard Inflation Protected Sec Adm   |        | 937,683               |
|  | Vanguard  | Vanguard Mid Cap Index Adm   |        | 515,275               |
|  | Vanguard  | Vanguard Mid Cap Growth Index Adm  |        | 659,290               |
|  | Vanguard  | Vanguard Mid Cap Value Index Adm   |        | 2,021,960             |
|  | Vanguard  | Vanguard Real Estate Index Adm   |        | 404,252               |
|  | Vanguard  | Vanguard Star  |        | 11,577,778            |
|  | Vanguard  | Vanguard Small Cap Index Adm   |        | 2,796,742             |
|  | Vanguard  | Vanguard Target Retirement 2020  |        | 1,762,378             |
|  | Vanguard  | Vanguard Target Retirement 2025  |        | 2,776,521             |
|  | Vanguard  | Vanguard Target Retirement 2030  |        | 5,760,263             |
|  | Vanguard  | Vanguard Target Retirement 2035  |        | 4,035,997             |
|  | Vanguard  | Vanguard Target Retirement 2040  |        | 3,952,789             |
|  | Vanguard  | Vanguard Target Retirement 2045  |        | 5,340,739             |
|  | Vanguard  | Vanguard Target Retirement 2050  |        | 8,598,037             |
|  | Vanguard  | Vanguard Target Retirement 2055  |        | 5,219,894             |
|  | Vanguard  | Vanguard Target Retirement 2060  |        | 4,230,494             |
|  | Vanguard  | Vanguard Target Retirement 2065  |        | 754,368               |
|  | Vanguard  | Vanguard Target Retirement 2070  |        | 32,660                |
|  | Vanguard  | Vanguard Target Retirement Income  |        | 650,357               |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Core   |        | 7,272                 |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Growth   |        | 43,792                |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Value  |        | 4,644                 |
|  | Total mutual funds  |  |        | <u>97,385,654</u>     |
| <b>Personal Choice Retirement Account</b>            |   |  |        |                       |
| *  | Charles Schwab Institutional                                      | Personal Choice Retirement Account (Other Funds)   |        | <u>52,163</u>         |
| <b>Guaranteed investment contracts</b>               |   |  |        |                       |
| *  | Transamerica Financial Life Insurance Company Inc.                | Guaranteed Pooled Fund account   |        | 8,523,201             |
| *  | Transamerica Financial Life Insurance Company Inc.                | Fixed interest account<br>Interest rate = 3.5% per annum   |        | <u>722,121</u>        |
|  | Total guaranteed investment contracts                             |  |        | <u>9,245,322</u>      |
|  | Total investments   |  |        | 106,683,139           |
| <b>Participant loans</b>                             |   |  |        |                       |
| *  | Participant loans   | Interest rates of 3.25% to 8.50%,<br>various maturity dates through 9/11/2038                              |        | <u>1,324,937</u>      |
|  | Total assets held for investment purposes - Form 5500, Schedule H |  |        | <u>\$ 108,008,076</u> |

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

\*\* Cost data is not required for participant-directed funds.

## Schedule C, Line 2(h) Formula Descriptions

St. Mary's Healthcare System for Children, Inc. 403(b) Retirement Plan  
 EIN No.: 11-3574493, Plan No. 001  
 Plan Year Ending: 12/31/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family  | Fund Name                       | Start Date | End Date   | Revenue to Transamerica Retirement Solutions | Revenue to National Financial Services |
|--------------|---------------------------------|------------|------------|--|--|
| DIAMOND HILL | DIAMOND HILL LARGE CAP I        | 1/1/2024   | 12/31/2024 | 9.670  | 0.330                                  |
| TCW          | TCW METWEST TOTAL RETURN BOND I | 1/1/2024   | 8/1/2024   | 9.670  | 0.330                                  |

St. Mary's Healthcare System for Children, Inc.  
(403(b) Retirement Plan)

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

December 31, 2024

EIN # 11-3574493, PLAN #: 001

| (a)  | (b)   | (c)  | (d)    | (e)                   |
|--|---|--|--------|-----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party |   | Description of Investment, Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost** | Current<br>Value      |
| <b>Mutual funds</b>                                  |   |  |        |                       |
|  | BlackRock   | BlackRock High Yield Bond K  |        | \$ 1,103,988          |
|  | Diamond Hill  | Diamond Hill Large Cap I   |        | 4,824,010             |
|  | MFS   | MFS International Growth R6  |        | 1,350,312             |
|  | MFS   | MFS International Value R6   |        | 1,386,263             |
|  | MFS   | MFS Total Return Bond R6   |        | 2,492,014             |
|  | T. Rowe Price   | T. Rowe Price Instl Large Cap Growth   |        | 11,887,288            |
|  | Templeton   | Templeton Global Bond R6   |        | 161,912               |
|  | Vanguard  | Vanguard 500 Index Adm   |        | 11,360,761            |
|  | Vanguard  | Vanguard Emerging Mkts   |        | 324,772               |
|  | Vanguard  | Vanguard Federal Money Market  |        | 411,149               |
|  | Vanguard  | Vanguard Inflation Protected Sec Adm   |        | 937,683               |
|  | Vanguard  | Vanguard Mid Cap Index Adm   |        | 515,275               |
|  | Vanguard  | Vanguard Mid Cap Growth Index Adm  |        | 659,290               |
|  | Vanguard  | Vanguard Mid Cap Value Index Adm   |        | 2,021,960             |
|  | Vanguard  | Vanguard Real Estate Index Adm   |        | 404,252               |
|  | Vanguard  | Vanguard Star  |        | 11,577,778            |
|  | Vanguard  | Vanguard Small Cap Index Adm   |        | 2,796,742             |
|  | Vanguard  | Vanguard Target Retirement 2020  |        | 1,762,378             |
|  | Vanguard  | Vanguard Target Retirement 2025  |        | 2,776,521             |
|  | Vanguard  | Vanguard Target Retirement 2030  |        | 5,760,263             |
|  | Vanguard  | Vanguard Target Retirement 2035  |        | 4,035,997             |
|  | Vanguard  | Vanguard Target Retirement 2040  |        | 3,952,789             |
|  | Vanguard  | Vanguard Target Retirement 2045  |        | 5,340,739             |
|  | Vanguard  | Vanguard Target Retirement 2050  |        | 8,598,037             |
|  | Vanguard  | Vanguard Target Retirement 2055  |        | 5,219,894             |
|  | Vanguard  | Vanguard Target Retirement 2060  |        | 4,230,494             |
|  | Vanguard  | Vanguard Target Retirement 2065  |        | 754,368               |
|  | Vanguard  | Vanguard Target Retirement 2070  |        | 32,660                |
|  | Vanguard  | Vanguard Target Retirement Income  |        | 650,357               |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Core   |        | 7,272                 |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Growth   |        | 43,792                |
| *  | Transamerica Financial Life Insurance Company                     | Transamerica Partners Large Value  |        | 4,644                 |
|  | Total mutual funds  |  |        | <u>97,385,654</u>     |
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|  | Total assets held for investment purposes - Form 5500, Schedule H |  |        | <u>\$ 108,008,076</u> |

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