

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: KNIGHTS OF COLUMBUS AGENTS PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1963
2a Plan sponsor's name: KNIGHTS OF COLUMBUS SUPREME COUNCIL
2b Employer Identification Number (EIN): 06-0416470
2c Plan Sponsor's telephone number: 203-752-4000
2d Business code: 524140

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3167
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1091
	<b>6a(2)</b>	984
	<b>6b</b>	1211
	<b>6c</b>	610
	<b>6d</b>	2805
	<b>6e</b>	266
	<b>6f</b>	3071
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		209
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

<b>A</b> Name of plan <u>KNIGHTS OF COLUMBUS AGENTS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KNIGHTS OF COLUMBUS SUPREME COUNCIL</u>	<b>D</b> Employer Identification Number (EIN) <u>06-0416470</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>250645107</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>255487761</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1462</u>	<u>97726809</u>
	<b>b</b> For terminated vested participants .....	<u>630</u>	<u>32607236</u>
	<b>c</b> For active participants .....	<u>1091</u>	<u>75500069</u>
	<b>d</b> Total .....	<u>3183</u>	<u>205834114</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.17 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>9318385</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>9318385</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.

<b>SIGN HERE</b>	
Signature of actuary	<u>08/26/2025</u>
<u>DAVID E. FORBES, FSA EA MAAA</u>	<u>23-05261</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>	<u>973-278-8860</u>
Firm name	Telephone number (including area code)
<u>150 CLOVE ROAD 8TH FLOOR</u> <u>LITTLE FALLS, NJ 07424</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		38893104
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....		38893104
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.60</u> % .....		5678393
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.29</u> % .....		
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	44571497

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.41 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	122.84 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	108.25 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>		<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> 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			
<b>25</b> 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			
<b>26</b> Demographic and benefit information			
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	9318385	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	2945895	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment.....			
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	6372490	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		6372490	6372490
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>		
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>		
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>		
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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 checked="" type="checkbox"/> 2021			

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

<b>A</b> Name of plan <u>KNIGHTS OF COLUMBUS AGENTS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KNIGHTS OF COLUMBUS SUPREME COUNCIL</u>	<b>D</b> Employer Identification Number (EIN) <u>06-0416470</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>KNIGHTS OF COLUMBUS MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>KNIGHTS OF COLUMBUS SUPREME COUNCIL</u>		
<b>c</b> EIN-PN <u>26-6780275-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>263821167</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>KNIGHTS OF COLUMBUS AGENTS PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KNIGHTS OF COLUMBUS SUPREME COUNCIL</b>	<b>D</b> Employer Identification Number (EIN) <b>06-0416470</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	250645108
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	263821167
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	250645108	263821167
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	250645108	263821167

**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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		23959353
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		23959353

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10772340	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10772340
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	10954	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		10954
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10783294

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13176059
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SEWARD AND MONDE CPAS

(2) EIN: 06-0530830

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		30000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 538864.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>KNIGHTS OF COLUMBUS AGENTS PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>KNIGHTS OF COLUMBUS SUPREME COUNCIL</u>	<b>D</b> Employer Identification Number (EIN) <u>06-0416470</u>	

<b>Part I</b>	<b>Distributions</b>
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**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	
---	--

**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): 51-0099493

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

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

3	0
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 50.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %  
 High-Yield Debt: 5.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 5.0 % Other: 8.0 %

**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 \_\_\_\_\_.

# SEWARD AND MONDE

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## INDEPENDENT AUDITORS' REPORT

Knights of Columbus

Committee on Audit

New Haven, Connecticut

### ***Opinion***

We have audited the accompanying financial statements of the Knights of Columbus Agents' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Knights of Columbus Agents' Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

### ***Basis for Opinion***

We conducted our audits in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Knights of Columbus Agents' Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Knights of Columbus Agents' Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Knights of Columbus Agents' Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and 2023 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Seward and Monde*

North Haven, Connecticut  
September 11, 2025

KNIGHTS of COLUMBUS AGENTS' PENSION PLAN  
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS  
December 31, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Plan interest in Knights of Columbus Master Trust	<u>\$ 263,821,167</u>	<u>\$ 250,645,108</u>
 Net assets available for benefits	 <u><u>\$ 263,821,167</u></u>	 <u><u>\$ 250,645,108</u></u>

The accompanying notes are an integral part of the financial statements.

KNIGHTS of COLUMBUS AGENTS' PENSION PLAN  
STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS  
Years ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Change in plan interest in Knights of Columbus Master Trust	\$ 23,959,353	\$ 32,578,669
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	10,772,340	9,938,455
Other disbursements	10,954	8,685
Total deductions	10,783,294	9,947,140
Net increase	13,176,059	22,631,529
Net assets available for benefits at January 1	250,645,108	228,013,579
Net assets available for benefits at December 31	\$ 263,821,167	\$ 250,645,108

The accompanying notes are an integral part of the financial statements.

KNIGHTS of COLUMBUS AGENTS' PENSION PLAN  
NOTES to FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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1 - Plan Description

General

The Knights of Columbus Agents' Pension Plan (the Plan) was originally adopted as a contributory benefit plan on January 1, 1963. Effective January 1, 1969, the Plan was amended to provide that no further contributions by agents would be required or permitted. The Plan was last restated on December 7, 2015, effective January 1, 2015, and last amended on October 31, 2023, effective January 1, 2023. The Plan is a trustee, non-contributory defined benefit plan covering insurance agents under contract with the Knights of Columbus, Supreme Council (the Society). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Pension Benefits

Participants who became an agent on or after January 1, 2022 accrue benefits under the cash balance formula. Under the Plan provisions, for participants accruing benefits under the cash balance formula, amounts are credited by the Society to the participants' hypothetical accounts. The accounts are allocated pay credits and investment credits at the end of every plan year. The pay credits are allocated based on a percentage (5%) of the participants' compensation as defined in the plan document for that particular plan year. Participants' hypothetical accounts also receive investment credits at the end of every plan year. The amount of the investment credit is four percent (4%) annually.

Participants become fully vested in their future benefits on completion of three years of continuous service in accordance with the provisions of Internal Revenue Code Section 411(a)(2). Participants have the option of receiving their vested benefit in the form of a one-time lump sum payment equal to the amount credited to their vested Cash Balance Account or a monthly annuity payable for their lifetime.

Active participants in the Plan who became an agent before January 1, 2022 continue accruing benefits under the existing final average pay formulas.

Under the final average pay formulas, participants become fully vested in their future benefits on completion of five years of continuous service in accordance with the provisions of Internal Revenue Code Section 411(a)(2). Benefits are normally paid in the form of a life annuity on a monthly basis following normal retirement age of sixty-five. In addition, benefit payments may be, depending on the circumstances, in the form of joint and survivor annuities and lump sums for amounts less than \$5,000.

The Plan provides for early retirement and death benefits. A married agent will, unless electing otherwise, automatically receive a reduced retirement benefit which provides a benefit payable to the spouse as contingent beneficiary.

## 2 - Summary of Accounting Policies

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits as of January 1, and changes therein. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Pension-401(k) Committee (See Note 3) determines the Plan's valuation policies utilizing information from its investment advisors and custodian.

The fair value of the Plan's interest in the Knights of Columbus Master Trust (Master Trust) is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions.

Investments in the Master Trust are valued as follows:

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

When applicable for certain investments, corporate bonds and notes and preferred stock that do not have an established fair value, an estimate of their value is made based on yields currently available on comparable securities of issuers with similar credit ratings.

Other investments are comprised of interests in limited partnerships and limited liability companies and are carried at net asset value at year-end, which is used as a practical expedient to estimate fair value.

### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service agents have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated agents or their beneficiaries, (b) beneficiaries of agents who have died, and (c) present agents or their beneficiaries. Cash balance formula benefits under the Plan are accumulated based on agents' compensation during each year of credited service. The accumulated plan benefits for active agents under the cash balance formula will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Final average pay formula benefits under the Plan are generally based on years of credited service, age at retirement, and average monthly earnings for the last sixty consecutive months. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17) in determining benefits. Benefits payable for all circumstances are included to the extent they are deemed attributable to agent service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Milliman, Inc. (Plan Actuary) and is calculated by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuary evaluates the Plan as of January 1 of each Plan year, based on information received from the Society. The significant actuarial assumptions and methods used in the valuations of January 1, 2024 and 2023 were: (1) unit credit actuarial cost method, as prescribed by the Pension Protection Act of 2006 (PPA) (2) expected 6.75% investment return, compounded annually in 2024 and 2023 (3) retirement rates assumed to range from 2% at age fifty-five to 100% at age sixty-seven, or attained age if greater (4) expenses will be met directly by the Society (5) annual increases in compensation of 3.00% in 2024 and 2023 (6) mortality is determined from the PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality Tables projected from 2012 with improvement scale MP-2021, males and females; for disabled participants, the PRI-2012 Total Dataset Disabled Amount-Weighted Mortality table projected from 2012 with improvement scale MP-2021 was used (7) withdrawal rates are assumed to range from 14.9% at age twenty to 0% at age fifty-five.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

### Subsequent Events

Management has evaluated subsequent events through September 11, 2025, the date on which the financial statements were available to be issued.

### 3 - Plan Administration

Investment decisions are the responsibility of the Executive and Finance Committee of the Board of Directors of the Society or such persons delegated by them.

The Society pays all administrative expenses of the Plan and the Board of Directors of the Society has appointed the Pension-401(k) Committee (Plan Administrator) with responsibility for the general administration of the Plan. The Plan is covered under a fidelity bond issued to the Society in the amount of \$30,000,000 against losses through fraud or dishonesty.

### 4 - Interest in Knights of Columbus Master Trust

All of the Plan's investments are in the Master Trust which was established for the investment of assets of the Plan and assets of the Knights of Columbus Retirement Plan for Bargaining and Non-Bargaining Unit Employees. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, under a trust agreement dated June 19, 2012.

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 40% and 41%, respectively. Investment income, including net appreciation (depreciation) in fair value of investments, relating to the Master Trust is allocated to the individual plans based upon average monthly balances invested by each plan.

The following table presents the net assets, including investments, of the Master Trust at December 31, 2024:

	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust</u>
Mutual funds	\$ 634,885	\$ 255,604
U.S. government obligations	94,013,968	37,849,975
Corporate bonds and debentures	65,886,752	26,525,972
Common stocks	365,571,339	147,178,832
Partnerships	91,866,572	36,985,434
	<u>617,973,516</u>	<u>248,795,817</u>
Cash and cash equivalents	3,052	1,228
Money market fund	35,250,926	14,192,005
Accrued investment income	2,087,898	840,587
Due from brokers - investment settlements	172,455	69,430
Due to brokers - investment settlements	<u>( 193,493)</u>	<u>( 77,900)</u>
Total net assets	<u>\$ 655,294,354</u>	<u>\$ 263,821,167</u>



Net appreciation (depreciation) and investment income of the Master Trust for the years ended December 31 is as follows:

	<u>2024</u>	<u>2023</u>
Net appreciation (depreciation) in fair value of investments:		
Cash equivalents	(\$ 10,351)	(\$ 33,682)
Mutual funds	64,662	166,642
U.S. government obligations	( 6,866,599)	150,684
Corporate bonds and debentures	( 4,306,065)	4,294,657
Preferred stocks	7,910	8,097
Common stocks	52,272,428	57,441,368
Partnerships	3,666,713	3,658,726
	<u>44,828,698</u>	<u>65,686,492</u>
Investment income	<u>13,926,616</u>	<u>12,702,485</u>
	<u>\$ 58,755,314</u>	<u>\$ 78,388,977</u>
Plan interest in Master Trust	<u>\$ 23,959,353</u>	<u>\$ 32,578,669</u>

The following are the changes in the net assets of the Master Trust for the years ended December 31 as follows:

	<u>2024</u>	<u>2023</u>
Investment income	\$ 58,755,314	\$ 78,388,977
Net transfers	<u>( 12,738,781)</u>	<u>( 8,223,823)</u>
Increase in net assets	46,016,533	70,165,154
Net assets at January 1	<u>609,277,821</u>	<u>539,112,667</u>
Net assets at December 31	<u>\$ 655,294,354</u>	<u>\$ 609,277,821</u>

#### 5 - Funding Policy

The Society's practice is to generally contribute, in the current year, the greater of the minimum contribution required under ERISA, calculated by reflecting the credit balance in the Funding Standard Account, or an amount approximating the estimated annual normal cost, based on an actuarial valuation as of the close of each preceding year.

The available funding balance was used to meet the minimum funding requirements of ERISA, \$6,372,490 required minimum contribution, for the plan year ended December 31, 2024. The

Plan met the minimum funding requirements of ERISA for the year ended December 31, 2023, therefore no contributions were required.

## 6 - Tax Status

The Plan obtained its latest determination letter on November 30, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However as of December 31, 2024 and 2023, the plan administrator believes there are no uncertain tax positions taken by the Plan and therefore, no provision for income taxes has been included in the Plan's financial statements.

## 7 - Plan Termination

Although the Society expects to continue the Plan indefinitely, it retains the right to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the rights of each participant shall be non-forfeitable to the extent funded as of the date of termination together with any amounts which may come from the Pension Benefit Guaranty Corporation (the PBGC). The assets of the trust shall be applied in the following order, after reservation for reasonable expenses and for any benefit payments due prior to such termination:

First, among benefits derived from contributions of agents.

Second, equally among benefits of individuals in the following two subcategories:

- (a) In the case of benefits in pay status three years prior to termination (at the lowest pay level in that period and at the lowest benefit level under the Plan during the five years prior to termination), and
- (b) In the case of benefits which would have been in pay status three years prior to termination had the agent been retired (and his benefits commenced then, at the lowest benefit level under the Plan during the five years prior to termination).

Third, among all other benefits (if any) of individuals under the Plan guaranteed under the termination insurance provisions of the Employee Retirement Income Security Act of 1974, as amended.

Fourth, among all other non-forfeitable (i.e., uninsured vested) benefits under the Plan.

Fifth, among all other benefits under the Plan, and

Sixth, in the event any assets are remaining after the satisfaction of all liabilities to the participants and such amount is due to erroneous actuarial computations, then such balance shall be returned to the Society.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, that ceiling is \$7,108 and \$6,750 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

#### 8 - Risks and Uncertainties

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

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

## 9 - Accumulated Plan Benefits

The accumulated plan benefit information as of the beginning of the current and prior plan years is as follows:

	January 1,	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 87,407,402	\$ 82,317,646
Other participants	<u>87,566,155</u>	<u>81,496,179</u>
	174,973,557	163,813,825
Nonvested benefits	<u>1,799,047</u>	<u>3,293,314</u>
Totals	<u><u>\$ 176,772,604</u></u>	<u><u>\$ 167,107,139</u></u>

Changes in the present value of accumulated plan benefits are as follows:

	Year ended January 1,	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 167,107,139	\$ 161,506,102
Increase (decrease) during the year attributable to:		
Benefits accumulated and net actuarial experience gains and losses	8,663,107	4,548,252
Increase for interest due to the decrease in the discount period	10,949,498	10,578,933
Benefits paid directly to participants or beneficiaries	( 9,947,140)	( 9,721,088)
Plan amendments	<u>-</u>	<u>194,940</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 176,772,604</u></u>	<u><u>\$ 167,107,139</u></u>

## 10 - Fair Value Measurements

The Plan utilizes the market approach as the valuation technique used to measure fair value of its financial instruments. U.S. generally accepted accounting principles establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value of financial instruments into three levels:

Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities where the organization has the ability to access at the measurement date;

Level 2 - Significant other observable inputs other than quoted prices included in Level 1, which are observable for the asset or liability, either directly or indirectly (i.e. quoted prices in inactive markets, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency);

Level 3 - Unobservable inputs are used to the extent that observable inputs are unavailable due to little, if any, market activity for the asset or liability. Unobservable inputs are developed based on the best information available, which might include the organization's own data that reflects assumptions that market participants would use in pricing the asset or liability.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Investments that are measured at fair value that utilize a net asset value per share (or its equivalent) practical expedient are not categorized within the fair value hierarchy. Investments measured at net asset value per share (or its equivalent) are presented in the following fair value hierarchy table to permit a reconciliation of the fair value hierarchy to the amount presented in the net assets of the Master Trust.

Assets, which are included in the Knights of Columbus Master Trust, measured within the fair value hierarchy on a recurring basis at December 31, 2024 are as follows:

Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value
Mutual funds	\$ 634,885	\$ 634,885	\$ -	\$ -	\$ -
U.S. government obligations	94,013,968	93,085,768	928,200	-	-
Corporate bonds and debentures	65,886,752	-	65,886,752	-	-
Common stocks	365,571,339	333,434,405	32,136,934	-	-
Partnerships	91,866,572	-	-	-	91,866,572
Totals	<u>\$ 617,973,516</u>	<u>\$ 427,155,058</u>	<u>\$ 98,951,886</u>	<u>\$ -</u>	<u>\$ 91,866,572</u>

Assets, which are included in the Knights of Columbus Master Trust, measured within the fair value hierarchy on a recurring basis at December 31, 2023 are as follows:

Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value
Mutual funds	\$ 1,398,231	\$ 1,398,231	\$ -	\$ -	\$ -
U.S. government obligations	92,205,767	91,542,710	663,057	-	-
Corporate bonds and debentures	72,826,791	-	72,826,791	-	-
Preferred stocks	116,060	-	116,060	-	-
Common stocks	305,334,904	283,160,939	22,173,965	-	-
Partnerships	106,882,910	-	-	-	106,882,910
Totals	<u>\$ 578,764,663</u>	<u>\$ 376,101,880</u>	<u>\$ 95,779,873</u>	<u>\$ -</u>	<u>\$ 106,882,910</u>

The Plan's policy is to recognize transfers in and transfers out of each level as of the actual date of the event or change in circumstances that caused the transfer. There were no transfers between each level during 2024 or 2023.

The following table summarizes investments, which are included in the Knights of Columbus Master Trust, for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024:

Description	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Partnerships:				
Loan funds (a)	\$ 27,561,087	\$ 1,625,000	N/A	N/A
Real estate funds (b)	24,640,711	4,290,000	N/A	N/A
Other funds (c)	39,664,774	6,656,000	N/A	N/A
Total	<u>\$ 91,866,572</u>	<u>\$ 12,571,000</u>		

The following table summarizes investments, which are included in the Knights of Columbus Master Trust, for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023:

Description	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Partnerships:				
Loan funds (a)	\$ 39,588,394	\$ 2,180,000	N/A	N/A
Real estate funds (b)	26,441,241	5,093,000	N/A	N/A
Other funds (c)	<u>40,853,275</u>	<u>8,554,000</u>	N/A	N/A
Total	<u>\$ 106,882,910</u>	<u>\$ 15,827,000</u>		

- (a) This class includes commercial loan, residential mortgage and commercial mortgage funds. The fair values of the investments in this class have been estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as loan payments/pay-offs are received by the fund.
- (b) This class includes real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this class have been estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated.
- (c) This class includes funds that invest in various types of investments. The fair values of the investments in this class have been estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated.

Based on the current allocation of total assets within the Master Trust account, the Plan's portion of the unfunded partnership investment commitments were \$5,061,000 and \$6,511,000 at December 31, 2024 and 2023, respectively.

**Knights of Columbus Agents' Pension Plan**  
**EIN/PN: 06-0416470/003**  
**Attachment to 2024 Schedule SB (Form 5500)**

**Part V – Summary of Plan Provisions**

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## **Summary of Principal Plan Provisions**

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

### **Basic Information**

**Plan Name:** Knights of Columbus Agents' Pension Plan

**Effective Date of Plan:** January 1, 1963. The valuation reflects all amendments adopted as of the valuation date.

**EIN/PN:** 06-0416470/003

**Plan Year:** January 1 to December 31

**Eligibility:** People who are under contract with the Order as Agents are plan participants; there is no other eligibility requirement. The term "Agents" includes General Agents, Assistant General Agents and Field Agents. District Agents are considered to be independent contractors and are not permitted to participate in the plan.

**Period of Benefit Service:** Total period of service under all tax-qualified defined benefit retirement plans of the Knights of Columbus from date of hire or rehire while eligible to participate in the Plan, limited to a maximum of 40 years.

**Period of Vesting Service:** Total period of service under all tax-qualified defined benefit retirement plans of the Knights of Columbus from date of hire or rehire with the Knights of Columbus (generally excluding any period of service prior to the attainment of age 18).

**Compensation:** Monthly amount of an Agent's commissions excluding bonuses, overtime payments, severance payments, fringe benefits, reimbursed expenses, any other forms of extra compensation, and any portion of the period's cash earnings taken into account for benefit accrual purposes under another tax-qualified defined benefit retirement plan of the Knights of Columbus.

**Final Average Compensation:** Average annual Compensation received in the last 60 months prior to termination or retirement (or over entire period of employment if fewer than 60 months).

### **Benefit Formulas and Eligibilities**

#### **Participants Hired Prior to January 1, 2022**

Participants hired prior to January 1, 2022 will receive benefits under the traditional annuity benefit formula. Any such participants who terminate and are subsequently rehired with less than a one-year period of severance will

**Knights of Columbus Agents' Pension Plan**  
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**Part V – Summary of Plan Provisions**

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continue to accrue benefits under the traditional annuity benefit formula. All other participants will accrue cash balance benefits as described later in this section.

### **Normal Retirement**

**Normal Retirement Benefit:** A member's Normal Retirement Date will be the first of the month coinciding with or next following the later of his 65th birthday and the fifth anniversary of his date of entry into the plan.

**Normal Retirement Benefit:** For participants with service on or after January 1, 2006, the accrued benefit is the sum of (i), (ii) and (iii) as follows:

- i. 1.0% of Final Average Compensation multiplied by Benefit Service up to 10 years
- ii. 1.2% of Final Average Compensation multiplied by Benefit Service over 10 years but not over 30 years
- iii. 1.3% of Final Average Compensation multiplied by Benefit Service over 30 years but not over 40 years

Notwithstanding the above, accrued benefits earned in other Knights of Columbus qualified plans are offset in determining the benefits obligated by this plan.

The maximum salary used to determine Plan benefits is limited as required by Internal Revenue Code (IRC) §401(a)(17). The limit for 2024 is \$345,000. The maximum benefit used to determine Plan benefits is limited as required by IRC §415(b). The limit for 2024 is \$275,000.

### **Deferred Retirement**

**Deferred Retirement Benefit:** Benefit determined under same formula as for normal retirement, based on Years of Service and Average Monthly Compensation to actual retirement date. Suspension of benefits provisions apply at Normal Retirement Age, and benefits payable subsequent to age 70½ are subject to an actuarial increase.

### **Early Retirement**

**Early Retirement Date:** The first day of any month following age 55 with a Period of Vesting Service of at least 15 years.

**Early Retirement Benefit:** A pension computed in the same manner as the Normal Retirement Pension, but reduced by 0.5% for each month by which the benefit commencement date precedes the participant's Normal Retirement Date.

### **Disability**

**Disability Benefits:** Disability benefits are provided under a separate plan ("Agents' Disability Plan of the Order"). This plan does not provide disability benefits.

### **Vested Termination**

**Vested Termination Eligibility:** 100% vested if a participant's employment terminated for any reason other than by death, retirement or disability after having been credited with a Period of Vesting Service of at least five years. Participants are 100% vested upon attainment of Normal Retirement Age.

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**Part V – Summary of Plan Provisions**

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**Vested Termination Benefit:** a vested participant who terminates employment with a Period of Vesting Service of at least five years may elect to commence payment of their accrued benefit at any time on or after attaining age 55. Benefits are reduced by 0.5% for each month by which the benefit commencement date precedes the participant's Normal Retirement Date.

**Participants Hired On or After January 1, 2022**

Participants hired on and after January 1, 2022 will receive cash balance benefits. The cash balance account is equal to the sum of all pay credits and interest credits earned.

**Cash Balance Account**

**Pay Credits:** Annual Pay Credits are equal to 5% of total compensation, and are credited annually on December 31.

**Interest Credits:** Annual Interest Credits are provided each December 31, and are equal to 4.00% of the cash balance account on the prior December 31.

**Vested Termination**

**Vested Termination Eligibility:** 100% vested if a participant's employment terminated for any reason other than by death, retirement or disability after having been credited with a Period of Vesting Service of at least three years.

**Vested Termination Benefit:** a vested participant who terminates employment may elect to commence payment of their cash balance account at any time on or after termination.

**All Participants**

**Preretirement Death Benefit**

**Preretirement Death Benefit Eligibility:** For married participants: 100% vested under the Plan, married for at least one year, survived by the Spouse, and no waiver of coverage in effect. For unmarried participants: married for less than one year (or not survived by the Spouse), dies while active and eligible to receive benefits, with a current in-force election to have survivor annuity coverage for a designated non-spouse beneficiary.

**Preretirement Death Benefit for Married Participants:** For death on or after reaching Early Retirement Eligibility, the surviving spouse or designated non-spouse beneficiary is entitled to 100% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 100% Survivor Annuity.

For death prior to reaching Early Retirement Eligibility, the surviving spouse or designated non-spouse beneficiary is entitled to 100% of a benefit determined as if the participant had separated from service on the date of death, survived to the earliest retirement date, elected the Qualified Joint and 100% Survivor Annuity, and died on the next day.

For cash balance benefits, the pre-retirement death benefit to the surviving spouse is the cash balance account, payable as a lump sum or as a life annuity.

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**Part V – Summary of Plan Provisions**

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**Preretirement Death Benefit for Unmarried Participants:** For death on or after reaching Early Retirement Eligibility, the designated non-spouse beneficiary is entitled to a benefit determined as if the participant had retired one day prior to death and elected the Joint and Survivor Annuity. The continuation percentage of the Joint and Survivor Annuity is based on the participant's prior election.

### **Forms of Payment**

**Normal Form of Benefit:** Single Life Annuity for single participants; 100% Joint and Survivor Annuity for married participants. A participant that is married must take the benefit in the form of a 100% Joint and Survivor annuity unless the spouse provides written consent for a waiver.

**Optional Forms of Benefits:** Benefits may be received in one of the following actuarially equivalent forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 66 2/3% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Lump Sum

All participants are eligible to receive benefits as a single life annuity. Participants may elect a Joint and Survivor Annuity if a spouse, child or named dependent is designated as the joint annuitant.

Lump sum payments are available as follows:

- Traditional benefits with an actuarial equivalent value of \$1,000 or less will be paid as a lump sum
- Traditional benefits with an actuarial equivalent value between \$1,000 and \$5,000 can be paid as a lump sum to a participant or beneficiary, if elected
- Traditional benefits with an actuarial equivalent value over \$5,000 may not be paid as a lump sum
- All cash balance benefits may be paid as a lump sum

The Single Life Annuity form of benefit is converted to a Joint and Survivor Annuity form of benefit based on the Plan's definition of Actuarial Equivalence, which is the greater of factors generated by (a) 3.5% compounded annually and the 1965 Projected Annuity Table of Mortality (GA 1951 projected by Scale C to 1965), and (b) the assumptions used for lump sums under the traditional benefit plan as described in the next paragraph. For calculations under (a), the beneficiary's actual age is reduced by five years to determine the factor; no adjustment is made to the participant's age. All ages are as of last birthday.

For lump sums under the traditional benefit plan, the applicable IRC §417(e)(3) mortality table and the first, second, and third segment rates under IRC §417(e) for November of the preceding year are used.

KNIGHTS OF COLUMBUS AGENTS' PENSION PLAN  
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)  
December 31, 2024

EMPLOYER IDENTIFICATION NUMBER: 06-0416470 / PLAN NO.: 003

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Knights of Columbus Master Trust	Plan interest in Knights of Columbus Master Trust	<u>\$ 237,168,455</u>	<u>\$ 263,821,167</u>

\* Denotes party-in-interest

**Knights of Columbus Agents' Pension Plan**  
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**Attachment to 2024 Schedule SB (Form 5500)**

**Line 26a – Schedule of Active Participant Data**

**Number of Participants by Age and Service Groups**

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
<b>0-24</b>	19	11	-	-	-	-	-	-	-	-	-	30
<b>25-29</b>	18	47	9	-	-	-	-	-	-	-	-	74
<b>30-34</b>	14	37	17	5	-	-	-	-	-	-	-	73
<b>35-39</b>	23	43	32	13	4	-	-	-	-	-	-	115
<b>40-44</b>	15	53	31	27	5	-	-	-	-	-	-	131
<b>45-49</b>	13	43	29	20	7	7	2	-	-	-	-	121
<b>50-54</b>	13	39	31	17	11	7	2	-	-	-	-	119
<b>55-59</b>	14	51	43	23	8	11	9	6	2	-	-	167
<b>60-64</b>	14	29	35	19	9	9	4	4	5	3	-	131
<b>65-69</b>	3	19	25	21	15	4	3	2	-	3	-	95
<b>70+</b>	4	3	11	5	5	5	2	-	-	-	-	35
<b>Total</b>	150	374	264	150	64	43	22	12	7	6	-	1,091

**Knights of Columbus Agents' Pension Plan**  
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**Line 26a – Schedule of Active Participant Data**

**Average Compensation of Active Participants by Age and Service Groups**

Age	Years of Credited Service										
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	*	*	-	-	-	-	-	-	-	-	-
25-29	*	\$52,126	*	*	-	-	-	-	-	-	-
30-34	*	\$63,252	*	*	-	-	-	-	-	-	-
35-39	\$24,313	\$51,262	\$121,261	*	*	-	-	-	-	-	-
40-44	*	\$64,332	\$119,318	\$144,219	*	*	-	-	-	-	-
45-49	*	\$67,182	\$115,198	*	*	*	-	-	-	-	-
50-54	*	\$55,712	\$94,591	*	*	*	*	*	-	-	-
55-59	*	\$69,526	\$113,042	\$134,682	*	*	*	*	*	-	-
60-64	*	\$61,769	\$94,139	*	*	*	*	*	*	*	*
65-69	*	*	\$83,694	\$82,685	*	*	*	*	-	*	*
70+	*	*	*	*	*	*	*	*	-	-	-

*\*Average compensation is not reported for cells with fewer than 20 participants.*

Compensation has been limited to the IRC Section 401(a)(17) limitation. The compensation for Active Participants (Transferred Out) are excluded.

**Knights of Columbus Agents' Pension Plan**  
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**Line 26a – Schedule of Active Participant Data**

**Average Cash Balance Account of Active Participants by Age and Service Groups**

Age	Years of Credited Service									
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+
0–24	*	*	-	-	-	-	-	-	-	-
25–29	*	\$1,476	*	*	-	-	-	-	-	-
30–34	*	\$1,179	-	*	-	-	-	-	-	-
35–39	\$726	\$1,283	-	*	*	-	-	-	-	-
40–44	*	\$1,853	-	-	*	*	-	-	-	-
45–49	*	\$726	-	*	*	*	-	-	-	-
50–54	*	\$698	-	-	*	*	*	*	-	-
55–59	*	\$846	-	*	*	*	*	*	*	-
60–64	*	\$564	-	-	*	*	*	*	*	*
65–69	*	*	-	*	*	*	*	*	-	*
70+	*	*	*	*	*	*	*	*	-	-

\* Average cash balance account is not reported for cells with fewer than 20 participants.

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**Part V - Actuarial Methods and Assumptions**

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**Summary of Actuarial Methods**

**Valuation Date:** January 1, 2024

**Actuarial Methods**

**Attribution Method:** The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

**Asset Valuation Method:** 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

**Other Methods**

**PBGC Variable Rate Premium Funding Target:** Standard Premium Funding Target as elected by the Plan Sponsor for 2023 Plan year and thereafter.

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**Part V - Actuarial Methods and Assumptions**

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**Summary of Actuarial Assumptions**

**ECONOMIC ASSUMPTIONS**

**Interest Rates:**

The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the standard method, which was elected in 2023.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	5.01%
Segment 2 (5–20 years)	4.87%	4.46%	5.13%
Segment 3 (20+ years)	5.59%	4.52%	5.15%
Effective Interest Rate	5.17%	4.45%	5.13%

**Rationale for assumption:** This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The sponsor has elected to utilize a 4-month look-back, with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with funding stabilization rules, subject to ARPA Corridor. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

**FASB ASC Topic 960 Discount Rate and Expected Return on Assets:**

**Assumption:** 6.75% compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation (CPI) of 2.25% as indicated below. It is based on the plan's investment allocation as of December 31, 2023.

**Rationale for assumption:** In developing the expected return on assets assumption, we reviewed the Plan's actual asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and used in the investment return assumption.

**CPI:**

**Assumption:** 2.25% compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

**Rationale for assumption:** We considered historical and projected rates for this assumption. The assumption reflects relevant economic data as of the measurement date and represents our current best estimate of future experience.

**Salary Increases:**

**Assumption:** 3.00% compounded annually.

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**Part V - Actuarial Methods and Assumptions**

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**Rationale for assumption:** The assumption was based on discussions with company management and their future expectations.

**Currency Exchange Rate:**

**Assumption:** The rate used is the closing rate in effect on the last business day of the prior year. The closing rate in effect on December 31, 2023 was \$1 Canadian = \$0.7550 U.S.

**Rationale for assumption:** The closing rate in effect on the last business day of the year provides the best estimate of future experience.

**Administrative Expenses:**

**Assumption:** None.

**Rationale for assumption:** All expenses are paid outside of the pension trust.

**DEMOGRAPHIC ASSUMPTIONS**

**Mortality:**

**ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:**

**Assumption:** The generational mortality tables as promulgated by the IRS for plan years beginning in 2024.

**Rationale:** The mortality assumption is the only available standard tables permitted by the IRS for PPA funding for big plans.

**Change in assumptions:** Mortality tables were updated from the statutory tables applicable for 2023 to the statutory tables applicable for 2024.

**FASB ASC Topic 960:**

**Assumption:** PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality Tables projected from 2012 with improvement scale MP-2021, males and females. For disabled participants, the PRI-2012 Total Dataset Disabled Amount-Weighted Mortality table projected from 2012 with improvement scale MP-2021.

**Rationale for assumption:** The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality tables in which credible mortality experience was analyzed.

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**Part V - Actuarial Methods and Assumptions**

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**Withdrawal Rates:**

**Assumption:**

For the first five years of service, withdrawal rate is 20% per year.

After five years of service, sample rates are as follows.

Age	Annual Rate
20	14.9%
25	9.9%
30	6.9%
35	4.9%
40	2.8%
45	1.7%
50	0.4%
55 and over	0.0%

**Rationale for assumption:** This assumption is based on prior experience study.

**Retirement Rates for Active Participants:**

**Assumption:**

Once eligible for retirement, all active participants are assumed to retire at the following rates.

Age	Annual Rate
55-60	2.0%
61	5.0%
62	20.0%
63-64	12.0%
65-66	30.0%
67 and over	100.0%

**Rationale for assumption:** This assumption is based on prior experience study.

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**Part V - Actuarial Methods and Assumptions**

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**Retirement Rates for Terminated Vested Participants:**

**Assumption:** Once eligible for retirement, all terminated vested participants with benefits under the traditional annuity benefit formula are assumed to receive their benefit at Normal Retirement Date; all terminated vested participants with benefits under the cash balance benefit formula are assumed to receive their benefit at the following rates:

Age	Annual Rate
<62	10.0%
62	20.0%
63-64	10.0%
65 and over	100.0%

**Rationale for assumption:** Assumption with regard to the traditional benefits is based on prior experience study and the assumption with regard to the cash balance benefits is based on our review of other Cash Balance Plan experience with similar demographic characteristics.

**Benefit Commencement Date for Preretirement Death Benefit:**

**Assumption:** The earliest date the participant would have been first eligible for retirement.

**Rationale for assumption:** This assumption represents the best estimate of future experience.

**Beneficiary:**

**Assumption:** 85% of participants assumed to be married with females 3 years younger than males.

**Rationale for assumption:** This assumption represents the best estimate of future experience.

**Form of Payment:**

**Assumption:** For Traditional benefits, participants are assumed to elect Single Life Annuity. For Cash Balance benefits, participants are assumed to elect Lump Sum.

**Rationale for assumption:** This assumption represents the best estimate of future experience.

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**Line- 26b-Schedule of Projection of Expected Benefit Payments**

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	218,975	221,193	10,328,322	10,768,490
2025	1,795,796	483,937	9,954,966	12,234,699
2026	2,447,831	746,259	9,575,844	12,769,934
2027	2,892,158	1,161,580	9,190,376	13,244,114
2028	3,369,013	1,437,583	8,798,446	13,605,043
2029	3,798,391	1,616,766	8,400,393	13,815,550
2030	4,288,884	1,808,711	7,997,008	14,094,603
2031	4,744,423	1,935,881	7,589,441	14,269,746
2032	5,111,721	2,087,829	7,179,088	14,378,638
2033	5,326,859	2,200,049	6,767,530	14,294,438
2034	5,564,197	2,292,665	6,356,407	14,213,270
2035	5,799,496	2,397,293	5,947,328	14,144,116
2036	5,959,223	2,574,873	5,541,835	14,075,931
2037	6,042,915	2,643,811	5,141,420	13,828,146
2038	6,124,245	2,692,844	4,747,487	13,564,576
2039	6,155,490	2,755,580	4,361,417	13,272,487
2040	6,180,022	2,755,770	3,984,638	12,920,430
2041	6,170,014	2,747,369	3,618,586	12,535,968
2042	6,200,600	2,730,727	3,264,715	12,196,042
2043	6,187,047	2,678,522	2,924,526	11,790,095
2044	6,134,377	2,672,860	2,599,572	11,406,809
2045	6,061,647	2,689,425	2,291,483	11,042,555
2046	6,010,176	2,667,328	2,001,900	10,679,404
2047	5,915,110	2,612,597	1,732,371	10,260,078
2048	5,790,546	2,547,894	1,484,232	9,822,672
2049	5,640,320	2,489,371	1,258,494	9,388,185
2050	5,494,073	2,408,180	1,055,708	8,957,961
2051	5,318,827	2,324,630	875,920	8,519,377
2052	5,134,985	2,235,584	718,692	8,089,261
2053	4,920,733	2,119,157	583,100	7,622,990
2054	4,697,580	2,013,832	467,824	7,179,236
2055	4,466,487	1,885,598	371,211	6,723,296
2056	4,211,075	1,753,607	291,397	6,256,079
2057	3,950,535	1,630,966	226,397	5,807,898
2058	3,706,592	1,507,484	174,201	5,388,277
2059	3,470,409	1,393,240	132,858	4,996,507
2060	3,248,943	1,278,275	100,536	4,627,754
2061	3,021,495	1,168,212	75,576	4,265,283
2062	2,804,270	1,066,182	56,522	3,926,973
2063	2,595,003	969,453	42,131	3,606,587
2064	2,388,521	878,178	31,367	3,298,066
2065	2,201,312	793,193	23,381	3,017,887
2066	2,014,770	714,349	17,496	2,746,615
2067	1,843,940	641,421	13,177	2,498,538
2068	1,681,809	574,116	10,015	2,265,940
2069	1,529,437	512,088	7,698	2,049,223
2070	1,384,916	454,993	5,995	1,845,905
2071	1,250,577	402,536	4,734	1,657,847
2072	1,124,334	354,428	3,793	1,482,556
2073	1,006,132	310,410	3,084	1,319,626

**Knights of Columbus Agents' Pension Plan**  
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**Line 22 - Description of Weighted Average Retirement Age**

<u>Age</u>	<u>Number of Lives Remaining</u>	<u>Retirement Rate</u>	<u>Number of Retirees</u>	<u>Age Times Number of Retirees</u>
55	10,000.00	2.00%	200	11,000.00
56	9,800.00	2.00%	196	10,976.00
57	9,604.00	2.00%	192.08	10,948.56
58	9,411.92	2.00%	188.24	10,917.92
59	9,223.68	2.00%	184.47	10,883.73
60	9,039.21	2.00%	180.78	10,846.80
61	8,858.43	5.00%	442.92	27,018.12
62	8,415.51	20.00%	1683.1	104,352.20
63	6,732.41	12.00%	807.89	50,897.07
64	5,924.52	12.00%	710.94	45,500.16
65	5,213.58	30.00%	1564.07	101,664.55
66	3,649.51	30.00%	1094.85	72,260.10
67	2,554.66	100.00%	2554.66	171,162.22
		Total	10,000.00	638,427.43
			Weighted Average Retirement Age	638,427.43/10,000.00 = 64

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <b>2024</b> <hr/> This Form is Open to Public Inspection
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information</b> - enter all requested information
<b>1a</b> Name of plan KNIGHTS OF COLUMBUS AGENTS PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>
	<b>1c</b> Effective date of plan <u>01/01/1963</u>
<b>2a</b> 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) KNIGHTS OF COLUMBUS SUPREME COUNCIL	<b>2b</b> Employer Identification Number (EIN) <u>06-0416470</u>
	<b>2c</b> Plan Sponsor's telephone number <u>203-752-4000</u>
	<b>2d</b> Business code (see instructions) <u>524140</u>
<b>1 COLUMBUS PLAZA</b>  <b>NEW HAVEN CT 06510-3326</b>	

**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.

<b>SIGN HERE</b>	<i>John A. Marrella</i>	<u>09/11/2025</u>	<b>JOHN A. MARRELLA</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4d</b> PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3167
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	1091
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	984
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	1211
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	610
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	2805
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	266
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	3071
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	209
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

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

<b>A</b> Name of plan Knights of Columbus Agents' Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500, or 5500-SF Knights of Columbus Supreme Council	<b>D</b> Employer Identification Number (EIN) 06-0416470	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	250,645,107
	<b>b</b> Actuarial value .....	<b>2b</b>	255,487,761
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	1,462	97,726,809
	<b>b</b> For terminated vested participants.....	630	32,607,236
	<b>c</b> For active participants .....	1,091	75,500,069
	<b>d</b> Total.....	3,183	205,834,114
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.17 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	9,318,385
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Target normal cost .....	<b>6c</b>	9,318,385

**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.

<b>SIGN HERE</b>	 Signature of actuary	 Date
	David E. Forbes, FSA EA MAAA Type or print name of actuary	23-05261 Most recent enrollment number
	Milliman, Inc. Firm name	(973) 278-8860 Telephone number (including area code)
	150 Clove Road 8th Floor Little Falls NJ 07424 Address of the firm	

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	38,893,104
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	38,893,104
<b>10</b> Interest on line 9 using prior year's actual return of <u>14.60</u> % .....	0	5,678,393
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> 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>5.29</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	44,571,497

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	101.41%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	122.84%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	108.25%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
<b>Totals ▶</b>				<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0		
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0		
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0		
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> 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: 4.87 %	3rd segment: 5.59 %	<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** 64

**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** 9,318,385

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 2,945,895

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</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** 6,372,490

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		6,372,490	6,372,490

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0

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

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b**

**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