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
RICHMOND GROUP DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

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)
RICHMOND CHILDRENS CENTER, INC D/B/A RICHMOND COMMUNITY SERVICES

272 NORTH BEDFORD ROAD
MT. KISCO, NY 10549

2b Employer Identification Number (EIN)
13-2736761

2c Plan Sponsor's telephone number
914-471-4141

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	ANDREW S. KAPLAN, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	147
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)**	45
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	41
b	Retired or separated participants receiving benefits	**6b**	33
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	132
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	144
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**	0
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:

1I 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 _____
- **(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
RICHMOND GROUP DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RICHMOND CHILDRENS CENTER, INC D/B/A RICHMOND COMMUNITY SERVICES

D Employer Identification Number (EIN)
13-2736761

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**	2584619
b Actuarial value	**2b**	2400045

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	34	1281070	1281070
b For terminated vested participants	68	578836	578836
c For active participants	45	837999	837999
d Total	147	2697905	2697905

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	12616
c Target normal cost	**6c**	12616

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 — Date: 09/28/2026

GARRETT T. NOROF, EA, MAAA, FCA — Type or print name of actuary

26-07808 — Most recent enrollment number

USI CONSULTING GROUP — Firm name

212-878-0446 — Telephone number (including area code)

600 THIRD AVE
3RD FLOOR
NEW YORK, NY 10016

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	19844
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	19844
10	Interest on line 9 using prior year's actual return of 11.82 %	0	2346
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		471
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 5.04 %		24
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		495
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	22190

Part III Funding Percentages

14	Funding target attainment percentage	14	88.13 %
15	Adjusted funding target attainment percentage	15	88.13 %
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	92.26 %
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
04/11/2025	9100	0			
07/08/2025	9100	0			
10/07/2025	9100	0			
01/13/2026	21000	0			
			Totals ► 18(b)	48300	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	46480

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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**	12616
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	320050	33472
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	46088

	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**	46088
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	46480
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	392
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
RICHMOND GROUP DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHMOND CHILDRENS CENTER, INC D/B/A RICHMOND COMMUNITY SERVICES

D Employer Identification Number (EIN)
13-2736761

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)

BANK OF AMERICA

94-1687665

(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	TRUSTEE	10156	Yes [ ] No [X]	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

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

(complete as many entries as needed)

a	Name: DESIRE & COMPANY CPAS PLLC	**b** EIN:	45-2845518
c	Position: AUDITOR		
d	Address: 100 PARK AVENUE, SUITE 1600 NEW YORK, NY 10017	**e** Telephone:	212-351-5092

Explanation: THERE WAS A DECISION MADE TO CHANGE AUDITING FIRMS

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
RICHMOND GROUP DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHMOND CHILDRENS CENTER, INC D/B/A RICHMOND COMMUNITY SERVICES

D Employer Identification Number (EIN)
13-2736761

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)	11000	21000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1167	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37033	15941
(2) U.S. Government securities	1c(2)		501156
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	376479	2078425
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2158950	4854

		(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	2584629	2621376
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	2584629	2621376

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)	48300	
(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)		48300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2964	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2964
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	16326	
(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)		16326
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21790	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21790
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	19712	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		19712

		(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		283228
d Total income. Add all **income** amounts in column (b) and enter total	2d		392320
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	345074	
(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)		345074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	10499	
(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)		10499
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		355573
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		36747
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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 593184.

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
RICHMOND GROUP DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RICHMOND CHILDRENS CENTER, INC D/B/A RICHMOND COMMUNITY SERVICES

D Employer Identification Number (EIN)
13-2736761

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): 94-1687665 94-1737782

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** 4

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_____.

Plan Name: Richmond Group Defined Benefit Plan

EIN/PN: 13-2736761/001

Plan Year: 1/1/2025 to 12/31/2025

Schedule H, Part III, Line 3a

Richmond Group Defined Benefit Plan is timely filing its 2025 Form 5500. However, the audited financial statements for the plan year ending 2025 were not able to be completed in time to attach to this return. The plan's independent auditor is currently working with the plan administrator and service providers to obtain information necessary to complete and issue the auditor's report. The auditor expects to have the audited financial statements available as soon as possible. At that time, the Plan Sponsor will file an amended 2025 Form 5500 with the audited financial statements attached.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Funding Relief:
Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September 2024.

With Adjusted Interest Rates under Funding Relief:
The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

PBGC Premiums:
The Plan Sponsor elected to use the Standard Method to determine the 2024 Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums	Lump Sum Conversion
Segment 1 (0 to 5 years)	5.07%	5.07%	4.65%	5.07%
Segment 2 (5 to 20 years)	5.33%	5.31%	5.28%	5.31%
Segment 3 (20+ years)	5.36%	5.50%	5.63%	5.50%
Effective Rate	5.31%	5.33%	5.29%	5.33%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Pre-Retirement

Mortality Assumption
Non-Disabled – 2025 Optional Combined Table provided in IRS Notice 2024-42
Disabled – 2025 Optional Combined Table provided in IRS Notice 2024-42

Salary Projection – N/A

Retirement Age – 65

Percent Married – 80% of males and 80% of females were assumed to be married

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse

Lump Sums – 50% of the population are assumed to take a lump sum

Disability Rates – None

Withdrawal Rates – Table Name – See withdrawal rates in table below

Age	Rates
15	7.9384%
20	7.9384%
25	7.2242%
30	7.2219%
35	6.2764%
40	5.1504%
45	3.9753%
50	2.5627%
55	0.9394%
60	0.0901%
63+	0.0000%

Lump Sum Payments: Conversion

For funding valuation purposes, the "annuity substitution rule" is utilized.
The underlying assumptions for the funding valuation include the 417(e) Unisex mortality table and the interest rates used for minimum required contribution purposes.

For the ASC 960 valuation, the 2025 417(e) Unisex mortality table and an interest rate of 4.50% were used.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Post-Retirement

Mortality Assumption

Post-decrement/retirement – 2025 Optional Combined Table provided in IRS Notice 2024-42

Cost of Living Increase – N/A

Additional Assumptions

Credit Balances – Excess contributions plus interest for the 2024 plan year in the amount of $0 were elected to be added to the prefunding balance.
The voluntary reduction of the funding standard carryover balance was $0.
The voluntary reduction of the prefunding balance was $0.

Expense Load – "Plan related" expenses are assumed to be $12,616

Effective Interest Rate for Low-Default-Risk Obligation: 5.29%

Expected Return on Assets

Current Plan Year – 6.0%

Prior Plan Year – 6.0%

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on industry trends related to the business of the Plan Sponsor.
3. The Expected Return on Plan Assets assumption was chosen based on discussions with the Plan Sponsor

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the "adjusted value" of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets for IRC 430, for FASB ASC 960 and FASB 715

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the plan's current and expected future asset portfolio, as supported by the plan's investment manager.
This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

PLAN SPONSOR ELECTIONS

The Sponsor elected to use a 4-month look-back for their 3-segment yield curve. Once a look-back month is elected, switching to the full yield curve is always available.

The sponsor has elected to use the Actuarial Value of Assets method. See previous page for a description of this method.

The plan sponsor elected to use the PBGC Standard Method to value liabilities for the variable premium calculation starting with the 2023 premium payment year. Previously, the Alternative Method was used. This election may not be changed for the next 3 premium payment years. Please contact your actuary for further analysis.

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Because the plan is frozen, there is no further attribution; all benefits are included in the accrued liability as of the valuation date.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Richmond Group Defined Benefit Plan
EIN / PN: 13-2736761/001
Plan Year: 1/1/2025 to 12/31/2025
Schedule SB, Line 32 - Shortfall Amortization Bases and Amortization Installments

SHORTFALL AMORTIZATION BASES AND AMORTIZATION INSTALLMENTS

Type of Base	Base Establishment Date	Present Value of Remaining Installment Amount	Remaining Installment Period	Amortization Installment
Shortfall	1/1/2021	204,256	11*	23,678
Shortfall	1/1/2022	(180,935)	12	(19,683)
Shortfall	1/1/2023	183,886	13	18,899
Shortfall	1/1/2024	12,903	14	1,260
Shortfall	1/1/2025	99,940	15	9,318
Total		320,050		33,472

*Reflects the Plan Sponsor's election for relief under the American Rescue Plan Act of 2021.

Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: Richmond Group Defined Benefit Plan
EIN/PN: 13-2736761/001
Plan Year: 1/1/2025 to 12/31/2025

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2) x (3)	Weighted Age (1) x (4)
65	31.3873	0.6458	20.2687	1317.4625
66	13.0483	1.0000	13.0483	861.1879
67	3	1.0000	3	201.0000
68	1	1.0000	1	68.0000
69	3	1.0000	3	207.0000
70	0	1.0000	0	0.0000
71	1	1.0000	1	71.0000
72	0	1.0000	0	0.0000
73	0	1.0000	0	0.0000
74	0	1.0000	0	0.0000
75	1	1.0000	1	75.0000
76	0	1.0000	0	0.0000
77	0	1.0000	0	0.0000
78	0	1.0000	0	0.0000
79	0	1.0000	0	0.0000
80	0	1	0	0.0000
81	0	1	0	0
82	0	1	0	0
83	1	1	1	83
Total			43.317	2883.6504
Average				**66.57**

RICHMOND GROUP DEFINED BENEFIT PLAN

EIN/PN: 13-2736761 / 001
For Plan Year Ending December 31, 2025

Schedule SB, Line 26a - Schedule of Active Participant Data

	YEARS OF CREDITED SERVICE										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Attained Age	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Total
Under 25											
25 to 29											
30 to 34											
35 to 39											
40 to 44											
45 to 49					4						4
50 to 54				1	2	1	1				5
55 to 59					4	2					6
60 to 64				1	4	2	3	3	1		14
65 to 69				1	6	1	3	2			13
70 & up					2		1				3
Total				3	22	6	8	5	1		45

SUMMARY OF PLAN PROVISIONS

1. DATES

   A. Effective Date – January 1, 1987

   B. Valuation Date - January 1

   C. Plan Year - Plan Year begins January 1

2. CONTRIBUTIONS

   A. Employee

      None

   B. Employer

      All costs.

3. ELIGIBILITY

   Prior to January 1, 1992 – the January 1st or July 1st coincident with or next following age 21 and 2 year of service.

   After January 1, 1992 – the January 1st or July 1st coincident with or next following age 21 and 1 year of service.

   For non-collectively bargained employees, participation in the Plan was frozen as of August 31, 2004. For collectively bargained employees, participation in the Plan was frozen as of January 31, 2006.

4. NORMAL RETIREMENT

   A. Eligibility

      65 and 5 years of participation.

   B. Formula

      0.55% times Average Monthly Compensation times total Years of Employment, plus 0.50% of Average Monthly Compensation in excess of Social Security Covered Compensation (as set forth in the Plan Document) for the calendar year in which Normal Retirement Age occurs, times total Years of Employment. Social Security Covered Compensation as defined in the Plan Document is the 1988 Social Security Covered Compensation rounded to the nearest $600 per year.

SUMMARY OF PLAN PROVISIONS
(continued)

C Frozen Accruals

Benefits accrued were frozen for non-collectively bargained employees as of August 31, 2004, i.e., Years of Service, Plan Years of Participation, and Average Monthly Compensation are determined as of August 31, 2004 with no further accrual of benefits.

Benefits accrued were frozen for collectively bargained employees as of January 31, 2006 i.e., Years of Service, Plan Years of Participation, and Average Monthly Compensation are determined as of January 31, 2006 with no further accrual of benefits.

MAXIMUM AND MINIMUM RETIREMENT BENEFITS

A. Maximum Retirement Benefit

Lesser of $280,000 or average of highest 3 years' pay.

B. Minimum Retirement Benefit

None.

C. Maximum Annual Compensation

N/A; Plan is frozen with respect to benefit accruals.

6. STANDARD BENEFIT

A. Single Employees

Life Annuity

B. Married Employees

50% Qualified Joint & Survivor

7. EARLY RETIREMENT

A. Eligibility

Age 55 with 10 years of service.

B. Benefit

The accrued retirement benefit reduced 1/15th for each of the first 5 years, 1/30th for each of the next 5 years, and actuarially for each year thereafter that the retirement benefit commencement precedes the Participant’s Normal Retirement Date.

SUMMARY OF PLAN PROVISIONS
(continued)

8. VESTING

Eligibility

Prior to January 1, 1992, always fully vested.

After January 1, 1992, full vesting after 5 years of vesting service.

9. DEATH BENEFITS

A. Pre-Retirement Surviving Spouse Death Benefit: In the event of the death of a married Participant after Vesting Eligibility, the Participant's surviving spouse will be entitled to the monthly pension the spouse would receive if the Participant retired or terminated the day before his death with the Joint and Survivor annuity in effect. Such benefit will commence when the Participant would have attained Earliest Retirement Age.

B. Pre-Retirement Death Benefit: Present Value of Participant's Accrued Benefit. If the Pre-Retirement Spouse's Death Benefit is payable, the actuarial value of the Spouse's Benefit will serve as an offset to this Benefit.

10. Optional Forms of Payment

A. 50%, 75%, or 100% Joint & Survivor

B. 5,10, or 15 years Certain & Life

C. A single lump sum

RICHMOND GROUP DEFINED BENEFIT PLAN
(A FROZEN PLAN)
SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (TRANSACTIONS EXCEEDING 5% OF VALUE)
EIN / PN 13-2736761 / 001

BANK OF AMERICA

TRADE DATE — 5% REPORT BY ASSET-AGGREGATE

01/01/25 THROUGH 12/31/25

ACCOUNT 42-16-104-5835763 — RICHMOND CHILDREN'S CENTER INC — VALUATION 2,573,628.52 — PAGE 55 — THRESHOLD 128,681.42

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
ISHARES CORE U.S. AGGREGATE BOND ETF	SAL	03/18/25	-1,302.000	128,341.08	.00	3.57	-130,738.07	-126,163.80	2,177.2
	SAL	07/14/25	-22.000	2,158.42	.00	.00	-2,209.09	-2,131.80	26.6
	0 PURCHASES FOR		.00	2 SALES FOR	130,499.50	ISSUE	AGGREGATE TOTAL	130,499.50	
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT	PUR	01/08/25	11,000.000	-11,000.00	.00	.00	11,000.00	11,000.00	.0
	SAL	01/09/25	-11,000.000	11,000.00	.00	.00	-11,000.00	-11,000.00	.0
	PUR	02/03/25	333.000	-333.00	.00	.00	333.00	333.00	.0
	SAL	02/04/25	-333.000	333.00	.00	.00	-333.00	-333.00	.0
	PUR	02/07/25	.330	-.33	.00	.00	.33	.33	.0
	SAL	02/10/25	-.330	.33	.00	.00	-.33	-.33	.0
	PUR	02/25/25	2,947.950	-2,947.95	.00	.00	2,947.95	2,947.95	.0
	SAL	02/26/25	-2,947.950	2,947.95	.00	.00	-2,947.95	-2,947.95	.0
	PUR	04/07/25	2,331.000	-2,331.00	.00	.00	2,331.00	2,331.00	.0
	SAL	04/08/25	-2,331.000	2,331.00	.00	.00	-2,331.00	-2,331.00	.0
	PUR	04/11/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.0
	SAL	04/14/25	-9,100.000	9,100.00	.00	.00	-9,100.00	-9,100.00	.0
	PUR	05/01/25	27.850	-27.85	.00	.00	27.85	27.85	.0
	SAL	05/02/25	-27.850	27.85	.00	.00	-27.85	-27.85	.0
	PUR	05/27/25	257.410	-257.41	.00	.00	257.41	257.41	.0
	SAL	05/28/25	-257.410	257.41	.00	.00	-257.41	-257.41	.0
	PUR	07/08/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.0
	SAL	07/09/25	-9,100.000	9,100.00	.00	.00	-9,100.00	-9,100.00	.0
	PUR	07/18/25	58,311.680	-58,311.68	.00	.00	58,311.68	58,311.68	.0
	SAL	07/21/25	-58,311.680	58,311.68	.00	.00	-58,311.68	-58,311.68	.0
	PUR	08/01/25	.120	-.12	.00	.00	.12	.12	.0
	SAL	08/04/25	-.120	.12	.00	.00	-.12	-.12	.0
	PUR	08/28/25	449.460	-449.46	.00	.00	449.46	449.46	.0
	SAL	08/29/25	-449.460	449.46	.00	.00	-449.46	-449.46	.0
	PUR	10/07/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.0
	SAL	10/08/25	-9,100.000	9,100.00	.00	.00	-9,100.00	-9,100.00	.0
	PUR	11/04/25	.010	-.01	.00	.00	.01	.01	.0
	SAL	11/05/25	-.010	.01	.00	.00	-.01	-.01	.0
	14 PURCHASES FOR		102,958.81	14 SALES FOR	102,958.81	ISSUE	AGGREGATE TOTAL	205,917.62	

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RICHMOND GROUP DEFINED BENEFIT PLAN
(A FROZEN PLAN)
SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (TRANSACTIONS EXCEEDING 5% OF VALUE)
EIN / PN 13-2736761 / 001

BANK OF AMERICA

TRADE DATE — 5% REPORT BY ASSET-AGGREGATE

01/01/25 THROUGH 12/31/25

ACCOUNT 42-16-104-5835763 — RICHMOND CHILDREN'S CENTER INC — VALUATION 2,573,628.52 — THRESHOLD 128,681.42

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT	SAL	01/02/25	-14,989.640	14,989.64	.00	.00	-14,989.64	-14,989.64	.00
	PUR	01/09/25	11,000.000	-11,000.00	.00	.00	11,000.00	11,000.00	.00
	SAL	02/03/25	-15,574.380	15,574.38	.00	.00	-15,574.38	-15,574.38	.00
	PUR	02/04/25	333.000	-333.00	.00	.00	333.00	333.00	.00
	PUR	02/05/25	24,822.540	-24,822.54	.00	.00	24,822.54	24,822.54	.00
	PUR	02/06/25	1,405.230	-1,405.23	.00	.00	1,405.23	1,405.23	.00
	PUR	02/10/25	.330	-.33	.00	.00	.33	.33	.00
	PUR	02/26/25	2,947.950	-2,947.95	.00	.00	2,947.95	2,947.95	.00
	SAL	03/03/25	-15,585.840	15,585.84	.00	.00	-15,585.84	-15,585.84	.00
	PUR	03/05/25	450.110	-450.11	.00	.00	450.11	450.11	.00
	PUR	03/06/25	1,326.260	-1,326.26	.00	.00	1,326.26	1,326.26	.00
	SAL	03/14/25	-3,045.850	3,045.85	.00	.00	-3,045.85	-3,045.85	.00
	PUR	03/18/25	11,510.950	-11,510.95	.00	.00	11,510.95	11,510.95	.00
	PUR	03/21/25	539.710	-539.71	.00	.00	539.71	539.71	.00
	PUR	03/25/25	973.420	-973.42	.00	.00	973.42	973.42	.00
	PUR	03/31/25	3,282.310	-3,282.31	.00	.00	3,282.31	3,282.31	.00
	SAL	04/01/25	-15,457.300	15,457.30	.00	.00	-15,457.30	-15,457.30	.00
	PUR	04/03/25	389.300	-389.30	.00	.00	389.30	389.30	.00
	PUR	04/04/25	1,310.160	-1,310.16	.00	.00	1,310.16	1,310.16	.00
	PUR	04/08/25	2,331.000	-2,331.00	.00	.00	2,331.00	2,331.00	.00
	PUR	04/14/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.00
	SAL	05/01/25	-14,910.350	14,910.35	.00	.00	-14,910.35	-14,910.35	.00
	PUR	05/02/25	27.850	-27.85	.00	.00	27.85	27.85	.00
	PUR	05/05/25	377.720	-377.72	.00	.00	377.72	377.72	.00
	PUR	05/06/25	1,295.510	-1,295.51	.00	.00	1,295.51	1,295.51	.00
	PUR	05/28/25	257.410	-257.41	.00	.00	257.41	257.41	.00
	SAL	06/02/25	-15,712.860	15,712.86	.00	.00	-15,712.86	-15,712.86	.00
	PUR	06/04/25	27,292.960	-27,292.96	.00	.00	27,292.96	27,292.96	.00
	PUR	06/05/25	1,299.400	-1,299.40	.00	.00	1,299.40	1,299.40	.00
	SAL	06/13/25	-3,029.030	3,029.03	.00	.00	-3,029.03	-3,029.03	.00
	PUR	06/20/25	648.720	-648.72	.00	.00	648.72	648.72	.00
	PUR	06/23/25	377.790	-377.79	.00	.00	377.79	377.79	.00
	PUR	06/24/25	1,875.970	-1,875.97	.00	.00	1,875.97	1,875.97	.00
	SAL	06/26/25	-8,978.840	8,978.84	.00	.00	-8,978.84	-8,978.84	.00
	SAL	07/01/25	-14,907.950	14,907.95	.00	.00	-14,907.95	-14,907.95	.00
	PUR	07/02/25	2,929.290	-2,929.29	.00	.00	2,929.29	2,929.29	.00
	PUR	07/03/25	376.630	-376.63	.00	.00	376.63	376.63	.00

RICHMOND GROUP DEFINED BENEFIT PLAN
(A FROZEN PLAN)
SCHEDULE H, LINE 4j - SCHEDULE OF ASSETS (TRANSACTIONS EXCEEDING 5% OF VALUE)
EIN / PN 13-2736761 / 001

BANK OF AMERICA

TRADE DATE

5% REPORT BY ASSET-AGGREGATE

01/01/25 THROUGH 12/31/25

ACCOUNT
42-16-104-5835763

RICHMOND CHILDREN'S CENTER INC

VALUATION 2,573,628.52 THRESHOLD 128,681.42

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT	PUR	07/07/25	18,160.610	-18,160.61	.00	.00	18,160.61	18,160.61	.00
	PUR	07/09/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.00
	SAL	07/11/25	-50,583.470	50,583.47	.00	.00	-50,583.47	-50,583.47	.00
	PUR	07/14/25	40,322.840	-40,322.84	.00	.00	40,322.84	40,322.84	.00
	PUR	07/21/25	58,311.680	-58,311.68	.00	.00	58,311.68	58,311.68	.00
	SAL	08/01/25	-14,949.720	14,949.72	.00	.00	-14,949.72	-14,949.72	.00
	PUR	08/04/25	.120	-.12	.00	.00	.12	.12	.00
	PUR	08/05/25	379.810	-379.81	.00	.00	379.81	379.81	.00
	PUR	08/06/25	1,311.920	-1,311.92	.00	.00	1,311.92	1,311.92	.00
	PUR	08/29/25	449.460	-449.46	.00	.00	449.46	449.46	.00
	SAL	09/02/25	-14,968.550	14,968.55	.00	.00	-14,968.55	-14,968.55	.00
	PUR	09/04/25	386.900	-386.90	.00	.00	386.90	386.90	.00
	PUR	09/05/25	1,299.130	-1,299.13	.00	.00	1,299.13	1,299.13	.00
	SAL	09/10/25	-49,248.920	49,248.92	.00	.00	-49,248.92	-49,248.92	.00
	SAL	09/15/25	-3,045.640	3,045.64	.00	.00	-3,045.64	-3,045.64	.00
	PUR	09/19/25	679.130	-679.13	.00	.00	679.13	679.13	.00
	PUR	09/23/25	1,494.380	-1,494.38	.00	.00	1,494.38	1,494.38	.00
	PUR	10/01/25	22,412.980	-22,412.98	.00	.00	22,412.98	22,412.98	.00
	PUR	10/03/25	376.970	-376.97	.00	.00	376.97	376.97	.00
	PUR	10/06/25	1,291.100	-1,291.10	.00	.00	1,291.10	1,291.10	.00
	PUR	10/08/25	9,100.000	-9,100.00	.00	.00	9,100.00	9,100.00	.00
	SAL	11/03/25	-16,047.380	16,047.38	.00	.00	-16,047.38	-16,047.38	.00
	PUR	11/04/25	15.240	-15.24	.00	.00	15.24	15.24	.00
	SAL	11/05/25	-39,571.450	39,571.45	.00	.00	-39,571.45	-39,571.45	.00
	44 PURCHASES FOR		273,573.79	17 SALES FOR		310,607.17 ISSUE	AGGREGATE TOTAL	584,180.96	

0108 2K7818SS6700 B:0 000075 002317 032/035 4435-4442

RICHMOND GROUP DEFINED BENEFIT PLAN
(A Frozen Plan)
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN#: 13-2736761 PLAN #001
DECEMBER 31, 2025

BANK OF AMERICA

TRADE DATE

FORM 5500
STATEMENT OF ASSETS AND LIABILITIES

01/01/25 THROUGH 12/31/25

ACCOUNT
42-16-104-5835763

RICHMOND CHILDREN'S CENTER INC

	END OF YEAR
ASSETS	
(A) TOTAL NONINTEREST-BEARING CASH	0.00
(B) RECEIVABLES (LESS DOUBTFUL ACCOUNTS)	
(1) EMPLOYERS	0.00
(2) PARTICIPANTS	0.00
(3) OTHER	0.00
(C) GENERAL INVESTMENTS:	
(1) INTEREST BEARING CASH	0.00
(2) U.S. GOVERNMENT SECURITIES	0.00
(3) CORPORATE DEBT INSTRUMENTS:	
(A) PREFERRED	0.00
(B) ALL OTHER	0.00
(4) CORPORATE STOCKS:	
(A) PREFERRED	0.00
(B) COMMON	0.00
(5) PARTNERSHIP/JOINT VENTURE INTERESTS	0.00
(6) REAL ESTATE	0.00
(7) LOANS (OTHER THAN TO PARTICIPANTS)	0.00
(8) PARTICIPANT LOANS	0.00
(9) VALUE OF INT.- COMM/COLL TRUST	0.00
(10) VALUE OF INT.- POOLED SEP ACCTS	0.00
(11) VALUE OF INT.- MASTER TRUSTS	0.00
(12) VALUE OF INT.- 103-12 ENTITIES	0.00
(13) VALUE OF INT.-REGIS INVEST CO.	0.00
(14) VALUE OF UNALLOCATED INS. CONTRACTS	0.00
(15) OTHER	0.00
(D) EMPLOYER-RELATED INVESTMENTS	
(1) EMPLOYER SECURITIES	0.00
(2) EMPLOYER REAL PROPERTY	0.00
(E) BUILDINGS AND OTHER PROPERTY	0.00
(F) TOTAL ASSETS	0.00
LIABILITIES	

	END OF YEAR
(G) BENEFIT CLAIMS PAYABLE	
(H) OPERATING PAYABLES	0.00
(I) ACQUISITION INDEBTEDNESS	0.00
(J) OTHER LIABILITIES	0.00
(K) TOTAL LIABILITIES	0.00
NET ASSETS	
(L) NET ASSETS	

0108 2K781BWSN700 B:0 000075 002218 033/035 4437-4442

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
RICHMOND GROUP DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RICHMOND CHILDRENS CENTER, INC
D/B/A RICHMOND COMMUNITY SERVICES

D Employer Identification Number (EIN)
13-2736761

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 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	2,584,619
b Actuarial value	**2b**	2,400,045

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	34	1,281,070	1,281,070
b For terminated vested participants	68	578,836	578,836
c For active participants	45	837,999	837,999
d Total	147	2,697,905	2,697,905

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	12,616
c Target normal cost	**6c**	12,616

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

Garrett Norof
Signature of actuary

9/28/2026
Date

Garrett T. Norof, EA, MAAA, FCA
Type or print name of actuary

26-07808
Most recent enrollment number

USI Consulting Group
Firm name

(212) 878-0446
Telephone number (including area code)

600 Third Ave
3rd Floor
New York NY 10016
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	19,844
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	19,844
10	Interest on line 9 using prior year's actual return of 11.82%	0	2,346
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		471
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 5.04%		24
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		495
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	22,190

Part III Funding Percentages

14	Funding target attainment percentage	14	88.13%
15	Adjusted funding target attainment percentage	15	88.13%
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	92.26%
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
04/11/2025	9,100	0		0	0
07/08/2025	9,100	0		0	0
10/07/2025	9,100	0		0	0
01/13/2026	21,000	0		0	0
	0	0		0	0
	0	0		0	0
			Totals ► 18(b)	48,300	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	46,480

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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**	12,616
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	320,050	33,472
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	46,088

	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**	46,088
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	46,480

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

a Total (excess, if any, of line 37 over line 36)	**38a**	392
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