

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: RETIREMENT PLAN FOR EMPLOYEES OF THE GRAND ROYAL ARCH CHAPTER OF TEXAS
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan): THE GRAND ROYAL ARCH CHAPTER OF TEXAS
2b Employer Identification Number (EIN): 74-0688076
2c Sponsor's telephone number: 817-275-2893
2d Business code (see instructions): 623000
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
4d PN
5a Total number of participants at the beginning of the plan year: 91
5b Total number of participants at the end of the plan year: 83
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 22
5d(2) Total number of active participants at the end of the plan year: 20
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 05/23/2025, GARY BLAIR. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540913. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4367982	4943181
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4367982	4943181
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	118000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	914236	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1032236
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	455132	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	1905	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		457037
i Net income (loss) (subtract line 8h from line 8c)	8i		575199
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		2345
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE GRAND ROYAL ARCH CHAPTER OF TEXAS</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE GRAND ROYAL ARCH CHAPTER OF TEXAS</u>	D Employer Identification Number (EIN) <u>74-0688076</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>4365663</u>
	b Actuarial value	2b	<u>4667387</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>50</u>	<u>3611339</u>
	b For terminated vested participants	<u>19</u>	<u>616785</u>
	c For active participants	<u>22</u>	<u>1484922</u>
	d Total	<u>91</u>	<u>5713046</u>
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	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

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

SIGN HERE		<u>05/16/2025</u>
	Signature of actuary	Date
	<u>PHILIP M. ALLEN</u>	<u>23-07323</u>
	Type or print name of actuary	Most recent enrollment number
	<u>NOVA 401(K) ASSOCIATES</u>	<u>713-524-5192</u>
	Firm name	Telephone number (including area code)
	<u>10777 NORTHWEST FREEWAY SUITE 440 HOUSTON, TX 77092</u>	
	Address of the firm	

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

Part 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	2382
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2382
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.30</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5205
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 <u>5.39</u> %		152
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		364
c	Total available at beginning of current plan year to add to prefunding balance		5721
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.69 %
15	Adjusted funding target attainment percentage	15	81.69 %
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	80.33 %
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
04/02/2025	118000	0			
			Totals ▶	18(b)	18(c)
				118000	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	106042
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	4	
22	Weighted average retirement age	22	63	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....	31a	0	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	1045659		103734
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 103734
		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 103734
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 106042
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)			38a 2308
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40	Unpaid minimum required contributions for all years			40 0

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

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Attained Age	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
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	1	0	1	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	2	2	0	0	0	0	0	0	0
55 to 59	0	0	1	1	1	0	0	0	0	0
60 to 64	0	2	3	0	2	0	0	0	0	0
65 to 69	0	2	1	0	1	0	0	0	0	0
70 & Up	0	0	2	0	0	0	0	0	0	0
Average Age	60	Average Service			9					

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

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

The actuary chose all of the valuation assumptions other than those prescribed by law.

Assumption	For Funding	Per Plan	For 417(e)
Interest lookback months	4		2
Interest Discount Rates	First Segment Rate 4.75%	Preretirement 6.00%	First Segment Rate 5.45%
	Second Segment Rate 5.00%	Postretirement 6.00%	Second Segment Rate 5.52%
	Third Segment Rate 5.74%		Third Segment Rate 5.43%
Effective rate	5.20%		
Maximum Deduction Discount Rates	First Segment Rate 3.03%		
	Second Segment Rate 4.11%		
	Third Segment Rate 4.27%		
Effective rate	4.08%		
Preretirement Mortality	None	UP-84	2023417e
Turnover	W-GSC	N/A	N/A
	Sample rates of termination		
	Age	Rate	
	20 & Under	40%	
	25	30%	
	30	25%	
	35	17.5%	
	40	15%	
	45	12%	
	50	6%	
	55-60	3%	
	65	0%	
Future Salary Increases	None	N/A	N/A
Disability	None	N/A	N/A
Postretirement Mortality	Male - 23MBLN	UP-84	2023417e
	Female - 23FBLN		
Assumed Benefit Form	Percent Assumed Life Only 100%		

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

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Assumed Retirement Age	Five percent of active participants are assumed to retire each year from age 55 to age 65. All remaining participants are expected to retire at age 65 or age the end of the plan year if later.	N/A	N/A
Marriage Assumption	100% of participants are assumed to be married. Males are assumed to be 3 years older than their spouses, if spousal information is unknown.		

Methods

Actuarial Value of Assets	Smoothed Value of Assets determined in accordance with IRS Notice 2009-22 using maximum allowable smoothing period and determination period equal to 1 year.
Actuarial Cost Method	Unit Credit in accordance with Pension Protection Act Requirements
Compensation	The plan year ends September 30. The plan definition of compensation is the calendar year. Compensation for the calendar year ending prior to the valuation date is the last compensation considered (i.e. for the October 1, 2022 valuation, 2021 calendar year compensation is considered).
Active participants beyond normal retirement age	The accrued benefit as of the beginning of the plan year is calculated to be the greater of the prior year accrued benefit actuarially increased to the valuation date and the benefit under the plan formula.
Plan Freeze	Participants earn a year of service when they complete 1000 hours of service in a plan year. The valuation assumes that participants earn the same number of hours in future years as prior years for vesting purposes. As of May 1, 2017, no additional compensation or Credited Service was considered.
Assumed Expenses	0

**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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

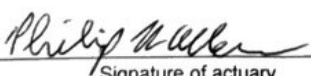
A Name of plan Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE GRAND ROYAL ARCH CHAPTER OF TEXAS	D Employer Identification Number (EIN) 74-0688076	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	4365663
	b Actuarial value	2b	4667387
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	50	3611339
	b For terminated vested participants	19	616785
	c For active participants	22	1484922
	d Total	91	5713046
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.20 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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 Philip M. Allen	<u>5/16/2025</u> Date
	Type or print name of actuary Nova 401(k) Associates	23-07323 Most recent enrollment number
	Firm name 10777 Northwest Freeway Suite 440 Houston, TX 77092 Address of the firm	(713) 524-5192 Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2023
v. 230728

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

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** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1045659	103734
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** 103734

	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 103734
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 106042
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....			38a 2308
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

2961 PMA

Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Code	Date	Contribution Amount	Effective Rate	For Months	Quarterly Due	Effective Rate Plus 5%	For Months	Discounted Contribution
C	4/2/2025	23,340.15	5.20	3.45	1/15/2024	10.20	14.58	20,411.76
C	4/2/2025	23,340.15	5.20	6.45	4/15/2024	10.20	11.58	20,680.44
C	4/2/2025	23,340.15	5.20	9.45	7/15/2024	10.20	8.58	20,921.90
C	4/2/2025	23,340.15	5.20	12.45	10/15/2024	10.20	5.58	21,166.19
C	4/2/2025	24,639.40	5.20	18.03				22,832.18
Total		118,000.00						106,042.46

Code 'C' is a contribution, 'B' is a balance reduction

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Each employee is assumed to retire in accordance with a table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below.

The average retirement age is:

Calculation of Average Weighted Retirement Age				
A	B	C	D	E = D x A
Age	Rate of Retirement	Lx	# Retiring	# Retiring x Age
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,721
58	5.00%	8,574	429	24,864
59	5.00%	8,145	407	24,028
60	5.00%	7,738	387	23,213
61	5.00%	7,351	368	22,421
62	5.00%	6,983	349	21,649
63	5.00%	6,634	332	20,898
64	5.00%	6,302	315	20,168
65	100.00%	5,987	5,987	389,179
Total			10,000	626,240
Average Weighted Retirement Age				62.62

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

This summary of plan provisions is intended to be a brief overview of the Plan's provisions and should not be used for purposes of certifying benefits.

Plan effective date October 1, 1954

Last amendment effective date October 1, 2022

Plan Year From October 1st to September 30th

Eligibility All employees not excluded by class are eligible to enter on the first day of the plan year nearest to the completion of 12 months of service with 1,000 hours and an employee has attained age 21.

No additional participants enter the Plan after September 30, 2016.

Credited Service For accrual purposes, a year of service will be credited for each Plan Year in which an employee works 1,000 hours of service. A maximum of 30 years will be credited for benefit accrual purposes. Service prior to October 1, 1997 will not be credited.

No additional credited service is reflected after May 1, 2017.

Vesting Service For vesting purposes, a year of service will be credited for each Plan Year in which an employee works 1,000 hours of service.

Plan Compensation Total compensation excluding amounts deferred under any 401(k) plan, 457 plan, or 125 plan. Qualified transportation fringes under Code 132(f)(4) are excluded. Compensation is limited as required under section 401(a)(17) of the Internal Revenue Code.

No additional Compensation is credited after May 1, 2017.

Accrued Benefit The Accrued Benefit for each Participant is determined based upon the unit accrual rule based on Years of Credited Service.

The accrued benefit is frozen as of May 1, 2017.

Normal Retirement Participants become eligible for normal retirement upon the later of attainment of age 65 or the fifth anniversary of the first day of the Plan Year in which the Participant began participating in the Plan.

Early Retirement Age Participants become eligible for early retirement upon the attainment of age 55 and completion of 10 years of Credited Service.

Normal Retirement Benefit Upon retirement a Participant will be entitled to a benefit payable in the normal form
1.25 percent of final average compensation per year of service (after September 30, 1997) up to 30 years
and
The benefit accrued under this Plan prior to October 1, 1997.

The benefit is frozen as of May 1, 2017.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Early Retirement Benefit A Participant's Early Retirement Benefit is a monthly pension benefit which is reduced for each year that benefit commencement precedes the Participant's Normal Retirement Date. A Participant's accrued benefit is reduced by 1/15th for each of the first five years, 1/30th for each of the next five years and actuarially thereafter.

Vested Termination Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of their accrued benefit, in accordance with the following schedule:

Years of Credit	Percent Vested
1	0
2	0
3	0
4	0
5	100

Only years during which a participant is credited with at least 1000 hours of service are counted.

For a Plan Year in which the plan is top heavy, the vesting schedule will shift to a 6 year graded vesting schedule. This schedule will apply for all subsequent years.

Pre-retirement Death Benefit A Participant's beneficiary will be entitled to receive a death benefit if the Participant dies prior to commencing distribution from the Plan. This preretirement death benefit shall be the QPSA (Qualified Preretirement Survivor Annuity) benefit plus a non-QPSA benefit that is the excess, if any, of the present value of the Participant's vested accrued benefit minus the present value of the QPSA benefit.

The Participant's Surviving Spouse will receive the QPSA death benefit unless the Participant has properly waived such QPSA death benefit. If the Participant is not married or if the QPSA has been properly waived, the QPSA death benefit is payable as a non-QPSA death benefit.

Disability Benefit A Participant is eligible for a disability benefit at the time of incurring a total disability while employed by the employer

The Disability Benefit is the Actuarial Equivalent of the Participant's Accrued Benefit as of the date of disability. Distribution will be made as soon as reasonable following the date the Participant terminates on account of becoming disabled.

Forms of Benefit Payment The normal form of benefit is a single life annuity

Optional forms include:

- Life Annuity
- Life Annuity with 10 years guaranteed
- 50% Joint & Survivor
- 66.67% Joint & Survivor
- 75% Joint & Survivor
- 100% Joint & Survivor

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

- Lump sums for the entire benefit if the vested present value is \$25,000 or less

Change in Provisions None.

Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name: Retirement Plan for Employees of The Grand Royal Arch Chapter of Texas

EIN: 74-0688076 PN: 001

Each year, a plan must establish a funding shortfall amortization. The Shortfall Amortization Bases are as follows:

Type of Base	Initial Valuation Date	Initial Value	Initial Number of Years Remaining	Years Remaining	Amortization Installment	Current Year Charge	Present Value
Shortfall	10/1/2020	375,473.88	15	12	35,252.00	35,252.00	328,799.06
Shortfall	10/1/2021	-100,878.35	15	13	-9,406.06	-9,406.06	-92,968.94
Shortfall	10/1/2022	871,057.68	15	14	80,495.74	80,495.74	838,303.77
Shortfall	10/1/2023	-28,475.39	15	15	-2,607.80	-2,607.80	-28,475.39
Total						103,733.88	1,045,658.50