

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): ST. MARYS HOME FOR DISABLED CHILDREN
2b Employer Identification Number (EIN): 54-0505952
2c Plan Sponsor's telephone number: 757-446-6783
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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/14/2025, DIANE TAYLOR (plan administrator); 2. Filed with authorized/valid electronic signature, 10/14/2025, DIANE TAYLOR (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	227
	6a(2)	229
	6b	121
	6c	100
	6d	450
	6e	3
	6f	453
	6g(1)	
6g(2)		
6h		25
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ST. MARYS HOME FOR DISABLED CHILDREN</u>	D Employer Identification Number (EIN) <u>54-0505952</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>24815928</u>
	b Actuarial value	2b	<u>25393115</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>123</u>	<u>12073833</u>
	b For terminated vested participants	<u>98</u>	<u>2652915</u>
	c For active participants	<u>243</u>	<u>5543699</u>
	d Total	<u>464</u>	<u>20270447</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.25 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>949956</u>
	b Expected plan-related expenses	6b	<u>22000</u>
	c Target normal cost	6c	<u>971956</u>

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

SIGN HERE			
	Signature of actuary	<u>10/14/2025</u>	Date
	<u>MATTHEW G. DASKIVICH</u>	<u>23-07639</u>	Most recent enrollment number
	<u>SAGEVIEW CONSULTING GROUP</u>	<u>804-688-5925</u>	Telephone number (including area code)
	<u>4600 COX ROAD SUITE 350 GLEN ALLEN, VA 23060</u>		
	Address of the firm		

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	971956
b Excess assets, if applicable, but not greater than line 31a			31b	971956
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	913901
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	913901
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. MARYS HOME FOR DISABLED CHILDREN	D Employer Identification Number (EIN) 54-0505952	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRUIST

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	22683	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"/>

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. MARYS HOME FOR DISABLED CHILDREN	D Employer Identification Number (EIN) 54-0505952

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	93743 111769
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1236267 1146813
(2) U.S. Government securities	1c(2)	5712380 6391575
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	4778323 4004052
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	12995215 15080919
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	24815928	26735128
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24815928	26735128

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	960000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		960000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11768	
(B) U.S. Government securities.....	2b(1)(B)	210716	
(C) Corporate debt instruments.....	2b(1)(C)	146341	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	12466	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		381291
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	325209	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		325209
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	15755149	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	13532945	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2222204
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-763235	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-763235

		(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)		
c Other income	2c		69
d Total income. Add all income amounts in column (b) and enter total.....	2d		3125538

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1183655	
(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)		1183655
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	22683	
(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)		22683
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1206338

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1919200
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PBMARES LLP**

(2) EIN: **54-0737372**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547727.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. MARYS HOME FOR DISABLED CHILDREN</u>	D Employer Identification Number (EIN) <u>54-0505952</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 58-0466330

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2024



ASSURANCE, TAX & ADVISORY SERVICES

**ST. MARY'S HOME FOR DISABLED CHILDREN
RETIREMENT PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
St. Mary's Home for Disabled Children Retirement Plan

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

We have performed audits of the financial statements of St. Mary's Home for Disabled Children Retirement Plan (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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PBMares, LLP

Richmond, Virginia
September 24, 2025

FINANCIAL STATEMENTS

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value:		
Corporate stocks	\$ 15,080,919	\$ 13,869,221
U.S. government and agency bonds	6,163,114	5,486,320
Corporate obligations	4,004,052	3,904,317
Money market mutual fund	1,146,813	1,236,267
Municipal obligations	228,461	226,060
	<hr/>	<hr/>
Total investments	26,623,359	24,722,185
	<hr/>	<hr/>
Receivables:		
Accrued interest and dividends	111,769	93,743
	<hr/>	<hr/>
Total assets	26,735,128	24,815,928
	<hr/>	<hr/>
LIABILITIES		
	<hr/>	<hr/>
Net assets available for benefits	\$ 26,735,128	\$ 24,815,928
	<hr/> <hr/>	<hr/> <hr/>

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividend income	\$ 706,500	\$ 640,735
Net appreciation in the fair value of investments	1,458,969	843,306
Other investment income (loss)	69	(3,736)
Total investment income	2,165,538	1,480,305
Contributions:		
Employer	960,000	850,000
Total additions	3,125,538	2,330,305
Deductions from Net Assets Attributed to:		
Benefits paid directly to participants and beneficiaries	1,183,655	1,094,535
Administrative expenses	22,683	21,433
Total deductions	1,206,338	1,115,968
Net increase	1,919,200	1,214,337
Net Assets Available for Benefits:		
Beginning of year	24,815,928	23,601,591
End of year	\$ 26,735,128	\$ 24,815,928

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits:

Plan benefits

Vested benefits:

Participants and beneficiaries currently
receiving payments

\$ 10,888,036

Other participants

6,735,227

Total vested benefits

17,623,263

Nonvested benefits

542,647

**Total actuarial present value of
accumulated plan benefits**

\$ 18,165,910

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits at	
Beginning of Year	\$ 17,348,906
Increase during the year attributable to:	
Benefits accumulated and experience gains and losses	986,319
Interest due to decrease in discount period	1,092,666
Assumption changes	(167,446)
Benefits paid	(1,094,535)
	<hr/>
Net increase	817,004
	<hr/>
Actuarial present value of accumulated plan	
benefits at end of year	\$ 18,165,910

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following brief description of the St. Mary's Home for Disabled Children Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined benefit pension plan covering all eligible employees of St. Mary's Home for Disabled Children, Inc. (Organization). The Plan was created effective January 1, 2003 as a result of a spin-off from the Roman Catholic Diocese of Richmond, Virginia Diocesan Retirement Plan. Prior to January 1, 2018, the Plan was a church plan under Internal Revenue Code (IRC) section 414(e) and the Employee Retirement Income Security Act of 1974, as amended (ERISA) section 3(33). Effective January 1, 2018, the Plan Administrator made an election under IRC section 410(d) for the Plan to be subject to ERISA.

The Plan is administered by the Organization's Board of Trustees. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Funding policy: The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Organization made contributions of \$960,000 and \$850,000, respectively. The Organization's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension benefits: Participants who terminated services prior to January 1, 2003, who retire with ten or more years of service and participants terminating on or after January 1, 2003, who retire with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to:

1. 1.1% of the participant's final average compensation, multiplied by all years of credited service, plus
2. 0.65% of the participant's final average compensation in excess of covered compensation times years of credited services (subject to a maximum of 35 years), up to the maximum excess allowance.

The Plan permits early retirement for employees who have attained the age of 55 years and completed at least five years of credited service. The Plan permits employees who terminated services prior to January 1, 2003, early retirement at age 55 if the employee has ten years of credited service. Employees will receive a monthly retirement benefit as described in the preceding paragraph but reduced so that such monthly benefit shall be the actuarial equivalent, as of their early retirement date, of the monthly retirement benefit commencing at their normal retirement date.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Vesting: For participants that terminated service prior to December 31, 2002, benefits from Organization contributions vested at 100% after ten years of vesting service. For participants that terminate after December 31, 2002, benefits from Organization contributions vest at 100% after five years of vesting service.

Death and disability benefits: If an active employee dies before reaching their early retirement date and has been married to his or her spouse for at least one year, a death benefit will be paid to the employee's spouse in the form of a qualified joint and survivor annuity. If the employee is unmarried or has not been married to his or her spouse for at least one year, no benefit will be payable unless the employee has already retired, at which point the employee's beneficiary will receive the death benefit. If an active employee dies after reaching their early retirement date and is married as of their date of death, the participant's surviving spouse shall be entitled to a monthly death benefit in the form of a qualified joint and survivor annuity equal to the amount that would be payable had the participant terminated service with the employer on their date of death. If the participant is not married as of their date of death, there shall be no death benefit payable from the Plan.

Active employees with ten years of credited service who become totally disabled receive annual disability benefits equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid monthly, beginning as of the first day of the month following the disability retirement date. The benefit is not paid as long as the participant is receiving benefits under another long-term disability plan.

Pension Protection Act: The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The AFTAP for the Plan was 121.24% and 121.14% for 2024 and 2023, respectively. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit plan restrictions.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Plan is subject to the provisions of ERISA.

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make certain estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee. See Note 5 for a discussion of fair value measurements.

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

Actuarial present value of accumulated Plan benefits: Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' highest average of total earnings, as defined in the Plan documents, in a consecutive 36-month period. The accumulated Plan benefits for active employees are based on their average compensation during the three years ending on the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary using beginning of period benefit information as of January 1, 2024, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 were (a) life expectancy of participants Pri-2012 Amount-Weighted Mortality Table with IRS 2024 adjusted scale MP-2021, (b) assumed retirement ages weighted between 55 to 65 years, (c) investment return (assumed rate of return of 6.5%), and (d) inflation (2.5%). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Benefit payments: Benefit payments to participants are recorded upon distribution.

Administrative expenses: The Plan's expenses are paid either by the Plan or by the Organization, as provided by the Plan document. Expenses that are paid directly by the Organization are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent events: Plan management has evaluated subsequent events through September 24, 2025, the date these financial statements were available to be issued. There are no subsequent events that Plan management has determined should be disclosed pursuant to the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Note 3. Plan Termination

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

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling was \$7,432 and 6,750 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Information Prepared and Certified by Truist Bank (Trustee)

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by the Trustee of the Plan. The Plan Administrator has obtained a certification from the Trustee, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and ERISA-required supplemental schedules related to the following:

	<u>2024</u>	<u>2023</u>
Investments, at fair value		
Corporate stocks	\$ 15,080,919	\$ 13,869,221
U.S. government and agency bonds	6,163,114	5,486,320
Corporate obligations	4,004,052	3,904,317
Money market mutual fund	1,146,813	1,236,267
Municipal obligations	228,461	226,060
Interest and Dividend Income	706,500	640,735
Net Appreciation in the Fair Value of Investments	1,458,969	843,306
Other Investment Income (Loss)	69	(3,736)

Note 5. Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, provides a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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 and 2023.

Money market mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is deemed to be actively traded.

Corporate stocks: Valued at the closing price reported on the New York Stock Exchange.

U.S. Government bonds, agency bonds, corporate obligations and municipal obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds and notes, the bonds and notes are valued under a documented discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

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

	Assets Measured at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Corporate stocks	\$ 15,080,919	\$ -	\$ -	\$ 15,080,919
U.S. government and agency bonds	-	6,163,114	-	6,163,114
Corporate obligations	-	4,004,052	-	4,004,052
Money market mutual fund	1,146,813	-	-	1,146,813
Municipal obligations	-	228,461	-	228,461
Investments, at fair value	\$ 16,227,732	\$ 10,395,627	\$ -	\$ 26,623,359

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Assets Measured at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Corporate stocks	\$ 13,869,221	\$ -	\$ -	\$ 13,869,221
U.S. government and agency bonds	-	5,486,320	-	5,486,320
Corporate obligations	-	3,904,317	-	3,904,317
Money market mutual fund	1,236,267	-	-	1,236,267
Municipal obligations	-	226,060	-	226,060
Investments, at fair value	\$ 15,105,488	\$ 9,616,697	\$ -	\$ 24,722,185

Note 6. Related Party and Party-in-Interest Transactions

The Plan paid certain expenses related to Plan operations and investment activity to Truist Bank, the Trustee of the Plan. These direct payments totaled \$22,683 and \$21,433 for the years ended December 31, 2024 and 2023, respectively. The Organization pays directly any other fees related to the Plan's operations.

Note 7. Risks and Uncertainties

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

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

Note 8. Income Tax Status

The Plan has applied for, but has not received, a determination letter from the Internal Revenue Service stating that the Plan is qualified under IRC Section 401(a). However, the Plan Administrator believes that the Plan is qualified and, therefore, the related trust is exempt from taxation.

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

SUPPLEMENTAL SCHEDULES

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost	Current Value	
Money Market Mutual Fund:					
Federated Hermes Treasury Obligation	1,146,813		\$ 1,146,813	\$	1,146,813
U.S. Government and Agency Bonds:					
United States Treasury Bonds	250,000	2.875%, 05/15/2052	237,396		174,833
United States Treasury Bonds	350,000	3.000%, 08/15/2052	310,045		251,115
United States Treasury Bonds	325,000	3.875%, 02/15/2043	329,550		286,757
United States Treasury Bonds	225,000	3.875%, 05/15/2043	213,538		198,023
United States Treasury Bonds	75,000	4.125%, 08/15/2053	69,231		66,798
United States Treasury Bonds	325,000	4.750%, 11/15/2043	335,592		320,899
United States Treasury Bonds	25,000	4.250%, 02/15/2054	24,401		22,806
United States Treasury Bonds	75,000	4.500%, 02/15/2054	71,730		71,585
United States Treasury Bonds	50,000	4.250%, 08/15/2054	52,322		45,660
United States Treasury Notes	150,000	0.625%, 07/31/2026	149,666		141,758
United States Treasury Notes	100,000	1.125%, 10/31/2026	99,684		94,534
United States Treasury Notes	300,000	2.500%, 03/31/2027	291,762		288,870
United States Treasury Notes	275,000	2.875%, 05/15/2032	260,744		246,978
United States Treasury Notes	100,000	2.625%, 05/31/2027	98,043		96,268
United States Treasury Notes	225,000	3.250%, 06/30/2029	218,238		214,702
United States Treasury Notes	250,000	2.750%, 08/15/2032	225,977		221,708
United States Treasury Notes	325,000	4.125%, 11/15/2032	322,387		316,979
United States Treasury Notes	100,000	4.500%, 11/15/2025	99,531		100,186
United States Treasury Bonds	60,000	3.500%, 04/30/2030	60,035		57,417
United States Treasury Notes	50,000	3.500%, 04/30/2028	49,975		48,739
United States Treasury Notes	125,000	3.375%, 05/15/2033	121,006		114,873
United States Treasury Notes	350,000	4.000%, 07/31/2030	347,512		342,657
United States Treasury Notes	250,000	3.875%, 08/15/2033	239,229		237,930
United States Treasury Notes	125,000	4.125%, 08/31/2030	124,092		123,076
United States Treasury Notes	100,000	4.625%, 08/15/2026	101,230		100,596
United States Treasury Notes	100,000	4.625%, 09/30/2030	98,242		100,929
United States Treasury Notes	25,000	5.000%, 10/31/2025	24,983		25,144
United States Treasury Notes	35,000	4.875%, 10/31/2030	36,020		35,772
United States Treasury Notes	150,000	4.500%, 11/15/2033	151,693		149,321
United States Treasury Notes	175,000	4.375%, 11/30/2030	180,210		174,363
United States Treasury Notes	150,000	4.375%, 11/30/2028	150,484		150,062
United States Treasury Notes	70,000	4.000%, 01/15/2027	69,412		69,656
United States Treasury Notes	100,000	4.000%, 01/31/2029	98,777		98,630
United States Treasury Notes	150,000	4.875%, 04/30/2026	149,654		151,166
United States Treasury Notes	100,000	4.625%, 04/30/2029	100,707		100,958
United States Treasury Notes	250,000	4.375%, 05/15/2034	252,871		246,158
United States Treasury Notes	100,000	4.625%, 05/31/2031	101,168		100,821
United States Treasury Notes	50,000	1.375%, 08/31/2026	52,387		47,716
United States Treasury Notes	200,000	1.125%, 02/28/2027	200,831		187,220

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost**	Current Value	
U.S. Government and Agency Bonds (cont.):					
United States Treasury Notes	100,000	2.250%, 08/15/2027	\$ 97,906	\$ 95,054	
United States Treasury Notes	100,000	2.875%, 11/30/2025	99,336	98,771	
FHLMC Pool #C91859	14,899	3.500%, 12/01/2035	15,537	14,144	
FHLMC Pool #RB5076	89,619	2.000%, 08/01/2040	92,672	75,001	
FNMA Pool #CA7972	45,596	3.000%, 09/01/2050	48,247	39,172	
FNMA Pool CA1191	19,292	3.500%, 11/01/2047	19,428	17,309	
			6,493,481	6,163,114	
Corporate Obligations:					
American Assets Trust LP	150,000	6.150%, 10/01/2034	149,507	149,184	
American Water Capital	150,000	2.950%, 09/01/2027	154,045	143,388	
Amgen Inc	70,000	5.150%, 11/15/2041	71,569	65,113	
Ares Capital Corp	75,000	2.875%, 06/15/2028	76,202	69,134	
Bank Of America Corp	125,000	VAR CPN, 08/15/2035	125,000	121,665	
Blackrock Inc	100,000	3.250%, 04/30/2029	100,858	94,469	
Comcast Corp	125,000	3.950%, 10/15/2025	143,052	124,350	
Dell Intl LLC / EMC Corp	200,000	4.350%, 02/01/2030	199,766	193,532	
DowDuPont Inc	75,000	4.493%, 11/15/2025	85,321	74,813	
Duke Energy Carolinas	100,000	4.850%, 01/15/2034	97,520	96,922	
Duke Energy Florida LLC	100,000	3.800%, 07/15/2028	103,656	96,843	
Expedia Group Inc	100,000	3.250%, 02/15/2030	89,831	92,208	
FNB Corp	200,000	VAR CPN, 12/11/2030	200,000	197,446	
General Motors Co	160,000	5.400%, 10/15/2029	159,853	161,096	
Goldman Sachs Group Inc	150,000	3.750%, 02/25/2026	141,141	148,344	
HCA Inc	75,000	4.500%, 02/15/2027	73,781	74,294	
Healthpeak Properties Inc	125,000	1.350%, 02/01/2027	124,846	116,534	
Home Depot Inc	100,000	2.700%, 04/15/2030	99,131	90,037	
Hubbell Inc	60,000	3.150%, 08/15/2027	62,056	57,440	
Ingersoll Rand Inc	100,000	5.700%, 08/14/2033	99,234	102,326	
JPMorgan Chase & Co	75,000	3.200%, 06/15/2026	74,459	73,580	
Kinder Morgan Energy Partners	100,000	5.400%, 09/01/2044	97,900	91,251	
MPLX LP	50,000	1.750%, 03/01/2026	45,397	48,274	
Microsoft Corp	100,000	2.400%, 08/08/2026	97,099	97,000	
Netflix Inc	150,000	4.900%, 08/15/2034	149,421	146,895	
Nvidia Corp	25,000	3.200%, 09/16/2026	25,576	24,515	
Oracle Corp	75,000	2.875%, 03/25/2031	78,020	65,996	
Otis Worldwide Corp	100,000	5.125%, 11/19/2031	99,994	100,042	
Pfizer Inc	100,000	3.600%, 09/15/2028	99,841	96,811	
RTX Corporation	75,000	4.700%, 12/15/2041	90,576	66,569	
Realty Income Corp	175,000	4.850%, 03/15/2030	175,207	173,898	
Ross Stores Inc	94,000	4.700%, 04/15/2027	104,806	92,681	
Salesforce.Com Inc	100,000	2.700%, 07/15/2041	100,744	70,444	

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Part Value	Rate of Interest, Maturity Date	Cost**	Current Value
	Shares				
Corporate Obligations (cont.):					
Charles Schwab Corp	50,000	VAR CPN, 05/19/2029		\$ 50,000	\$ 51,011
Southern Co	75,000	3.700%, 04/30/2030		82,038	70,441
UnitedHealth Group Inc	200,000	5.150%, 07/15/2034		199,988	197,332
Valero Energy Corp	35,000	7.500%, 04/15/2032		39,071	39,283
Waste Management Inc	75,000	1.150%, 03/15/2028		74,953	67,117
Wellpoint Inc	50,000	5.100%, 01/15/2044		53,417	45,439
Trans-Canada Pipelines	125,000	4.625%, 03/01/2034		113,993	116,335
				4,208,869	4,004,052
Municipal Obligations:					
Montgomery Cnty Virginia Econ Dev	100,000	2.942%, 06/01/2031		100,923	89,567
Richmond Virginia Public Utility Rev	150,000	2.495%, 01/15/2029		159,969	138,894
				260,892	228,461
Corporate Stocks:					
Hess Corporation	3,475			491,768	462,210
Kinder Morgan Inc	18,740			328,763	513,476
Occidental Pete Corp	4,067			229,344	200,950
Williams Cos Inc	7,798			158,847	422,028
FedEx Corporation	900,000			186,187	253,197
Jacobs Solutions Inc	1,681			201,887	224,615
Lockheed Martin Corp	764,000			275,177	371,258
SS&C Technologies Holdings Inc	3,600			260,021	272,808
Kraft Heinz Co	16,673			544,695	512,028
Post Holdings Inc	1,394			96,636	159,557
Bio Rad Laboratories Cl A	853,000			291,849	280,219
The Cigna Group	1,032			188,339	284,976
CVS Health Corp	7,513			440,391	337,259
Johnson & Johnson	985,000			143,282	142,451
Mckesson Corp	925,000			186,236	527,167
Merck & Co Inc	2,100			155,112	208,908
Pfizer Inc	15,008			570,925	398,162
Regeneron Pharmaceuticals Inc	251,000			145,074	178,795
Berkshire Hathaway Inc Cl B	1,711			357,366	775,562
Citigroup Inc	4,581			225,663	322,457
Corpay Inc	1,233			273,337	417,272
Discover Financial Services	860,000			153,274	148,978
First Citizens Bancshares Inc CL A	135,000			204,516	285,258
Global Payments Inc	2,289			265,923	256,505
Progressive Corp	1,997			132,657	478,501
Cisco Systems Inc	5,500			229,369	325,600
Alphabet Inc Cl C	754,000			56,322	143,592
Liberty Broadband - Ser C	9,000			742,889	672,840

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost**	Current Value
	Corporate Stocks (cont.):				
	Sirius XM Holdings Inc.	12,844		\$ 383,718	\$ 292,843
	Warner Bros Discovery Inc CL A	28,929		232,360	305,780
	Dominion Energy Inc	13,500		753,533	727,110
	Evergy Inc	7,194		388,420	442,791
	Jaxx Pharmaceuticals PLC	2,512		259,620	309,353
	Willis Towers Watson Plc	906,000		186,558	283,795
	AerCap Holdings NV	1,583		152,705	151,493
	Anheuser Busch InBev Sponsored	11,846		710,251	593,129
	Bayer Ag Sponsored	83,109		740,008	405,572
	Nintendo Ltd Un-sponsored	40,322		515,131	589,911
	Schlumberger LTD	4,402		177,488	168,773
	Crown Castle Inc	3,775		388,091	342,619
	Vanguard Short-Term Inflation	18,404		960,522	891,121
				<u>13,384,254</u>	<u>15,080,919</u>
				<u>\$ 25,494,309</u>	<u>\$ 26,623,359</u>

ST. MARY’S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchases	Sales	Cost	Value on Transaction Date	Net Gain (Loss)
Single transactions in excess of 5% of net assets:						
None						
Series of transactions in excess of 5% of net assets:						
Federated Hermes Treasury Obligation	MM Mutual Fund	\$ 6,288,978	\$ -	\$ 6,288,978	\$ 6,288,978	\$ -
Federated Hermes Treasury Obligation	MM Mutual Fund	-	6,378,432	6,378,432	6,378,432	-

Schedule SB, Line 26 - Schedule of Active Participant Data

APPENDIX I. SUMMARY OF PLAN PARTICIPANTS (continued)

C. Age and Service Distribution

Age as of 01/01/2024	Years of Service						Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 & Over	
20 - 24	11	0	0	0	0	0	11
25 - 29	25	3	0	0	0	0	28
30 - 34	24	7	1	0	0	0	32
35 - 39	20	9	2	1	0	0	32
40 - 44	15	8	2	3	2	0	30
45 - 49	8	5	1	2	1	0	17
50 - 54	4	6	1	5	2	0	18
55 - 59	7	10	7	2	1	3	30
60 - 64	8	5	5	1	2	3	24
65 & Over	4	2	3	6	3	3	21
Totals	126	55	22	20	11	9	243

Average Age: 45.16

Average Service: 8.52

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

APPENDIX III. SUMMARY OF ACTUARIAL ASSUMPTIONS AND METHODS

A. Interest Assumptions for Funding Calculations

1. Segment Rates used to calculate Funding Target	
a. Segment 1	4.75% per year for first 5 years
b. Segment 2	4.96% per year for next 15 years
c. Segment 3	5.59% per year after 20 years
2. Effective Rate of Interest	5.25% per year

B. Salary Increases 3.00% per year

C. Cost of Living Increases 2.50% per year

D. Mortality Assumptions

1. Healthy Lives - Funding	IRS 2024 Generational Mortality Table
2. Disabled Lives - Funding	IRS 2024 Generational Mortality Table

E. Retirement Assumptions

It is assumed that no participants will retire prior to attainment of age 55.

<u>Age</u>	<u>Probability of Retirement</u>
55	7.50%
56-61	1.00%
62	12.00%
63	1.00%
64	10.00%
65	100.00%

F. Withdrawal Assumptions

Sample rates at selected ages:

<u>Age</u>	<u>Years of Service</u>			
	<u>0-1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
20	35.0%	17.0%	14.0%	15.5%
30	35.0%	17.0%	14.0%	15.5%
40	35.0%	17.0%	14.0%	9.4%
50	35.0%	17.0%	14.0%	5.6%
60	35.0%	17.0%	14.0%	3.0%

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

APPENDIX III. SUMMARY OF ACTUARIAL ASSUMPTIONS AND METHODS (Continued)

G. Disability Assumptions

Sample rates of disability are:

<u>Age</u>	<u>Probability of Disability</u>
20	0.11%
30	0.11%
40	0.19%
50	0.51%
60	1.66%

H. Form of Payment

100% of Active Participants are assumed to elect the normal form of payment.

I. Expense Assumptions

Prior year actual expenses rounded up to the next \$1000.

J. Family Composition

75% of male participants and 80% of female participants are assumed to be married. Spouses of male participants are assumed to be two years younger than their spouse. Spouses of female participants are assumed to be two years older than their spouse.

K. Asset Valuation Method

Two-year spread of the difference between actual investment earnings and expected investment earnings at a rate equal to the lesser of 6.50% or the third segment rate used for that year's actuarial valuation. The resulting actuarial asset value cannot be less than 90% or greater than 110% of market value.

ST. MARY’S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchases	Sales	Cost	Value on Transaction Date	Net Gain (Loss)
Single transactions in excess of 5% of net assets:						
None						
Series of transactions in excess of 5% of net assets:						
Federated Hermes Treasury Obligation	MM Mutual Fund	\$ 6,288,978	\$ -	\$ 6,288,978	\$ 6,288,978	\$ -
Federated Hermes Treasury Obligation	MM Mutual Fund	-	6,378,432	6,378,432	6,378,432	-

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ Round off amounts to nearest dollar.

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

A Name of plan St. Mary's Home for Disabled Children Retirement Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF St. Marys Home for Disabled Children		D Employer Identification Number (EIN) 54-0505952	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	24,815,928
	b Actuarial value	2b	25,393,115
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	123	12,073,833
	b For terminated vested participants	98	2,652,915
	c For active participants	243	5,543,699
	d Total	464	20,270,447
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.25%
6	Target normal cost		
	a Present value of current plan year accruals	6a	949,956
	b Expected plan-related expenses	6b	22,000
	c Target normal cost	6c	971,956

Statement by Enrolled Actuary

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

SIGN HERE	Matthew G. Daskivich Signature of actuary	10/14/2025 Date
	Matthew G. Daskivich Type or print name of actuary	2307639 Most recent enrollment number
	SageView Consulting Group Firm name	804-688-5925 Telephone number (including area code)
	4600 Cox Road Suite 350 Glen Allen VA 23060 Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 971,956
b Excess assets, if applicable, but not greater than line 31a				31b 971,956
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 913,901
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 913,901
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

St. Mary's Home for Disabled Children Retirement Plan
 EIN: 54-0505952 Plan: 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Retirement Age	Assmued Retirement Percentage for Salaried	Number of Lives	Number Retiring	Age-weighted Number Retiring
55	7.5%	1000	75	4,125
56	1.0%	925	9	504
57	1.0%	916	9	513
58	1.0%	907	9	522
59	1.0%	898	9	531
60	1.0%	889	9	540
61	1.0%	880	9	549
62	12.0%	871	105	6,510
63	1.0%	766	8	504
64	10.0%	758	76	4,864
65	100.0%	682	682	44,330
			1,000	63,492
Average Retirement Age:				63.49

Schedule SB, Part V - Summary of Plan Provisions

APPENDIX II. SUMMARY OF PLAN PROVISIONS

A. General Information

1.	Valuation Date	January 1, 2024
2.	Original Effective Date	January 1, 1968
3.	Effective Date of Last Amendment	January 1, 2020
4.	Plan Year	January 1 to December 31
5.	Employer Fiscal Year	January 1 to December 31

B. Eligibility Requirements

All lay employees of St. Mary's Home for Disabled Children who regularly work 20 or more hours per week are eligible to become participants of the plan on their date of employment.

Effective January 1, 2018, employees who do not regularly work 20 or more hours per week are eligible to become participants of the plan after working at least 1,000 hours in a 12-month period.

Effective January 1, 2020, an eligible employee shall become a participant on the January 1st or July 1st after the completion of 1,000 hours in the first year of employment or any subsequent plan year.

C. Credited Service

All years and completed months of service since date of employment, including service that was treated as credited service under the Roman Catholic Diocese of Richmond, Virginia Diocesan Retirement Plan as of December 31, 2002 and service with St. Mary's Home for Disabled Children after December 31, 2001.

Effective January 1, 2018, employees who do not regularly work 20 or more hours per week but became participants based on hours worked will earn one year of Credited Service for each plan year following the date of participation in which at least 1,000 hours is worked.

Effective January 1, 2020, All participants will earn a year of Credited Service only if at least 1,000 hours is worked during the plan year. Participants who terminate employment during the plan year and work at least 1,000 hours will receive a fraction of a year of Credited Service equal to the number of complete months worked during the year, divided by twelve.

D. Compensation

Definition

Compensation is the total compensation received by a participant during a calendar year. Compensation for determining benefit accruals in any Plan Year shall not exceed the IRS limit.

Averaging

Highest three consecutive calendar years of credit service.

E. Vesting

For participants who terminated service prior to December 31, 2002, vesting occurred upon completion of 10 years of credit service. Effective January 1, 2003, all participants shall be vested upon completion of 5 years of service.

Effective January 1, 2020, an employee will only receive credit for vesting if they work 1,000 hours in a plan year.

Schedule SB, Part V - Summary of Plan Provisions

APPENDIX II. SUMMARY OF PLAN PROVISIONS (Continued)

F. Early Retirement

Eligibility

Prior to January 1, 2003, eligibility was contingent upon the attainment of age 55 and the completion of 10 years of credited service. After January 1, 2003, eligibility is contingent upon the attainment of age 55 and the completion of 5 years of credited service.

Benefit

A participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly Early Retirement Benefit is the participant's Accrued Benefit calculated using compensation, covered compensation and credited service as of the participant's early retirement date payable at Normal Retirement, without reduction to reflect the early commencement of benefits. If a participant elects to receive Early Retirement Benefits at any date on or after their Early Retirement Date and prior to Normal Retirement, the Accrued Benefit will be reduced to reflect the election of early commencement of payments.

G. Normal Retirement

Eligibility

The normal retirement date for each participant is the first of the month coincident with or next following the attainment of age 65.

Benefit

The amount of annual retirement benefit payable monthly as a life annuity calculated as the greater of the following:

Final Average Formula:

1. 1.1% of Final Average Compensation multiplied by all Years of Credited Service, plus
2. 0.65% of Final Average Compensation in excess of Covered Compensation times Years of Credited Service, up to the maximum excess allowance.

Prior Accrued Benefit:

The participant's accrued benefit calculated as of December 31, 1993.

H. Accrued Benefit

The accrued Benefit, with respect to the formula above, as of any date, is calculated using actual service and compensation as of the date of determination.

I. Delayed Retirement

Eligibility is the first of the month on or next following the actual date the Participant terminates employment after Normal Retirement Date. The benefit is based on service and Final Average Compensation as of the Late Retirement Date or the actuarially increased benefit, if greater.

J. Disability Retirement

Eligibility

Totally and permanently disabled as defined by the Social Security Act and has completed ten or more years of service.

Benefit

Accrued Benefit calculated using Compensation, Covered Compensation, and Credit Service as of the Disability Retirement Date, without reduction for early commencement of benefits. The benefit is not paid as long as the participant is receiving benefits under another LTD plan.

Payments

If the participant recovers to the extent that he or she is no longer totally and permanently disabled, disability payments shall cease. If the participant returns to employment at St. Mary's Home for Disabled Children, the period during which he or she received disability retirement benefits will not be considered Years of Credited Service.

Schedule SB, Part V - Summary of Plan Provisions

APPENDIX II. SUMMARY OF PLAN PROVISIONS (Continued)

K. Death Benefit

Eligibility

Eligibility is contingent upon the requirements for vesting and being married at the time of death. After a participant has retired, no additional death benefits are payable except those due to a beneficiary based on their elected benefit form at the time of retirement.

Benefit

If the participant is eligible for early or normal retirement, then the Death Benefit will be equal to 100% Joint & Survivor annuity, computed as though the participant terminated on date of death payable as a monthly benefit to the Participant's surviving spouse. Payments begin upon the assumed retirement date of the deceased Participant. If the participant is not eligible for early retirement, the Death Benefit will be equal to a 100% Joint & Survivor Annuity, computed as though the participant terminated on the date of death, survived to his earliest retirement age, elected a 100% Joint & Survivor Annuity, and died the following day.

L. Methods of Payments

Under the Normal Form of payment, an unmarried participant's retirement annuity is payable monthly for life. A participant may elect to receive their benefit under one of the following actuarially equivalent optional modes:

1. A reduced monthly benefit is paid to the Participant for life, with such benefit (100% or 50% of such benefit thereof) continued after death for the subsequent lifetime of the surviving spouse.
2. A reduced monthly benefit is paid to the Participant for life, with a percentage such benefit (not to exceed 33 1/3%) continued after death for the subsequent lifetime of the designated beneficiary, if the beneficiary is any other person than the spouse of the Participant.
3. A reduced benefit is paid to the Participant for life, with 120 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 120 have been paid.
4. Participants who retired prior to January 1, 2012 were eligible to elect a Social Security option with increased retirement benefits until the date of commencement of his or her Social Security benefits under the Social Security Act.

M. Supplemental Benefits

In addition to other benefits, the plan provides for supplemental allowances based on increases that have occurred in the Consumer Price Index since the commencement date of the basic allowance being supplemented. Effective January 1, 2003, a supplemental retirement benefit shall be payable only on the Accrued Benefits received on or after the date the participant attains age 62. Any increase in monthly allowance will not exceed 5% of the monthly allowance prior to such increase. Effective January 1, 2012, supplemental benefits will be granted on an ad-hoc basis.

N. Contributions

The entire cost of the Plan is borne by the Employer.

O. Amendments

The employer reserves the right to amend or terminate the Plan at any time.

P. Changes Since Prior Valuation

None.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost	Current Value	
Money Market Mutual Fund:					
Federated Hermes Treasury Obligation	1,146,813		\$ 1,146,813	\$	1,146,813
U.S. Government and Agency Bonds:					
United States Treasury Bonds	250,000	2.875%, 05/15/2052	237,396		174,833
United States Treasury Bonds	350,000	3.000%, 08/15/2052	310,045		251,115
United States Treasury Bonds	325,000	3.875%, 02/15/2043	329,550		286,757
United States Treasury Bonds	225,000	3.875%, 05/15/2043	213,538		198,023
United States Treasury Bonds	75,000	4.125%, 08/15/2053	69,231		66,798
United States Treasury Bonds	325,000	4.750%, 11/15/2043	335,592		320,899
United States Treasury Bonds	25,000	4.250%, 02/15/2054	24,401		22,806
United States Treasury Bonds	75,000	4.500%, 02/15/2054	71,730		71,585
United States Treasury Bonds	50,000	4.250%, 08/15/2054	52,322		45,660
United States Treasury Notes	150,000	0.625%, 07/31/2026	149,666		141,758
United States Treasury Notes	100,000	1.125%, 10/31/2026	99,684		94,534
United States Treasury Notes	300,000	2.500%, 03/31/2027	291,762		288,870
United States Treasury Notes	275,000	2.875%, 05/15/2032	260,744		246,978
United States Treasury Notes	100,000	2.625%, 05/31/2027	98,043		96,268
United States Treasury Notes	225,000	3.250%, 06/30/2029	218,238		214,702
United States Treasury Notes	250,000	2.750%, 08/15/2032	225,977		221,708
United States Treasury Notes	325,000	4.125%, 11/15/2032	322,387		316,979
United States Treasury Notes	100,000	4.500%, 11/15/2025	99,531		100,186
United States Treasury Bonds	60,000	3.500%, 04/30/2030	60,035		57,417
United States Treasury Notes	50,000	3.500%, 04/30/2028	49,975		48,739
United States Treasury Notes	125,000	3.375%, 05/15/2033	121,006		114,873
United States Treasury Notes	350,000	4.000%, 07/31/2030	347,512		342,657
United States Treasury Notes	250,000	3.875%, 08/15/2033	239,229		237,930
United States Treasury Notes	125,000	4.125%, 08/31/2030	124,092		123,076
United States Treasury Notes	100,000	4.625%, 08/15/2026	101,230		100,596
United States Treasury Notes	100,000	4.625%, 09/30/2030	98,242		100,929
United States Treasury Notes	25,000	5.000%, 10/31/2025	24,983		25,144
United States Treasury Notes	35,000	4.875%, 10/31/2030	36,020		35,772
United States Treasury Notes	150,000	4.500%, 11/15/2033	151,693		149,321
United States Treasury Notes	175,000	4.375%, 11/30/2030	180,210		174,363
United States Treasury Notes	150,000	4.375%, 11/30/2028	150,484		150,062
United States Treasury Notes	70,000	4.000%, 01/15/2027	69,412		69,656
United States Treasury Notes	100,000	4.000%, 01/31/2029	98,777		98,630
United States Treasury Notes	150,000	4.875%, 04/30/2026	149,654		151,166
United States Treasury Notes	100,000	4.625%, 04/30/2029	100,707		100,958
United States Treasury Notes	250,000	4.375%, 05/15/2034	252,871		246,158
United States Treasury Notes	100,000	4.625%, 05/31/2031	101,168		100,821
United States Treasury Notes	50,000	1.375%, 08/31/2026	52,387		47,716
United States Treasury Notes	200,000	1.125%, 02/28/2027	200,831		187,220

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost**	Current Value	
U.S. Government and Agency Bonds (cont.):					
United States Treasury Notes	100,000	2.250%, 08/15/2027	\$ 97,906	\$ 95,054	
United States Treasury Notes	100,000	2.875%, 11/30/2025	99,336	98,771	
FHLMC Pool #C91859	14,899	3.500%, 12/01/2035	15,537	14,144	
FHLMC Pool #RB5076	89,619	2.000%, 08/01/2040	92,672	75,001	
FNMA Pool #CA7972	45,596	3.000%, 09/01/2050	48,247	39,172	
FNMA Pool CA1191	19,292	3.500%, 11/01/2047	19,428	17,309	
			6,493,481	6,163,114	
Corporate Obligations:					
American Assets Trust LP	150,000	6.150%, 10/01/2034	149,507	149,184	
American Water Capital	150,000	2.950%, 09/01/2027	154,045	143,388	
Amgen Inc	70,000	5.150%, 11/15/2041	71,569	65,113	
Ares Capital Corp	75,000	2.875%, 06/15/2028	76,202	69,134	
Bank Of America Corp	125,000	VAR CPN, 08/15/2035	125,000	121,665	
Blackrock Inc	100,000	3.250%, 04/30/2029	100,858	94,469	
Comcast Corp	125,000	3.950%, 10/15/2025	143,052	124,350	
Dell Intl LLC / EMC Corp	200,000	4.350%, 02/01/2030	199,766	193,532	
DowDuPont Inc	75,000	4.493%, 11/15/2025	85,321	74,813	
Duke Energy Carolinas	100,000	4.850%, 01/15/2034	97,520	96,922	
Duke Energy Florida LLC	100,000	3.800%, 07/15/2028	103,656	96,843	
Expedia Group Inc	100,000	3.250%, 02/15/2030	89,831	92,208	
FNB Corp	200,000	VAR CPN, 12/11/2030	200,000	197,446	
General Motors Co	160,000	5.400%, 10/15/2029	159,853	161,096	
Goldman Sachs Group Inc	150,000	3.750%, 02/25/2026	141,141	148,344	
HCA Inc	75,000	4.500%, 02/15/2027	73,781	74,294	
Healthpeak Properties Inc	125,000	1.350%, 02/01/2027	124,846	116,534	
Home Depot Inc	100,000	2.700%, 04/15/2030	99,131	90,037	
Hubbell Inc	60,000	3.150%, 08/15/2027	62,056	57,440	
Ingersoll Rand Inc	100,000	5.700%, 08/14/2033	99,234	102,326	
JPMorgan Chase & Co	75,000	3.200%, 06/15/2026	74,459	73,580	
Kinder Morgan Energy Partners	100,000	5.400%, 09/01/2044	97,900	91,251	
MPLX LP	50,000	1.750%, 03/01/2026	45,397	48,274	
Microsoft Corp	100,000	2.400%, 08/08/2026	97,099	97,000	
Netflix Inc	150,000	4.900%, 08/15/2034	149,421	146,895	
Nvidia Corp	25,000	3.200%, 09/16/2026	25,576	24,515	
Oracle Corp	75,000	2.875%, 03/25/2031	78,020	65,996	
Otis Worldwide Corp	100,000	5.125%, 11/19/2031	99,994	100,042	
Pfizer Inc	100,000	3.600%, 09/15/2028	99,841	96,811	
RTX Corporation	75,000	4.700%, 12/15/2041	90,576	66,569	
Realty Income Corp	175,000	4.850%, 03/15/2030	175,207	173,898	
Ross Stores Inc	94,000	4.700%, 04/15/2027	104,806	92,681	
Salesforce.Com Inc	100,000	2.700%, 07/15/2041	100,744	70,444	

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Part Value Shares	Rate of Interest, Maturity Date	Cost**	Current Value
Corporate Obligations (cont.):					
Charles Schwab Corp		50,000	VAR CPN, 05/19/2029	\$ 50,000	\$ 51,011
Southern Co		75,000	3.700%, 04/30/2030	82,038	70,441
UnitedHealth Group Inc		200,000	5.150%, 07/15/2034	199,988	197,332
Valero Energy Corp		35,000	7.500%, 04/15/2032	39,071	39,283
Waste Management Inc		75,000	1.150%, 03/15/2028	74,953	67,117
Wellpoint Inc		50,000	5.100%, 01/15/2044	53,417	45,439
Trans-Canada Pipelines		125,000	4.625%, 03/01/2034	113,993	116,335
				4,208,869	4,004,052
Municipal Obligations:					
Montgomery Cnty Virginia Econ Dev		100,000	2.942%, 06/01/2031	100,923	89,567
Richmond Virginia Public Utility Rev		150,000	2.495%, 01/15/2029	159,969	138,894
				260,892	228,461
Corporate Stocks:					
Hess Corporation		3,475		491,768	462,210
Kinder Morgan Inc		18,740		328,763	513,476
Occidental Pete Corp		4,067		229,344	200,950
Williams Cos Inc		7,798		158,847	422,028
FedEx Corporation		900,000		186,187	253,197
Jacobs Solutions Inc		1,681		201,887	224,615
Lockheed Martin Corp		764,000		275,177	371,258
SS&C Technologies Holdings Inc		3,600		260,021	272,808
Kraft Heinz Co		16,673		544,695	512,028
Post Holdings Inc		1,394		96,636	159,557
Bio Rad Laboratories Cl A		853,000		291,849	280,219
The Cigna Group		1,032		188,339	284,976
CVS Health Corp		7,513		440,391	337,259
Johnson & Johnson		985,000		143,282	142,451
Mckesson Corp		925,000		186,236	527,167
Merck & Co Inc		2,100		155,112	208,908
Pfizer Inc		15,008		570,925	398,162
Regeneron Pharmaceuticals Inc		251,000		145,074	178,795
Berkshire Hathaway Inc Cl B		1,711		357,366	775,562
Citigroup Inc		4,581		225,663	322,457
Corpay Inc		1,233		273,337	417,272
Discover Financial Services		860,000		153,274	148,978
First Citizens Bancshares Inc CL A		135,000		204,516	285,258
Global Payments Inc		2,289		265,923	256,505
Progressive Corp		1,997		132,657	478,501
Cisco Systems Inc		5,500		229,369	325,600
Alphabet Inc Cl C		754,000		56,322	143,592
Liberty Broadband - Ser C		9,000		742,889	672,840

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

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

(Continued)

December 31, 2024

EIN: 54-0505952 PN: 001

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Part Value Shares	Rate of Interest, Maturity Date	Cost**	Current Value
	Corporate Stocks (cont.):				
	Sirius XM Holdings Inc.	12,844		\$ 383,718	\$ 292,843
	Warner Bros Discovery Inc CL A	28,929		232,360	305,780
	Dominion Energy Inc	13,500		753,533	727,110
	Evergy Inc	7,194		388,420	442,791
	Jaxx Pharmaceuticals PLC	2,512		259,620	309,353
	Willis Towers Watson Plc	906,000		186,558	283,795
	AerCap Holdings NV	1,583		152,705	151,493
	Anheuser Busch InBev Sponsored	11,846		710,251	593,129
	Bayer Ag Sponsored	83,109		740,008	405,572
	Nintendo Ltd Un-sponsored	40,322		515,131	589,911
	Schlumberger LTD	4,402		177,488	168,773
	Crown Castle Inc	3,775		388,091	342,619
	Vanguard Short-Term Inflation	18,404		960,522	891,121
				<u>13,384,254</u>	<u>15,080,919</u>
				<u>\$ 25,494,309</u>	<u>\$ 26,623,359</u>