Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
ST. MARYS HOME FOR DISABLED CHILDREN

6171 KEMPSVILLE CIRCLE
NORFOLK, VA 23502

2b Employer Identification Number (EIN) 54-0505952

2c Plan Sponsor's telephone number 757-446-6783

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DIANE TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DIANE TAYLOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	453
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	229
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	220
b	Retired or separated participants receiving benefits	**6b**	124
c	Other retired or separated participants entitled to future benefits	**6c**	112
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	456
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	460
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	27
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. MARYS HOME FOR DISABLED CHILDREN

D Employer Identification Number (EIN)
54-0505952

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	26735128
b Actuarial value	**2b**	26143192

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	124	12051760	12051760
b For terminated vested participants	100	2684840	2684840
c For active participants	245	6310506	6729439
d Total	469	21047106	21466039

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

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

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	923337
b Expected plan-related expenses	**6b**	23000
c Target normal cost	**6c**	946337

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

MATTHEW G. DASKIVICH
Type or print name of actuary

26-07639
Most recent enrollment number

CREATIVE PLANNING INSTL CONSULTING
Firm name

804-688-5925
Telephone number (including area code)

4600 COX ROAD
SUITE 350
GLEN ALLEN, VA 23060

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1984500
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1984500
10	Interest on line 9 using prior year's actual return of 8.93 %	0	177216
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		913901
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.25 %		47980
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		961881
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2161716

Part III Funding Percentages

14	Funding target attainment percentage	14	111.71 %
15	Adjusted funding target attainment percentage	15	121.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2025	750000	0			
			Totals ► 18(b)	750000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	712084

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	946337
b Excess assets, if applicable, but not greater than line 31a	**31b**	946337

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	712084

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

a Total (excess, if any, of line 37 over line 36)	**38a**	712084
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARYS HOME FOR DISABLED CHILDREN

D Employer Identification Number (EIN)
54-0505952

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRUIST

56-1074313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	27531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARYS HOME FOR DISABLED CHILDREN

D Employer Identification Number (EIN)
54-0505952

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	111769	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1146813	2017910
(2) U.S. Government securities	1c(2)	6391575	7039940
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4004052	4096631
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15080919	15937869
(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)	0	910262
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	26735128	30002612
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	26735128	30002612

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)	750000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		750000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33456	
(B) U.S. Government securities	2b(1)(B)	195580	
(C) Corporate debt instruments	2b(1)(C)	116767	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8568	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		354371
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	389045	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		389045
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15693716	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13815693	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1878023
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1151864	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1151864

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-742
d Total income. Add all **income** amounts in column (b) and enter total	2d		4522561
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1227546	
(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)		1227546
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	27531	
(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)		27531
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1255077
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3267484
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PBMARES LLP **(2)** EIN: 54-0737372

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585562.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARYS HOME FOR DISABLED CHILDREN

D Employer Identification Number (EIN)
54-0505952

Part I Distributions

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

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

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

EIN(s): 58-0466330

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2025

PBMares SM

ASSURANCE, TAX & ADVISORY SERVICES

ST. MARY'S HOME FOR DISABLED CHILDREN
RETIREMENT PLAN

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PBMares SM
CPAs and Consultants

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of St. Mary's Home for Disabled Children Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

PBMares, LLP

Richmond, Virginia
September 29, 2026

FINANCIAL STATEMENTS

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value:		
Corporate stocks	**$ 16,848,131**	$ 15,080,919
U.S. government and agency bonds	**6,801,670**	6,163,114
Corporate obligations	**4,096,631**	4,004,052
Money market mutual fund	**-**	1,146,813
Municipal obligations	**238,270**	228,461
Total investments	**27,984,702**	26,623,359
Cash	**2,017,910**	-
Receivables:		
Accrued interest and dividends	**-**	111,769
Total assets	**30,002,612**	26,735,128
LIABILITIES	**-**	-
Net assets available for benefits	**$ 30,002,612**	$ 26,735,128

See Notes to Financial Statements.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividend income	**$ 743,416**	$ 706,500
Net appreciation in the fair value of investments	**3,029,887**	1,458,969
Other investment income (loss)	**(742)**	69
Total investment income	**3,772,561**	2,165,538
Contributions:		
Employer	**750,000**	960,000
Total additions	**4,522,561**	3,125,538
Deductions from Net Assets Attributed to:		
Benefits paid directly to participants and beneficiaries	**1,227,546**	1,183,655
Administrative expenses	**27,531**	22,683
Total deductions	**1,255,077**	1,206,338
Net increase	**3,267,484**	1,919,200
Net Assets Available for Benefits:		
Beginning of year	**26,735,128**	24,815,928
End of year	**$ 30,002,612**	$ 26,735,128

See Notes to Financial Statements.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits:		
Plan benefits		
Vested benefits:		
Participants and beneficiaries currently receiving payments	$	11,072,292
Other participants		7,441,863
Total vested benefits		18,514,155
Nonvested benefits		344,324
Total actuarial present value of accumulated plan benefits	$	18,858,479

See Notes to Financial Statements.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$	18,165,910
Increase during the year attributable to:		
Benefits accumulated and experience gains and losses		733,303
Interest due to decrease in discount period		1,142,921
Assumption changes		-
Benefits paid		(1,183,655)
Net increase		692,569
Actuarial present value of accumulated plan benefits at end of year	$	18,858,479

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

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

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

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

Funding policy: The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Organization made contributions of $750,000 and $960,000, respectively. The Organization's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

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

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

1. 1.1% of the participant's final average compensation, multiplied by all years of credited service, plus

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

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

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

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

Pension Protection Act: The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The AFTAP for the Plan was 121.78% and 121.24% for 2025 and 2024, respectively. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit plan restrictions.

Note 2. Summary of Significant Accounting Policies

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

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

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

Note 2. Summary of Significant Accounting Policies (Continued)

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

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

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

The actuarial present value of accumulated Plan benefits is determined by an independent actuary using beginning of period benefit information as of January 1, 2025, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025 were (a) life expectancy of participants Pri-2012 Total Dataset Mortality Tables with IRS 2024 adjusted scale MP-2021, (b) assumed retirement ages weighted between 55 to 65 years, (c) investment return (assumed rate of return of 6.5%), and (d) inflation (2.5%). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

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

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

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent events: Plan management has evaluated subsequent events through September 29, 2026, the date these financial statements were available to be issued. There are no subsequent events that Plan management has determined should be disclosed pursuant to the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Note 3. Plan Termination

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

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025 and 2024, that ceiling was $7,790 and 7,432 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Information Prepared and Certified by the Trustees

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified by Charles Schwab Trust Bank, the current trustee, and Truist Bank, the former trustee (collectively the Trustees of the Plan). The Plan Administrator has obtained certifications from the Trustees, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

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

	2025	2024
Investments, at fair value		
Corporate stocks	**$ 16,848,131**	$ 15,080,919
U.S. government and agency bonds	**6,801,670**	6,163,114
Corporate obligations	**4,096,631**	4,004,052
Money market mutual fund	**-**	1,146,813
Municipal obligations	**238,270**	228,461
Cash	**2,017,910**	-
Interest and Dividend Income	**743,416**	706,500
Net Appreciation in the Fair Value of Investments	**3,029,887**	1,458,969
Other Investment Income (Loss)	**(742)**	69

Note 5. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

Note 5. Fair Value Measurements (Continued)

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

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

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

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

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

	Assets Measured at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Corporate stocks	**$ 16,848,131**	**$ -**	**$ -**	**$ 16,848,131**
U.S. government and agency bonds	**-**	**6,801,670**	**-**	**6,801,670**
Corporate obligations	**-**	**4,096,631**	**-**	**4,096,631**
Municipal obligations	**-**	**238,270**	**-**	**238,270**
Investments, at fair value	**$ 16,848,131**	**$ 11,136,571**	**$ -**	**$ 27,984,702**

Note 5. Fair Value Measurements (Continued)

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

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

Note 6. Related Party and Party in Interest Transactions

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party in interest transactions.

Note 7. Risks and Uncertainties

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

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

Note 8. Income Tax Status

The Internal Revenue Service has determined and informed the Organization by a letter dated June 17, 2026, that the Plan and related trust are designed in accordance with the applicable sections of the IRC.

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

SUPPLEMENTAL SCHEDULES

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	U.S. Government and Agency Bonds:				
	United States Treasury Bonds	250,000	2.875%, 05/15/2052	$ 237,396	$ 175,156
	United States Treasury Bonds	275,000	2.875%, 05/15/2032	260,744	259,445
	United States Treasury Bonds	350,000	3.000%, 08/15/2052	310,045	251,275
	United States Treasury Bonds	325,000	3.875%, 02/15/2043	329,550	293,020
	United States Treasury Bonds	225,000	3.875%, 05/15/2043	213,538	202,219
	United States Treasury Bonds	25,000	4.250%, 02/15/2054	24,401	22,660
	United States Treasury Bonds	50,000	4.250%, 08/15/2054	52,322	45,332
	United States Treasury Notes	150,000	0.625%, 07/31/2026	149,666	147,480
	United States Treasury Notes	100,000	1.125%, 10/31/2026	99,684	97,992
	United States Treasury Notes	300,000	2.500%, 03/31/2027	291,762	296,273
	United States Treasury Notes	100,000	2.625%, 05/31/2027	98,043	98,797
	United States Treasury Notes	225,000	3.250%, 06/30/2029	218,238	222,469
	United States Treasury Notes	250,000	2.750%, 08/15/2032	225,977	233,213
	United States Treasury Notes	575,000	4.125%, 11/15/2032	569,525	582,008
	United States Treasury Bonds	60,000	3.500%, 04/30/2030	60,035	59,588
	United States Treasury Notes	50,000	3.500%, 04/30/2028	49,975	49,992
	United States Treasury Notes	125,000	3.375%, 05/15/2033	121,006	120,283
	United States Treasury Notes	350,000	4.000%, 07/31/2030	347,512	354,539
	United States Treasury Notes	125,000	4.125%, 08/31/2030	124,092	127,256
	United States Treasury Notes	100,000	4.625%, 09/30/2030	98,242	103,961
	United States Treasury Notes	35,000	4.875%, 10/31/2030	36,020	36,783
	United States Treasury Notes	175,000	4.375%, 11/30/2030	180,210	180,113
	United States Treasury Notes	150,000	4.375%, 11/30/2028	150,484	153,416
	United States Treasury Notes	70,000	4.000%, 01/15/2027	69,412	70,334
	United States Treasury Notes	100,000	4.000%, 01/31/2029	98,777	101,281
	United States Treasury Notes	150,000	4.875%, 04/30/2026	149,654	150,615
	United States Treasury Notes	100,000	4.625%, 04/30/2029	100,707	103,258
	United States Treasury Notes	100,000	4.625%, 05/31/2031	101,168	104,152
	United States Treasury Notes	100,000	2.250%, 08/15/2027	97,906	98,055
	United States Treasury Notes	50,000		52,387	49,293
	United States Treasury Notes	150,000	4.625%, 02/15/2035	157,828	155,889
	United States Treasury Notes	100,000	4.625%, 09/15/2026	101,230	100,723
	United States Treasury Notes	200,000	1.125%,	200,831	194,578
	United States Treasury Notes	250,000	4.000%, 03/31/2030	252,275	253,281
	United States Treasury Notes	250,000	4.000%, 05/31/2030	249,873	253,281
	United States Treasury Notes	550,000	4.250%, 08/15/2035	356,574	554,662
	FHLMC Pool #C91859	12,506	3.500%, 12/01/2035	13,149	12,297
	FHLMC Pool #RB5076	81,423	2.000%, 08/01/2040	84,885	72,018
	FNMA Pool #CA7972	41,464	3.000%, 09/01/2050	43,978	37,204
	FNMA Pool CA1191	17,481	3.500%, 11/01/2047	17,773	16,466
	FNMA Pool #MA5313	161,400	5.000%, 03/01/2044	166,629	164,648
	FNMA Pool #MA5498	191,299	6.000%, 10/01/2054	205,087	196,365
				6,768,590	6,801,670

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Obligations:				
	American Assets Trust LP	150,000	6.150%, 10/01/2034	$ 149,507	$ 151,970
	American Water Capital	150,000	2.950%, 09/01/2027	154,045	147,726
	Amgen Inc	70,000	5.150%, 11/15/2041	71,569	67,611
	Ares Capital Corp	75,000	2.875%, 06/15/2028	76,202	71,580
	Bank Of America Corp	125,000	VAR CPN, 08/15/2035	125,000	127,830
	Blackrock Inc	100,000	3.250%, 04/30/2029	100,858	97,789
	Dell Intl LLC / EMC Corp	200,000	4.350%, 02/01/2030	199,766	199,895
	Duke Energy Carolinas	100,000	4.850%, 01/15/2034	97,520	101,214
	Duke Energy Florida LLC	100,000	3.800%, 07/15/2028	103,656	99,853
	Expedia Group Inc	100,000	3.250%, 02/15/2030	89,831	95,878
	FNB Corp	200,000	VAR CPN, 12/11/2030	200,000	203,776
	Healthpeak Properties Inc	125,000	1.350%, 02/01/2027	124,846	121,386
	Home Depot Inc	100,000	2.700%, 04/15/2030	99,131	94,590
	Hubbell Inc	60,000	3.150%, 08/15/2027	62,056	59,189
	Ingersoll Rand Inc	100,000	5.700%, 08/14/2033	99,234	105,921
	JPMorgan Chase & Co	75,000	3.200%, 06/15/2026	74,459	74,811
	Kinder Morgan Energy Partners	100,000	5.400%, 09/01/2044	97,900	94,661
	Microsoft Corp	100,000	2.400%, 08/08/2026	97,099	99,273
	Netflix Inc	150,000	4.900%, 08/15/2034	149,421	153,228
	Nvidia Corp	25,000	3.200%, 09/16/2026	25,576	24,908
	Oracle Corp	75,000	2.875%, 03/25/2031	78,020	67,219
	Otis Worldwide Corp	100,000	5.125%, 11/19/2031	99,994	103,740
	Pfizer Inc	100,000	3.600%, 09/15/2028	99,841	99,827
	RTX Corporation	75,000	4.700%, 12/15/2041	90,576	70,006
	Realty Income Corp	175,000	4.850%, 03/15/2030	175,207	179,518
	Ross Stores Inc	94,000	4.700%, 04/15/2027	104,806	94,237
	Salesforce.Com Inc	100,000	2.700%, 07/15/2041	100,744	72,464
*	Charles Schwab Corp	50,000	VAR CPN, 05/19/2029	50,000	51,934
	UnitedHealth Group Inc	200,000	5.150%, 07/15/2034	199,988	204,783
	Valero Energy Corp	35,000	7.500%, 04/15/2032	39,071	39,812
	Waste Management Inc	75,000	1.150%, 03/15/2028	74,953	70,657
	Wellpoint Inc	50,000	5.100%, 01/15/2044	53,417	46,674
	Trans-Canada Pipelines	125,000	4.625%, 03/01/2034	113,993	121,917
	General Motors F	200,000	5.350%, 07/15/2027	202,708	203,417
	International Business	125,000	5.700%, 02/10/2055	124,875	122,950
	Meta Platforms	200,000	4.200%, 11/15/2030	199,970	200,350
	The Boeing Co	150,000	6.259%, 05/01/2027	154,247	154,037
				4,160,086	4,096,631
	Municipal Obligations:				
	Montgomery Cnty Virginia Econ Dev	100,000	2.942%, 06/01/2031	100,923	93,709
	Richmond Virginia Public Utility Rev	150,000	2.495%, 01/15/2029	159,969	144,561
				260,892	238,270

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Stocks:				
	Kinder Morgan Inc	16,660		$ 321,734	$ 457,983
	Williams Cos Inc	7,798		158,847	468,738
	Fedex Corporation	900		186,187	259,974
	Jacobs Solutions Inc	1,022		120,561	135,374
	Lockheed Martin Corp	597		215,027	288,751
	SS&C Technologies Holdings Inc	3,600		260,021	314,712
	Kraft Heinz Co	27,654		852,591	670,610
	Bio Rad Laboratories Cl A	950		313,592	287,841
	The Cigna Group	1,200		231,205	330,276
	CVS Health Corp	5,736		336,228	455,209
	Mckesson Corp	400		97,412	328,116
	Merck & Co Inc	4,575		352,251	481,565
	Pfizer Inc	16,347		606,592	407,040
	Regeneron Pharmaceuticals Inc	653		391,128	504,031
	Berkshire Hathaway Inc Cl B	953		199,047	479,025
	Citigroup Inc	3,764		208,492	439,221
	Corpay Inc	1,000		227,616	300,930
	First Citizens Bankshares Inc CL A	135		204,516	289,734
	Global Payments Inc	4,111		407,874	318,191
	Progressive Corp	1,230		110,186	280,096
	Applied Materials Inc	683		101,331	175,524
	Liberty Broadband - Ser C	8,000		607,509	388,800
	Sirius XM Holdings Inc.	12,844		383,718	256,816
	Warner Bros Discovery Inc CL A	8,190		65,951	236,036
	Dominion Energy Inc	11,359		677,789	665,524
	Evergy Inc	8,192		455,099	593,838
	Willis Towers Watson Plc	906		186,558	297,712
	Aercap Holings NV	2,300		218,485	330,648
	Anheuser Busch Inbev Sponsored	12,000		706,942	768,480
	Bayer Ag Sponsored	65,390		538,730	707,520
	Schlumberger LTD	9,250		349,338	355,015
	Crown Castle Inc	3,981		408,458	353,791
	Vanguard Short-Term Inflation	18,404		960,522	910,262
	Adobe Systems Inc	700		249,700	244,993
	Becton Dickinson & Co	857		151,907	166,318
	Capital One Financial CP	2,167		356,526	525,194
	Chevron Corp	3,715		512,171	566,203
	Elevance Health Inc	1,300		474,687	455,715
	Fiserv Inc	4,200		441,562	282,114
	HF Sinclair Corp	8,400		274,371	387,072
	Intel Corp	7,703		157,509	284,241

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	(c) Description of Investment Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Stocks: (Continued)				
	Jazz Pharmaceuticals PLCF	1,269		133,374	215,730
	Novo-Nordisk A-S F	3,600		197,332	183,168
				14,410,676	16,848,131
				$ 25,600,244	$ 27,984,702

* Designates party-in-interest.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025
EIN: 54-0505952 PN: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchases	(d) Sales	(g) Cost	(h) Value on Transaction Date	(i) Net Gain (Loss)
Single transactions in excess of 5% of net assets:						
None						
Series of transactions in excess of 5% of net assets:						
Federated Hermes Treasury Obligation	MM Mutual Fund	$ 5,758,815	$ -	$ 5,758,815	$ 5,758,815	$ -
Federated Hermes Treasury Obligation	MM Mutual Fund	-	6,905,628	6,905,628	6,905,628	-

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

Schedule SB, Line 26 - Schedule of Active Participant Data

APPENDIX I. SUMMARY OF PLAN PARTICIPANTS (continued)

C. Age and Service Distribution

Age as of 01/01/2025	Years of Service						Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 & Over	
20 - 24	12	0	0	0	0	0	12
25 - 29	25	8	0	0	0	0	33
30 - 34	14	9	1	0	0	0	24
35 - 39	13	14	2	1	0	0	30
40 - 44	10	12	1	4	0	0	27
45 - 49	8	6	4	1	2	0	21
50 - 54	4	9	2	3	2	1	21
55 - 59	8	12	5	4	1	3	33
60 - 64	7	6	4	2	2	3	24
65 & Over	2	2	5	6	2	3	20
Totals	103	78	24	21	9	10	245

Average Age: 45.45

Average Service: 8.86

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

APPENDIX III. SUMMARY OF ACTUARIAL ASSUMPTIONS AND METHODS

A. Interest Assumptions for Funding Calculations

1. Segment Rates used to calculate Funding Target
   - a. Segment 1 — 5.00% per year for first 5 years
   - b. Segment 2 — 5.27% per year for next 15 years
   - c. Segment 3 — 5.50% per year after 20 years
2. Effective Rate of Interest — 5.37% per year

B. Salary Increases

3.00% per year

C. Cost of Living Increases

2.50% per year

D. Mortality Assumptions

1. Healthy Lives - Funding — IRS 2025 Generational Mortality Table
2. Disabled Lives - Funding — IRS 2025 Generational Mortality Table

E. Retirement Assumptions

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

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

F. Withdrawal Assumptions

Sample rates at selected ages:

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

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

G. Disability Assumptions

Sample rates of disability are:

Age	Probability of Disability
20	0.11%
30	0.11%
40	0.19%
50	0.51%
60	1.66%

H. Form of Payment

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

I. Expense Assumptions

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

J. Family Composition

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

K. Asset Valuation Method

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

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025
EIN: 54-0505952 PN: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchases	(d) Sales	(g) Cost	(h) Value on Transaction Date	(i) Net Gain (Loss)
Single transactions in excess of 5% of net assets:						
None						
Series of transactions in excess of 5% of net assets:						
Federated Hermes Treasury Obligation	MM Mutual Fund	$ 5,758,815	$ -	$ 5,758,815	$ 5,758,815	$ -
Federated Hermes Treasury Obligation	MM Mutual Fund	-	6,905,628	6,905,628	6,905,628	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
St. Mary's Home for Disabled Children Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
St. Marys Home for Disabled Children

D Employer Identification Number (EIN)
54-0505952

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	26,735,128
b Actuarial value	**2b**	26,143,192

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	124	12,051,760	12,051,760
b For terminated vested participants	100	2,684,840	2,684,840
c For active participants	245	6,310,506	6,729,439
d Total	469	21,047,106	21,466,039

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	923,337
b Expected plan-related expenses	**6b**	23,000
c Target normal cost	**6c**	946,337

Statement by Enrolled Actuary

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

SIGN HERE Matthew G. Daskivich

Signature of actuary

10/13/2026
Date

Matthew G. Daskivich
Type or print name of actuary

2607639
Most recent enrollment number

Creative Planning Instl Consulting
Firm name

804-688-5925
Telephone number (including area code)

4600 Cox Road
Suite 350
Glen Allen VA 23060
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,984,500
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,984,500
10	Interest on line 9 using prior year's actual return of 8.93%	0	177,216
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		913,901
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.25%		47,980
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		961,881
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,161,716

Part III Funding Percentages

14	Funding target attainment percentage	14	111.71%
15	Adjusted funding target attainment percentage	15	121.78%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.77%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2025	750,000	0			
			Totals ► 18(b)	750,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	712,084

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	946,337
b Excess assets, if applicable, but not greater than line 31a	**31b**	946,337

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	712,084
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	712,084
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

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

APPENDIX II. SUMMARY OF PLAN PROVISIONS

A. General Information

1.	Valuation Date	January 1, 2025
2.	Original Effective Date	January 1, 1968
3.	Effective Date of Last Amendment	January 1, 2020
4.	Plan Year	January 1 to December 31
5.	Employer Fiscal Year	January 1 to December 31

B. Eligibility Requirements

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

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

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

C. Credited Service

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

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

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

D. Compensation

Definition

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

Averaging

Highest three consecutive calendar years of credit service.

E. Vesting

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

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

APPENDIX II. SUMMARY OF PLAN PROVISIONS (Continued)

F. Early Retirement

Eligibility

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

Benefit

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

G. Normal Retirement

Eligibility

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

Benefit

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

Final Average Formula:

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

Prior Accrued Benefit:

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

H. Accrued Benefit

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

I. Delayed Retirement

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

J. Disability Retirement

Eligibility

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

Benefit

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

Payments

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

APPENDIX II. SUMMARY OF PLAN PROVISIONS (Continued)

K. Death Benefit

Eligibility

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

Benefit

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

L. Methods of Payments

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

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

M. Supplemental Benefits

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

N. Contributions

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

O. Amendments

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

P. Changes Since Prior Valuation

None.

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	U.S. Government and Agency Bonds:				
	United States Treasury Bonds	250,000	2.875%, 05/15/2052	$ 237,396	$ 175,156
	United States Treasury Bonds	275,000	2.875%, 05/15/2032	260,744	259,445
	United States Treasury Bonds	350,000	3.000%, 08/15/2052	310,045	251,275
	United States Treasury Bonds	325,000	3.875%, 02/15/2043	329,550	293,020
	United States Treasury Bonds	225,000	3.875%, 05/15/2043	213,538	202,219
	United States Treasury Bonds	25,000	4.250%, 02/15/2054	24,401	22,660
	United States Treasury Bonds	50,000	4.250%, 08/15/2054	52,322	45,332
	United States Treasury Notes	150,000	0.625%, 07/31/2026	149,666	147,480
	United States Treasury Notes	100,000	1.125%, 10/31/2026	99,684	97,992
	United States Treasury Notes	300,000	2.500%, 03/31/2027	291,762	296,273
	United States Treasury Notes	100,000	2.625%, 05/31/2027	98,043	98,797
	United States Treasury Notes	225,000	3.250%, 06/30/2029	218,238	222,469
	United States Treasury Notes	250,000	2.750%, 08/15/2032	225,977	233,213
	United States Treasury Notes	575,000	4.125%, 11/15/2032	569,525	582,008
	United States Treasury Bonds	60,000	3.500%, 04/30/2030	60,035	59,588
	United States Treasury Notes	50,000	3.500%, 04/30/2028	49,975	49,992
	United States Treasury Notes	125,000	3.375%, 05/15/2033	121,006	120,283
	United States Treasury Notes	350,000	4.000%, 07/31/2030	347,512	354,539
	United States Treasury Notes	125,000	4.125%, 08/31/2030	124,092	127,256
	United States Treasury Notes	100,000	4.625%, 09/30/2030	98,242	103,961
	United States Treasury Notes	35,000	4.875%, 10/31/2030	36,020	36,783
	United States Treasury Notes	175,000	4.375%, 11/30/2030	180,210	180,113
	United States Treasury Notes	150,000	4.375%, 11/30/2028	150,484	153,416
	United States Treasury Notes	70,000	4.000%, 01/15/2027	69,412	70,334
	United States Treasury Notes	100,000	4.000%, 01/31/2029	98,777	101,281
	United States Treasury Notes	150,000	4.875%, 04/30/2026	149,654	150,615
	United States Treasury Notes	100,000	4.625%, 04/30/2029	100,707	103,258
	United States Treasury Notes	100,000	4.625%, 05/31/2031	101,168	104,152
	United States Treasury Notes	100,000	2.250%, 08/15/2027	97,906	98,055
	United States Treasury Notes	50,000		52,387	49,293
	United States Treasury Notes	150,000	4.625%, 02/15/2035	157,828	155,889
	United States Treasury Notes	100,000	4.625%, 09/15/2026	101,230	100,723
	United States Treasury Notes	200,000	1.125%,	200,831	194,578
	United States Treasury Notes	250,000	4.000%, 03/31/2030	252,275	253,281
	United States Treasury Notes	250,000	4.000%, 05/31/2030	249,873	253,281
	United States Treasury Notes	550,000	4.250%, 08/15/2035	356,574	554,662
	FHLMC Pool #C91859	12,506	3.500%, 12/01/2035	13,149	12,297
	FHLMC Pool #RB5076	81,423	2.000%, 08/01/2040	84,885	72,018
	FNMA Pool #CA7972	41,464	3.000%, 09/01/2050	43,978	37,204
	FNMA Pool CA1191	17,481	3.500%, 11/01/2047	17,773	16,466
	FNMA Pool #MA5313	161,400	5.000%, 03/01/2044	166,629	164,648
	FNMA Pool #MA5498	191,299	6.000%, 10/01/2054	205,087	196,365
				6,768,590	6,801,670

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Obligations:				
	American Assets Trust LP	150,000	6.150%, 10/01/2034	$ 149,507	$ 151,970
	American Water Capital	150,000	2.950%, 09/01/2027	154,045	147,726
	Amgen Inc	70,000	5.150%, 11/15/2041	71,569	67,611
	Ares Capital Corp	75,000	2.875%, 06/15/2028	76,202	71,580
	Bank Of America Corp	125,000	VAR CPN, 08/15/2035	125,000	127,830
	Blackrock Inc	100,000	3.250%, 04/30/2029	100,858	97,789
	Dell Intl LLC / EMC Corp	200,000	4.350%, 02/01/2030	199,766	199,895
	Duke Energy Carolinas	100,000	4.850%, 01/15/2034	97,520	101,214
	Duke Energy Florida LLC	100,000	3.800%, 07/15/2028	103,656	99,853
	Expedia Group Inc	100,000	3.250%, 02/15/2030	89,831	95,878
	FNB Corp	200,000	VAR CPN, 12/11/2030	200,000	203,776
	Healthpeak Properties Inc	125,000	1.350%, 02/01/2027	124,846	121,386
	Home Depot Inc	100,000	2.700%, 04/15/2030	99,131	94,590
	Hubbell Inc	60,000	3.150%, 08/15/2027	62,056	59,189
	Ingersoll Rand Inc	100,000	5.700%, 08/14/2033	99,234	105,921
	JPMorgan Chase & Co	75,000	3.200%, 06/15/2026	74,459	74,811
	Kinder Morgan Energy Partners	100,000	5.400%, 09/01/2044	97,900	94,661
	Microsoft Corp	100,000	2.400%, 08/08/2026	97,099	99,273
	Netflix Inc	150,000	4.900%, 08/15/2034	149,421	153,228
	Nvidia Corp	25,000	3.200%, 09/16/2026	25,576	24,908
	Oracle Corp	75,000	2.875%, 03/25/2031	78,020	67,219
	Otis Worldwide Corp	100,000	5.125%, 11/19/2031	99,994	103,740
	Pfizer Inc	100,000	3.600%, 09/15/2028	99,841	99,827
	RTX Corporation	75,000	4.700%, 12/15/2041	90,576	70,006
	Realty Income Corp	175,000	4.850%, 03/15/2030	175,207	179,518
	Ross Stores Inc	94,000	4.700%, 04/15/2027	104,806	94,237
	Salesforce.Com Inc	100,000	2.700%, 07/15/2041	100,744	72,464
*	Charles Schwab Corp	50,000	VAR CPN, 05/19/2029	50,000	51,934
	UnitedHealth Group Inc	200,000	5.150%, 07/15/2034	199,988	204,783
	Valero Energy Corp	35,000	7.500%, 04/15/2032	39,071	39,812
	Waste Management Inc	75,000	1.150%, 03/15/2028	74,953	70,657
	Wellpoint Inc	50,000	5.100%, 01/15/2044	53,417	46,674
	Trans-Canada Pipelines	125,000	4.625%, 03/01/2034	113,993	121,917
	General Motors F	200,000	5.350%, 07/15/2027	202,708	203,417
	International Business	125,000	5.700%, 02/10/2055	124,875	122,950
	Meta Platforms	200,000	4.200%, 11/15/2030	199,970	200,350
	The Boeing Co	150,000	6.259%, 05/01/2027	154,247	154,037
				4,160,086	4,096,631
	Municipal Obligations:				
	Montgomery Cnty Virginia Econ Dev	100,000	2.942%, 06/01/2031	100,923	93,709
	Richmond Virginia Public Utility Rev	150,000	2.495%, 01/15/2029	159,969	144,561
				260,892	238,270

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Stocks:				
	Kinder Morgan Inc	16,660		$ 321,734	$ 457,983
	Williams Cos Inc	7,798		158,847	468,738
	Fedex Corporation	900		186,187	259,974
	Jacobs Solutions Inc	1,022		120,561	135,374
	Lockheed Martin Corp	597		215,027	288,751
	SS&C Technologies Holdings Inc	3,600		260,021	314,712
	Kraft Heinz Co	27,654		852,591	670,610
	Bio Rad Laboratories Cl A	950		313,592	287,841
	The Cigna Group	1,200		231,205	330,276
	CVS Health Corp	5,736		336,228	455,209
	Mckesson Corp	400		97,412	328,116
	Merck & Co Inc	4,575		352,251	481,565
	Pfizer Inc	16,347		606,592	407,040
	Regeneron Pharmaceuticals Inc	653		391,128	504,031
	Berkshire Hathaway Inc Cl B	953		199,047	479,025
	Citigroup Inc	3,764		208,492	439,221
	Corpay Inc	1,000		227,616	300,930
	First Citizens Bankshares Inc CL A	135		204,516	289,734
	Global Payments Inc	4,111		407,874	318,191
	Progressive Corp	1,230		110,186	280,096
	Applied Materials Inc	683		101,331	175,524
	Liberty Broadband - Ser C	8,000		607,509	388,800
	Sirius XM Holdings Inc.	12,844		383,718	256,816
	Warner Bros Discovery Inc CL A	8,190		65,951	236,036
	Dominion Energy Inc	11,359		677,789	665,524
	Evergy Inc	8,192		455,099	593,838
	Willis Towers Watson Plc	906		186,558	297,712
	Aercap Holings NV	2,300		218,485	330,648
	Anheuser Busch Inbev Sponsored	12,000		706,942	768,480
	Bayer Ag Sponsored	65,390		538,730	707,520
	Schlumberger LTD	9,250		349,338	355,015
	Crown Castle Inc	3,981		408,458	353,791
	Vanguard Short-Term Inflation	18,404		960,522	910,262
	Adobe Systems Inc	700		249,700	244,993
	Becton Dickinson & Co	857		151,907	166,318
	Capital One Financial CP	2,167		356,526	525,194
	Chevron Corp	3,715		512,171	566,203
	Elevance Health Inc	1,300		474,687	455,715
	Fiserv Inc	4,200		441,562	282,114
	HF Sinclair Corp	8,400		274,371	387,072
	Intel Corp	7,703		157,509	284,241

ST. MARY'S HOME FOR DISABLED CHILDREN RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
December 31, 2025
EIN: 54-0505952 PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Part Value Shares	(c) Description of Investment Rate of Interest, Maturity Date	(d) Cost	(e) Current Value
	Corporate Stocks: (Continued)				
	Jazz Pharmaceuticals PLCF	1,269		133,374	215,730
	Novo-Nordisk A-S F	3,600		197,332	183,168
				14,410,676	16,848,131
				$ 25,600,244	$ 27,984,702

* Designates party-in-interest.