

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE FAISON CENTER, INC. EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/2010
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE FAISON CENTER, INC. 5311 MARKEL ROAD RICHMOND, VA 23230
2b Employer Identification Number (EIN) 03-0387451
2c Plan Sponsor's telephone number 804-612-1947
2d Business code (see instructions) 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and 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	459
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)	261
	6a(2)	298
	6b	0
	6c	256
	6d	554
	6e	0
	6f	554
	6g(1)	382
6g(2)	450	
6h	4	
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:
 2A 2E 2F 2G 2J 2T 2L 2M 3D

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 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 THE FAISON CENTER, INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE FAISON CENTER, INC.	D Employer Identification Number (EIN) 03-0387451	

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)

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLAZA, 12TH FLOOR
NEW YORK, NY 10004

26-3415651

(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?
26	INVESTMENT ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22072	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONWIDE LIFE INS CO

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 64	RECORDKEEPER	17474	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AB&D CO

1523 HUGUENOT ROAD
MIDLOTHIAN, VA 23113

54-1703353

(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?
13 15 17 37 64	CONTRACT ADMINISTRATOR	2032	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4034	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(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?
26	INVESTMENT ADVISOR	5815	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 THE FAISON CENTER, INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE FAISON CENTER, INC.	D Employer Identification Number (EIN) 03-0387451

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)	365586	376022
(2) Participant contributions	1b(2)	8294	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32666	9484
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4000731	4866615
(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	4407277	5252121
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	4407277	5252121

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)	376022	
(B) Participants.....	2a(1)(B)	242306	
(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)		618328
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1484	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1484
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		566870
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1186682

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	321286	
(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)		321286
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)	10028	
(3) Recordkeeping fees	2i(3)	10524	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		20552
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		341838

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		844844
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: **KEITER**

(2) EIN: **54-1631262**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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>THE FAISON CENTER, INC. EMPLOYEES' 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>THE FAISON CENTER, INC.</u>	D Employer Identification Number (EIN) <u>03-0387451</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): 04-3157927

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500885A.

The Faison Center, Inc. Employees' Retirement Plan

Financial Statements

December 31, 2024 and 2023



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Glen Allen, Virginia 23060
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**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Faison Center, Inc. Employees' Retirement Plan
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of The Faison Center, Inc. Employees' Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

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

In our opinion—

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

A handwritten signature in black ink, appearing to read "Keita", with a stylized, flowing script.

September 23, 2025
Glen Allen, Virginia

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<u>Assets</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 4,876,099	\$ 4,033,398
Contributions receivable:		
Employer	376,022	365,586
Participants	<u>-</u>	<u>8,293</u>
 Net assets available for benefits	 <u>\$ 5,252,121</u>	 <u>\$ 4,407,277</u>

See accompanying notes to financial statements.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 1,484	\$ 77,877
Net investment appreciation	<u>566,870</u>	<u>553,079</u>
Net investment income	<u>568,354</u>	<u>630,956</u>
Contributions:		
Participants	242,306	230,804
Employer	<u>376,022</u>	<u>366,596</u>
Total contributions	<u>618,328</u>	<u>597,400</u>
Total additions	<u>1,186,682</u>	<u>1,228,356</u>
Deductions from net assets attributed to:		
Benefits paid to participants	321,286	637,420
Administrative expenses	<u>20,552</u>	<u>12,289</u>
Total deductions	<u>341,838</u>	<u>649,709</u>
Net increase	844,844	578,647
Net assets available for benefits:		
Beginning of year	<u>4,407,277</u>	<u>3,828,630</u>
End of year	<u>\$ 5,252,121</u>	<u>\$ 4,407,277</u>

See accompanying notes to financial statements.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

1. Description of Plan:

The following description of The Faison Center, Inc. Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of The Faison Center, Inc. (the "Organization"). The Plan is intended to meet the requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended. All employees who work at least 20 hours per week and are not classified as a student of the Organization are eligible to participate in the Plan and make contributions. However, employees must have three months of service to be eligible for allocation of Employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration: Overall responsibility for administering the Plan rests with the Organization. Participant accounts are administered by Actuarial Benefits & Design Company, which serves as the third-party administrator of the Plan. All assets of the Plan are held with Nationwide Trust Company, FSB (the "Custodian").

Contributions: Participants may designate a portion of their eligible compensation to be withheld and contributed to the Plan, and participants who have at least 15 years of service or are at least age 50 may make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Organization has the option of making discretionary contributions to the Plan. Contributions are subject to certain limitations. Discretionary contributions for 2024 and 2023, totaling \$376,022 and \$365,586, respectively, are included in employer contributions receivable in the accompanying financial statements, net of forfeitures applied upon receipt, totaling \$12,600 and \$10,046, respectively.

Participant Accounts: The Plan maintains an account for each participant to record the participant's contributions, allocations of Employer contributions, and allocations of Plan earnings. Plan earnings consist of income from the investment in mutual funds less administrative expenses incurred by the Plan.

Investment Options: Participants may direct the Custodian as to the investment of their account balances in accordance with guidelines established by the Plan. Participants may change their investment elections at any time.

Vesting: The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Participants are vested immediately in their contributions and the related Plan earnings. Participants are vested at a rate of 25% per year of service (defined as consecutive twelve-month period with at least 1,000 hours of service) and become fully vested in Employer contributions and the related Plan earnings after four years of service, or upon death, disability, or reaching age 65.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, hardship withdrawal, or attainment of age 59 ½ as defined in the Plan. A participant is entitled to receive a distribution from the Plan under any of the forms of benefit available under the relevant funding vehicle, with the exception of a hardship withdrawal which must be distributed in a single sum.

Forfeitures: The portion of an account balance that is not vested at the time the participant's employment is terminated for other than death, disability, or retirement is forfeited and used to reduce employer contributions or to pay administrative expenses. Forfeitures totaled \$19,081 in 2024 and \$12,752 in 2023. In 2024, accumulated forfeited balances were used to pay \$10,028 of pay administrative fees and \$10,046 reduction to employer contributions. In 2023, accumulated forfeited balances of \$25,208 were applied as a reduction to employer contributions. Forfeited balances available were \$9,035 and \$10,028 at December 31, 2024 and 2023, respectively.

2. Summary of Significant Accounting Policies:

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Investment Valuation and Income Recognition: The Plan's 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. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Change in Accounting Policy: Administrative expenses are presented net of investment manager rebates for 2024 and 2023. Prior year amounts were reported gross. The change in presentation reflects rebates received from investment managers that are applied against certain administrative expenses.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Subsequent Events: Management has evaluated subsequent events through September 23, 2025, the date the financial statements were available to be issued, has determined that other than the transfer of plan assets effective in March 2025 to Empower Trust Company as the trustee and its affiliate as recordkeeper, there are no subsequent events to be reported in the accompanying financial statements.

3. Fair Value Measurements:

The Financial Accounting Standards Board ("FASB") has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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 are quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.

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

Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market: Valued at the cash balance.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

3. 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:

	Level 1	
	2024	2023
Assets:		
Mutual funds	\$ 4,866,615	\$ 4,000,732
Money market	9,484	32,666
Total assets at fair value	\$ 4,876,099	\$ 4,033,398

4. Administrative Expenses:

The Plan participates in an expense offset agreement whereby certain third-party expenses are paid with rebates received from investment managers, which are included as a reduction to administrative expenses in the statement of changes in net assets available for benefits. During the year, administrative expenses primarily were for fees charged by Actuarial Benefits & Design Company, which provides administration services for the Plan, and Nationwide Trust Company, FSB, the custodian of the Plan. Administrative expenses totaled \$20,552 for 2024 and \$12,289 for 2023, net of investment manager rebates.

5. Related-Party Transactions:

The Plan invests in three mutual funds that are administered by Nationwide Trust Company, FSB, the custodian of the Plan. These are related-party transactions and the funds are identified as parties-in-interest in the accompanying schedule of assets (held at end of year).

In addition, as disclosed in Note 4, the Plan pays recordkeeping fees to Nationwide Trust Company, FSB and its affiliates which totaled \$17,474 for 2024 and \$37,052 for 2023. The amounts are included in administrative expenses.

6. Plan Termination:

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the account balances of all participants would immediately vest.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

7. Tax Status:

The plan agreement was designed by Actuarial Benefits & Design Company. The Organization believes the agreement was designed in compliance with the applicable requirements of the Internal Revenue Code. The Internal Revenue Service does not have a determination letter program for individually designed 403(b) plans.

Management has evaluated the effects of FASB guidance related to uncertain income tax positions and concluded that the Plan has no significant financial statement exposure to uncertain income tax positions at December 31, 2024 and 2023. The Plan is not currently under audit by any tax jurisdiction.

8. Risks and Uncertainties:

The Plan provides for various investments in a money market and mutual fund accounts. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

9. Financial Information Certified by a Qualified Institution:

Nationwide Trust Company, FSB, the custodian of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value
- Investment income, including appreciation on investments at fair value
- Schedule of assets (held at end of year)

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	AB Global Bond Fund Class Z	Mutual Fund	\$ 3,968
	AB Global Bond I	Mutual Fund	402
	Abrdn Emerging Markets ex-China Institutional	Mutual Fund	1,105
	American Beacon International Equity R5	Mutual Fund	531
	American Beacon International Equity R6	Mutual Fund	3,053
	American Century Inflation-Adjusted Bond R5	Mutual Fund	106
	American Century Inflation-Adjusted Bond R6	Mutual Fund	350
	American Century Short Duration Inflation Protection Bond	Mutual Fund	383
	American Funds New World Fund R6	Mutual Fund	58
	Artisan International Value Institutional	Mutual Fund	93
	Avantis Emerging Markets Equity Fund Institutional	Mutual Fund	45,524
	Avantis US Large Cap Value R6	Mutual Fund	51,699
	Avantis US Small Cap Value Institutional	Mutual Fund	15,499
	Baird Core Plus Bond Fund Class Institutional	Mutual Fund	22,459
	BlackRock 80/20 Target Allocation Fund - Institutional	Mutual Fund	206,735
	BlackRock High Yield Bond Portfolio K	Mutual Fund	16,863
	BlackRock High Yield Portfolio Institutional	Mutual Fund	86
	BlackRock Mid-Cap Growth Equity Portfolio Institutional	Mutual Fund	357
	Blackrock Strategic Income Opportunities Portfolio	Mutual Fund	89
	BlackRock Total Return K	Mutual Fund	9,612
	BNY Mellon Developed Markets Real Estate Securities I	Mutual Fund	150
	Brown Advisory Sustainable Growth Fund Institutional	Mutual Fund	71
	Calvert Equity Fund I	Mutual Fund	58

See independent auditor's report.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Calvert US Large-Cap Core Responsible Index I	Mutual Fund	\$ 1
	Carillon Eagle Small Cap Growth R6	Mutual Fund	371
	Columbia Select Large Cap Growth Institutional 2	Mutual Fund	583
	DFA Emerging Markets Core Equity Portfolio Institutional	Mutual Fund	2,822
	DFA Global Real Estate Securities Portfolio	Mutual Fund	99
	DFA International Large Cap Growth	Mutual Fund	3,287
	DFA US Large Cap Value Portfolio Institutional	Mutual Fund	512
	DFA US Targeted Value Portfolio Institutional	Mutual Fund	133
	Diamond Hill Mid Cap I	Mutual Fund	28,975
	Dodge & Cox International Stock Fund I	Mutual Fund	60,622
	Federated Hermes Government Obligations Premier	Money Market	9,484
	Federated Hermes Institutional High Yield Bond Fund	Mutual Fund	150
	Fidelity 500 Index	Mutual Fund	195,763
	Fidelity International Index	Mutual Fund	73,920
	Fidelity US Bond Index	Mutual Fund	38,902
	Franklin DynaTech Advisor Class	Mutual Fund	3,653
	Franklin Templeton Global Bond Fund	Mutual Fund	206
	Goldman Sachs GQG Partners International Opportunities	Mutual Fund	59,414
	Guggenheim Floating Rate Strategies I	Mutual Fund	20
	Invesco Global Opportunities Y	Mutual Fund	6,985
	Invesco International Bond Y	Mutual Fund	145
	Invesco Oppenheimer International Growth Y	Mutual Fund	2,255
	iShares Russell 2000 Small-Cap Index K	Mutual Fund	1,536
	JPMorgan Equity Income R5	Mutual Fund	43,991

See independent auditor's report.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
	JPMorgan Large Cap Growth R6	Mutual Fund	\$ 49,074
	JPMorgan Small Cap Value R6	Mutual Fund	673
	Lazard International Strategic Equity Portfolio Institutional	Mutual Fund	3,162
	Legal & General Commodity Strategy Fund Institutional	Mutual Fund	22,318
	Lord Abbett Floating Rate R5	Mutual Fund	140
	Lord Abbett High Yield R5	Mutual Fund	1,411
	MFS Growth Fund Class R6	Mutual Fund	8,249
	MFS Mid Cap Growth Fund Class R6	Mutual Fund	29,150
	MFS Value R6	Mutual Fund	1,346
	Morgan Stanley Institutional American Resilience Portfolio R6	Mutual Fund	1,128
*	Nationwide Geneva Small Cap Growth IS	Mutual Fund	4,616
*	Nationwide Loomis All Cap Growth R6	Mutual Fund	55,214
*	Nationwide Small Cap Index R6	Mutual Fund	2,537
	Neuberger Berman Emerging Markets Equity Institutional	Mutual Fund	2,923
	Neuberger Berman High Income Bond Institutional	Mutual Fund	189
	Neuberger Berman Large Cap Value Institutional	Mutual Fund	6,111
	Nuveen High Yield Income I	Mutual Fund	335
	Nuveen Lifecycle Index 2010 R6	Mutual Fund	1,181
	Nuveen Lifecycle Index 2015 R6	Mutual Fund	465
	Nuveen Lifecycle Index 2020 R6	Mutual Fund	19,262
	Nuveen Lifecycle Index 2025 R6	Mutual Fund	35,720
	Nuveen Lifecycle Index 2030 R6	Mutual Fund	27,784
	Nuveen Lifecycle Index 2035 R6	Mutual Fund	83,968

See independent auditor's report.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
Nuveen Lifecycle Index 2040 R6	Mutual Fund	\$ 146,586	
Nuveen Lifecycle Index 2045 R6	Mutual Fund	430,848	
Nuveen Lifecycle Index 2050 R6	Mutual Fund	823,853	
Nuveen Lifecycle Index 2055 R6	Mutual Fund	616,038	
Nuveen Lifecycle Index 2060 R6	Mutual Fund	100,664	
Nuveen Lifecycle Index Retirement Income R6	Mutual Fund	22	
PGIM Global Real Estate R6	Mutual Fund	966	
PGIM Jennison Growth R6	Mutual Fund	5,750	
PGIM Jennison Small Company Z	Mutual Fund	7,499	
PGIM Total Return Bond R6	Mutual Fund	37,354	
PIMCO CommodityRealReturn Strategy Institutional	Mutual Fund	1,229	
PIMCO Emerging Markets Local Currency and Bond Fund I	Mutual Fund	4	
PIMCO Real Return Institutional	Mutual Fund	26,607	
PIMCO Total Return Institutional	Mutual Fund	606	
Principal Global Real Estate Securities Fund Institutional	Mutual Fund	135	
Principal Global Real Estate Securities R6	Mutual Fund	28,029	
Principal Mid Cap R6	Mutual Fund	3,346	
Principal Real Estate Securities Institutional	Mutual Fund	299	
Putnam Growth Opportunities Y	Mutual Fund	351,919	
State Street Balanced Index Fund K	Mutual Fund	561,788	
Vanguard Balanced Index Admiral	Mutual Fund	2,066	
Vanguard Explorer Admiral	Mutual Fund	22,616	
Vanguard Extended Market Index Admiral	Mutual Fund	2,715	

See independent auditor's report.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
Vanguard GNMA Fund Admiral	Mutual Fund	\$ 2,106	
Vanguard Short-Term Federal Admiral	Mutual Fund	10,847	
Vanguard Total International Stock Index Admiral	Mutual Fund	15,094	
Vanguard Total Stock Market Index Admiral	Mutual Fund	27,333	
Vanguard Wellesley Income Admiral	Mutual Fund	84,475	
Vanguard Windsor Fund Admiral	Mutual Fund	53,649	
Victory Sycamore Established Value C	Mutual Fund	241,620	
		<u>\$ 4,876,099</u>	

(d) "Cost" is not required as all investments are participant directed.

* Indicates a party-in-interest to the Plan.

See independent auditor's report.

The Faison Center, Inc. Employees' Retirement Plan

Financial Statements

December 31, 2024 and 2023



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Glen Allen, Virginia 23060
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**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Faison Center, Inc. Employees' Retirement Plan
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of The Faison Center, Inc. Employees' Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

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

In our opinion—

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

A handwritten signature in black ink, appearing to read "Keita", with a stylized, flowing script.

September 23, 2025
Glen Allen, Virginia

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

<u>Assets</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 4,876,099	\$ 4,033,398
Contributions receivable:		
Employer	376,022	365,586
Participants	<u>-</u>	<u>8,293</u>
 Net assets available for benefits	 <u>\$ 5,252,121</u>	 <u>\$ 4,407,277</u>

See accompanying notes to financial statements.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 1,484	\$ 77,877
Net investment appreciation	<u>566,870</u>	<u>553,079</u>
Net investment income	<u>568,354</u>	<u>630,956</u>
Contributions:		
Participants	242,306	230,804
Employer	<u>376,022</u>	<u>366,596</u>
Total contributions	<u>618,328</u>	<u>597,400</u>
Total additions	<u>1,186,682</u>	<u>1,228,356</u>
Deductions from net assets attributed to:		
Benefits paid to participants	321,286	637,420
Administrative expenses	<u>20,552</u>	<u>12,289</u>
Total deductions	<u>341,838</u>	<u>649,709</u>
Net increase	844,844	578,647
Net assets available for benefits:		
Beginning of year	<u>4,407,277</u>	<u>3,828,630</u>
End of year	<u>\$ 5,252,121</u>	<u>\$ 4,407,277</u>

See accompanying notes to financial statements.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

1. Description of Plan:

The following description of The Faison Center, Inc. Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document or summary plan description for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all eligible employees of The Faison Center, Inc. (the "Organization"). The Plan is intended to meet the requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended. All employees who work at least 20 hours per week and are not classified as a student of the Organization are eligible to participate in the Plan and make contributions. However, employees must have three months of service to be eligible for allocation of Employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration: Overall responsibility for administering the Plan rests with the Organization. Participant accounts are administered by Actuarial Benefits & Design Company, which serves as the third-party administrator of the Plan. All assets of the Plan are held with Nationwide Trust Company, FSB (the "Custodian").

Contributions: Participants may designate a portion of their eligible compensation to be withheld and contributed to the Plan, and participants who have at least 15 years of service or are at least age 50 may make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Organization has the option of making discretionary contributions to the Plan. Contributions are subject to certain limitations. Discretionary contributions for 2024 and 2023, totaling \$376,022 and \$365,586, respectively, are included in employer contributions receivable in the accompanying financial statements, net of forfeitures applied upon receipt, totaling \$12,600 and \$10,046, respectively.

Participant Accounts: The Plan maintains an account for each participant to record the participant's contributions, allocations of Employer contributions, and allocations of Plan earnings. Plan earnings consist of income from the investment in mutual funds less administrative expenses incurred by the Plan.

Investment Options: Participants may direct the Custodian as to the investment of their account balances in accordance with guidelines established by the Plan. Participants may change their investment elections at any time.

Vesting: The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Participants are vested immediately in their contributions and the related Plan earnings. Participants are vested at a rate of 25% per year of service (defined as consecutive twelve-month period with at least 1,000 hours of service) and become fully vested in Employer contributions and the related Plan earnings after four years of service, or upon death, disability, or reaching age 65.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

1. Description of Plan, Continued:

Payment of Benefits: Distribution of the vested portion of a participant's account will occur upon the participant's termination of service, retirement, death, disability, hardship withdrawal, or attainment of age 59 ½ as defined in the Plan. A participant is entitled to receive a distribution from the Plan under any of the forms of benefit available under the relevant funding vehicle, with the exception of a hardship withdrawal which must be distributed in a single sum.

Forfeitures: The portion of an account balance that is not vested at the time the participant's employment is terminated for other than death, disability, or retirement is forfeited and used to reduce employer contributions or to pay administrative expenses. Forfeitures totaled \$19,081 in 2024 and \$12,752 in 2023. In 2024, accumulated forfeited balances were used to pay \$10,028 of pay administrative fees and \$10,046 reduction to employer contributions. In 2023, accumulated forfeited balances of \$25,208 were applied as a reduction to employer contributions. Forfeited balances available were \$9,035 and \$10,028 at December 31, 2024 and 2023, respectively.

2. Summary of Significant Accounting Policies:

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Investment Valuation and Income Recognition: The Plan's 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. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Change in Accounting Policy: Administrative expenses are presented net of investment manager rebates for 2024 and 2023. Prior year amounts were reported gross. The change in presentation reflects rebates received from investment managers that are applied against certain administrative expenses.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

2. Summary of Significant Accounting Policies, Continued:

Subsequent Events: Management has evaluated subsequent events through September 23, 2025, the date the financial statements were available to be issued, has determined that other than the transfer of plan assets effective in March 2025 to Empower Trust Company as the trustee and its affiliate as recordkeeper, there are no subsequent events to be reported in the accompanying financial statements.

3. Fair Value Measurements:

The Financial Accounting Standards Board ("FASB") has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value 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 are quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.

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

Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market: Valued at the cash balance.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

3. 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:

	Level 1	
	2024	2023
Assets:		
Mutual funds	\$ 4,866,615	\$ 4,000,732
Money market	9,484	32,666
Total assets at fair value	\$ 4,876,099	\$ 4,033,398

4. Administrative Expenses:

The Plan participates in an expense offset agreement whereby certain third-party expenses are paid with rebates received from investment managers, which are included as a reduction to administrative expenses in the statement of changes in net assets available for benefits. During the year, administrative expenses primarily were for fees charged by Actuarial Benefits & Design Company, which provides administration services for the Plan, and Nationwide Trust Company, FSB, the custodian of the Plan. Administrative expenses totaled \$20,552 for 2024 and \$12,289 for 2023, net of investment manager rebates.

5. Related-Party Transactions:

The Plan invests in three mutual funds that are administered by Nationwide Trust Company, FSB, the custodian of the Plan. These are related-party transactions and the funds are identified as parties-in-interest in the accompanying schedule of assets (held at end of year).

In addition, as disclosed in Note 4, the Plan pays recordkeeping fees to Nationwide Trust Company, FSB and its affiliates which totaled \$17,474 for 2024 and \$37,052 for 2023. The amounts are included in administrative expenses.

6. Plan Termination:

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the account balances of all participants would immediately vest.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements, Continued

7. Tax Status:

The plan agreement was designed by Actuarial Benefits & Design Company. The Organization believes the agreement was designed in compliance with the applicable requirements of the Internal Revenue Code. The Internal Revenue Service does not have a determination letter program for individually designed 403(b) plans.

Management has evaluated the effects of FASB guidance related to uncertain income tax positions and concluded that the Plan has no significant financial statement exposure to uncertain income tax positions at December 31, 2024 and 2023. The Plan is not currently under audit by any tax jurisdiction.

8. Risks and Uncertainties:

The Plan provides for various investments in a money market and mutual fund accounts. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

9. Financial Information Certified by a Qualified Institution:

Nationwide Trust Company, FSB, the custodian of the Plan, has certified that the following information is complete and accurate:

- Investments, at fair value
- Investment income, including appreciation on investments at fair value
- Schedule of assets (held at end of year)

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	AB Global Bond Fund Class Z	Mutual Fund	\$ 3,968
	AB Global Bond I	Mutual Fund	402
	Abrdn Emerging Markets ex-China Institutional	Mutual Fund	1,105
	American Beacon International Equity R5	Mutual Fund	531
	American Beacon International Equity R6	Mutual Fund	3,053
	American Century Inflation-Adjusted Bond R5	Mutual Fund	106
	American Century Inflation-Adjusted Bond R6	Mutual Fund	350
	American Century Short Duration Inflation Protection Bond	Mutual Fund	383
	American Funds New World Fund R6	Mutual Fund	58
	Artisan International Value Institutional	Mutual Fund	93
	Avantis Emerging Markets Equity Fund Institutional	Mutual Fund	45,524
	Avantis US Large Cap Value R6	Mutual Fund	51,699
	Avantis US Small Cap Value Institutional	Mutual Fund	15,499
	Baird Core Plus Bond Fund Class Institutional	Mutual Fund	22,459
	BlackRock 80/20 Target Allocation Fund - Institutional	Mutual Fund	206,735
	BlackRock High Yield Bond Portfolio K	Mutual Fund	16,863
	BlackRock High Yield Portfolio Institutional	Mutual Fund	86
	BlackRock Mid-Cap Growth Equity Portfolio Institutional	Mutual Fund	357
	Blackrock Strategic Income Opportunities Portfolio	Mutual Fund	89
	BlackRock Total Return K	Mutual Fund	9,612
	BNY Mellon Developed Markets Real Estate Securities I	Mutual Fund	150
	Brown Advisory Sustainable Growth Fund Institutional	Mutual Fund	71
	Calvert Equity Fund I	Mutual Fund	58

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**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Calvert US Large-Cap Core Responsible Index I	Mutual Fund	\$ 1
	Carillon Eagle Small Cap Growth R6	Mutual Fund	371
	Columbia Select Large Cap Growth Institutional 2	Mutual Fund	583
	DFA Emerging Markets Core Equity Portfolio Institutional	Mutual Fund	2,822
	DFA Global Real Estate Securities Portfolio	Mutual Fund	99
	DFA International Large Cap Growth	Mutual Fund	3,287
	DFA US Large Cap Value Portfolio Institutional	Mutual Fund	512
	DFA US Targeted Value Portfolio Institutional	Mutual Fund	133
	Diamond Hill Mid Cap I	Mutual Fund	28,975
	Dodge & Cox International Stock Fund I	Mutual Fund	60,622
	Federated Hermes Government Obligations Premier	Money Market	9,484
	Federated Hermes Institutional High Yield Bond Fund	Mutual Fund	150
	Fidelity 500 Index	Mutual Fund	195,763
	Fidelity International Index	Mutual Fund	73,920
	Fidelity US Bond Index	Mutual Fund	38,902
	Franklin DynaTech Advisor Class	Mutual Fund	3,653
	Franklin Templeton Global Bond Fund	Mutual Fund	206
	Goldman Sachs GQG Partners International Opportunities	Mutual Fund	59,414
	Guggenheim Floating Rate Strategies I	Mutual Fund	20
	Invesco Global Opportunities Y	Mutual Fund	6,985
	Invesco International Bond Y	Mutual Fund	145
	Invesco Oppenheimer International Growth Y	Mutual Fund	2,255
	iShares Russell 2000 Small-Cap Index K	Mutual Fund	1,536
	JPMorgan Equity Income R5	Mutual Fund	43,991

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**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

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	JPMorgan Large Cap Growth R6	Mutual Fund	\$ 49,074
	JPMorgan Small Cap Value R6	Mutual Fund	673
	Lazard International Strategic Equity Portfolio Institutional	Mutual Fund	3,162
	Legal & General Commodity Strategy Fund Institutional	Mutual Fund	22,318
	Lord Abbett Floating Rate R5	Mutual Fund	140
	Lord Abbett High Yield R5	Mutual Fund	1,411
	MFS Growth Fund Class R6	Mutual Fund	8,249
	MFS Mid Cap Growth Fund Class R6	Mutual Fund	29,150
	MFS Value R6	Mutual Fund	1,346
	Morgan Stanley Institutional American Resilience Portfolio R6	Mutual Fund	1,128
*	Nationwide Geneva Small Cap Growth IS	Mutual Fund	4,616
*	Nationwide Loomis All Cap Growth R6	Mutual Fund	55,214
*	Nationwide Small Cap Index R6	Mutual Fund	2,537
	Neuberger Berman Emerging Markets Equity Institutional	Mutual Fund	2,923
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	Nuveen High Yield Income I	Mutual Fund	335
	Nuveen Lifecycle Index 2010 R6	Mutual Fund	1,181
	Nuveen Lifecycle Index 2015 R6	Mutual Fund	465
	Nuveen Lifecycle Index 2020 R6	Mutual Fund	19,262
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	Nuveen Lifecycle Index 2030 R6	Mutual Fund	27,784
	Nuveen Lifecycle Index 2035 R6	Mutual Fund	83,968

See independent auditor's report.

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
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Nuveen Lifecycle Index 2045 R6	Mutual Fund	430,848	
Nuveen Lifecycle Index 2050 R6	Mutual Fund	823,853	
Nuveen Lifecycle Index 2055 R6	Mutual Fund	616,038	
Nuveen Lifecycle Index 2060 R6	Mutual Fund	100,664	
Nuveen Lifecycle Index Retirement Income R6	Mutual Fund	22	
PGIM Global Real Estate R6	Mutual Fund	966	
PGIM Jennison Growth R6	Mutual Fund	5,750	
PGIM Jennison Small Company Z	Mutual Fund	7,499	
PGIM Total Return Bond R6	Mutual Fund	37,354	
PIMCO CommodityRealReturn Strategy Institutional	Mutual Fund	1,229	
PIMCO Emerging Markets Local Currency and Bond Fund I	Mutual Fund	4	
PIMCO Real Return Institutional	Mutual Fund	26,607	
PIMCO Total Return Institutional	Mutual Fund	606	
Principal Global Real Estate Securities Fund Institutional	Mutual Fund	135	
Principal Global Real Estate Securities R6	Mutual Fund	28,029	
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**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Continued
December 31, 2024

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current value	
Vanguard GNMA Fund Admiral	Mutual Fund	\$ 2,106	
Vanguard Short-Term Federal Admiral	Mutual Fund	10,847	
Vanguard Total International Stock Index Admiral	Mutual Fund	15,094	
Vanguard Total Stock Market Index Admiral	Mutual Fund	27,333	
Vanguard Wellesley Income Admiral	Mutual Fund	84,475	
Vanguard Windsor Fund Admiral	Mutual Fund	53,649	
Victory Sycamore Established Value C	Mutual Fund	241,620	
		<u>\$ 4,876,099</u>	

(d) "Cost" is not required as all investments are participant directed.

* Indicates a party-in-interest to the Plan.

See independent auditor's report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE FAISON CENTER, INC. EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/2010
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... The Faison Center, Inc. 5311 Markel Road Richmond VA 23230
2b Employer Identification Number (EIN) 03-0387451
2c Plan Sponsor's telephone number 804-612-1947
2d Business code (see instructions) 611000

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. Row 1: Rosemary O'Steen, 09/30/2025, Rosemary O'Steen VP of Admin. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 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	459
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)	261
	6a(2)	298
	6b	0
	6c	256
	6d	554
	6e	0
	6f	554
	6g(1)	382
6g(2)	450	
6h	4	
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:
2A 2E 2F 2G 2J 2T 2L 2M 3D

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 _____
- (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 _____

**THE FAISON CENTER, INC.
EMPLOYEES' RETIREMENT PLAN**

EIN: 03-0387451 PLAN: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

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