

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan THE KNOLL PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 03/01/1996 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KNOLL, INC. 855 E. MAIN AVENUE MS 0110 ZEELAND, MI 49464-0302 2b Employer Identification Number (EIN) 13-3873847 2c Plan Sponsor's telephone number 616-654-3000 2d Business code (see instructions) 332900

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 type="checkbox"/> Same as Plan Sponsor  KNOLL RETIREMENT PLANS ADMINISTRATION COMMITTEE JOYCE JOHNSON 1235 WATER STREET EAST GREENVILLE, PA 18041	<b>3b</b> Administrator's EIN 38-3128251
	<b>3c</b> Administrator's telephone number 215-679-1681

<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>	1079
---	----------	------

<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>6a(1)</b>	362
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	0
<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>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>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>	0

<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 1H 1I 3H

**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) (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	<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
---	---

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
--	--

---

**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>  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>
---	--	--

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>THE KNOLL PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KNOLL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3873847</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	

<b>Part I Basic Information</b>			
<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>128126735</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>136757840</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>442</u>	<u>62350077</u>	<u>62350077</u>
<b>b</b> For terminated vested participants .....	<u>284</u>	<u>22973456</u>	<u>22973456</u>
<b>c</b> For active participants .....	<u>362</u>	<u>36364831</u>	<u>36364831</u>
<b>d</b> Total .....	<u>1088</u>	<u>121688364</u>	<u>121688364</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>5.08 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>600000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>600000</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>10/01/2025</u>	Date
	<u>BRIAN D. EVITTS</u>	<u>23-05995</u>	Most recent enrollment number
	<u>CBIZ</u>	<u>215-587-0700</u>	Telephone number (including area code)
	<u>1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103</u>		
	Address of the firm		

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<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> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<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>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	600000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	600000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<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>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	169828	
<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>	169828	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<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>	0	

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

<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 type="checkbox"/> 2021
---

<b>SCHEDULE C</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>Service Provider 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>
--	--	---

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

<b>A</b> Name of plan <b>THE KNOLL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KNOLL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3873847</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**CAPITAL MANAGEMENT**

**95-1411037**

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

**PIMCO**

**33-0629048**

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

**VANGUARD**

**23-1945930**

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

CBIZ

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 38 50 64 70	NONE	895752	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLC MANAGEMENT

04-3401283

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	189022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAP FINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 51	NONE	90000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	39370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRONICK KALADA BERDY & CO

23-2667890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<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>
---	--	---

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>THE KNOLL PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KNOLL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3873847</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DB GROWTH PORTFOLIO INSTITUTIONAL C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST COLLECTIVE INVESTMENT TRUST</u>		
<b>c</b> EIN-PN <u>82-0737797-187</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</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)

**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>
--	--	--

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>THE KNOLL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KNOLL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3873847</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1940726	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	175214
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	740654	164
<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>	17797218	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	61456016	0
<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>	38086601	0
<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>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	490689	0
<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>	7614830	0

<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>	128126734	175378
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	175214
<b>h</b> Operating payables.....	<b>1h</b>	36703	164
<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>	36703	175378
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	128090031	0

**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: (A) Employers.....	<b>2a(1)(A)</b>	175214	
(B) Participants.....	<b>2a(1)(B)</b>		
(C) 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>		175214
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1291921	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>	248050	
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>	2190436	
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3730407
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	184776490	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	191575316	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-6798826
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	-8393623	
(C) 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>		16057311
(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>		
(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>		-754451
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4016032

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	130763940	
(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>		130763940
<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>	279022	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	19000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	39370	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	895752	
(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>	108979	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1342123
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		132106063

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-128090031
<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: **KRONICK KALADA BERDY & CO, PC**

(2) EIN: **23-2667890**

**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		10000000
<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.			

**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 **754451**.

**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 565195.

<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>
--	---	---

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

<b>A</b> Name of plan <b>THE KNOLL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KNOLL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3873847</b>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
<b>2</b> 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): <u>56-1354495</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>417</b>

<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.)
----------------	---

**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>
-----------------	-------------------

**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.
----------------	---

**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: 22.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 72.6 %  
 High-Yield Debt: 0.2 % Real Assets: 1.8 % Cash or Cash Equivalents: 1.2 % Other: 1.9 %

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

**KNOLL PENSION PLAN**

**YEARS ENDED**

**DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

## KNOLL PENSION PLAN

YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)

### Table of Contents

	<b>Page</b>
Independent auditors' report	<a href="#">1-3</a>
Financial Statements:	
Statements of net assets available for benefits	<a href="#">4</a>
Statements of changes in net assets available for benefits	<a href="#">5</a>
Notes to financial statements	<a href="#">6-13</a>
Supplemental schedule:	
Schedule H, Line 4(j) - Schedule of reportable transactions (in liquidation)	<a href="#">14</a>

## **Independent Auditors' Report**

Knoll Retirement Plans Administration Committee  
and Plan Administrator and Plan Participants  
Knoll Pension Plan  
East Greenville, Pennsylvania

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

We have performed audits of the financial statements of the Knoll Pension Plan (“the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing) and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing) and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Knoll 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 ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis of matter – Plan Termination and Liquidation Basis of Accounting***

As further discussed in Notes 1, 2 and 8 to the financial statements, the Board of Directors of the Company approved a plan to terminate and liquidate the Plan as of May 31, 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

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

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

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***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Knoll 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule, Schedule H, Line 4(j) – schedule of reportable transactions (in liquidation) for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

*Kronick Kalada Berdy & Co.*

Kingston, Pennsylvania  
October 8, 2025

**KNOLL PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

	<b>2024 (IN LIQUIDATION)</b>	<b>2023 (ONGOING)</b>
<b>Assets:</b>		
Investments, at fair value	\$ —	\$ 127,386,080
<b>Receivables:</b>		
Employer contribution	175,214	—
Accrued interest and dividends	164	740,654
Total receivables	175,378	740,654
Total assets	175,378	128,126,734
<b>Liabilities:</b>		
Accrued administrative expenses	164	36,703
Distribution payable	175,214	—
Total liabilities	175,378	36,703
Net assets available for benefits	<u>\$ —</u>	<u>\$ 128,090,031</u>

*See notes to financial statements*

**KNOLL PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

	<b>2024 (IN LIQUIDATION)</b>	<b>2023 (ONGOING)</b>
<b>Additions:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 864,862	\$ 8,951,884
Interest and dividends	3,730,407	3,130,415
Total investment income	4,595,269	12,082,299
Employer contribution	175,214	—
Total additions	4,770,483	12,082,299
<b>Deductions:</b>		
Benefits paid to participants	130,763,939	17,653,286
Administrative expenses	1,342,124	524,861
Other expenses	—	—
Total deductions	132,106,063	18,178,147
Net decrease	(127,335,580)	(6,095,848)
Assets reverted to employer	(754,451)	—
<b>Net assets available for benefits:</b>		
Beginning of year (ongoing)	128,090,031	134,185,879
End of year	<u>\$ —</u>	<u>\$ 128,090,031</u>

*See notes to financial statements*

**KNOLL PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

## **1. Description of Plan**

The following description of the Knoll Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

On July 19, 2021, Herman Miller, Inc. completed its previously announced acquisition of Knoll, Inc. ("the Company", "Knoll", or "Employer"). Subsequent to the acquisition, Knoll was no longer a publicly-held company and became a wholly owned subsidiary of Herman Miller. Knoll's common stock was delisted from the New York Stock Exchange and deregistered under the Securities Exchange Act of 1934. On November 1, 2021, Herman Miller changed its name to MillerKnoll, Inc. ("MillerKnoll").

Prior to and post acquisition, Knoll remains the sponsor and administrator of the Plan for the benefit of any or all of its employees.

### **Plan Termination**

During the second quarter of the year ended December 31, 2024, the Company's Board of Directors voted to terminate the Plan, effective May 31, 2024 and approved a plan of liquidation and determined liquidation was imminent. Final distributions were complete as of December 31, 2024. Participants elected either an annuity or a lump-sum payment. The net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the Pension Benefit Guarantee Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (see Note 8).
- All other vested benefits (that is, vested benefits not insured by PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC under the termination. 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 on the amount of an individual's monthly benefit that the PBGC guarantees.

The Plan was overfunded at the time of termination. After all participant benefits were fully satisfied, the Company received a reversion of the remaining plan assets totaling \$754,451. In connection with the asset reversion, the Company incurred a 50% federal excise tax of approximately \$377,000.

As a result of the termination and imminent liquidation, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Income and expense expected to be earned and incurred during liquidation have not been accrued due to there not being a reasonable basis for their estimation. The Plan invests in various investment securities and the mix of the Plan's portfolio is likely to change as the liquidation progresses and therefore there is not a reasonable basis to estimate the changes in fair value of the investment portfolio through December 2024, the date that liquidation is expected to be complete.

### **Trustee**

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

Under a trust agreement with the Plan administrator, U.S. Bank National Association was Trustee of the Plan. In accordance with the responsibilities of the Trustee, as designated in the Trust Agreement, the Trustee administered and invested the Plan's assets and income for the benefit of the Plan's participants.

**General**

The Plan was a noncontributory defined benefit plan covering substantially all regular full-time or part-time U.S. associates of Knoll, Inc. who were not covered by a collective bargaining agreement. The Plan provided retirement benefits for service starting on or after March 1, 1996. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2012, the Plan was amended to freeze new participation and accrued benefits to existing participants with fewer than 70 years combined age and service.

Effective December 31, 2015, the Plan was amended to freeze the accrual of benefits for all participants. No person was eligible to actively participate in the Plan after December 31, 2015.

Effective January 1, 2016, no participants or employees commencing or recommencing employment on or after January 1, 2016 received any additional annual benefit accruals under the Plan. No grandfathered participant were eligible to receive additional annual benefit accruals under the Plan.

**Service rules**

Employees were credited with a year of service for each plan year during which they had at least 1,000 hours of service.

**Pension benefits**

Upon attainment of normal retirement age or the 5<sup>th</sup> anniversary of participation, a participant was entitled to a monthly pension benefit of 1.55% or 1.45%, if active employment terminated prior to December 31, 1997, of Career Compensation, as defined by the Plan, divided by 12. The minimum annual benefit earned for each calendar year of participation was \$300. Participants were able to elect to receive payments as a life annuity, joint and survivor annuity, or life annuity with a period certain.

Early retirement was available for participants age 55 or older with at least 5 years of vesting service. Benefit payments followed the same formula but were reduced ½ of 1% for each month's payment before normal retirement age.

The normal retirement pension was payable monthly as long as the participant lived, with payment ceasing upon the participant's death. If the present value of the pension did not exceed \$5,000, a lump-sum payment was automatic. If the present value of the benefit was between \$1,000 and \$5,000, the participant was able to elect to receive an automatic rollover distribution to a qualified retirement plan.

The Plan allowed a lump sum payment option that was equal to the present actuarial equivalent value of the participant's non-forfeitable accrued benefit in excess of \$5,000. The participant had a period of 180 days from his severance from service to make an election. If no election was made the participant would not then receive a distribution until the early or normal retirement date.

**Death and disability benefits**

Once a participant was vested, a survivor death benefit (equal to 50% of the benefit the participant would have received under the qualified joint and survivor annuity option) was provided for the spouse of a married participant.

Participants with at least ten years of service continued to earn plan benefits if they became disabled before normal retirement age, up until the date the Plan was frozen.

**Vesting**

Participants became 100% vested after five years of service.

**KNOLL PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

## **2. Summary of Significant Accounting Policies**

### **Basis of accounting**

The financial statements of the Plan are prepared on the liquidation basis of accounting as of and for the year ended December 31, 2024 and ongoing accrual basis of accounting as of and for the year ended December 31, 2023.

### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Accordingly, actual results could differ from those estimates.

### **Payment of benefits**

Benefit payments to participants were recorded upon distribution.

In the third quarter of 2024, the Company entered into an agreement for the purchase of an annuity benefit payments with an insurance company on behalf of the Plan. The agreement was a one time, participant impacted transaction for all participants and beneficiaries who chose this form of payment. Under the terms of the agreement, the insurance company assumes all risk and the legal obligation to provide pension benefits to these participants and beneficiaries. As such, the assets used for the annuity purchase are no longer assets of the plan. The Company distributed \$82,937,691 from the Plan for payment for the annuity in 2024, which is included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 (in liquidation) within benefits paid to participants.

### **Expenses**

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

### **Investment valuation and income recognition**

The Plan's investments were 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 Knoll Retirement Plans Administration Committee determined the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included gains and losses on investments bought and sold as well as held during the year.

### **SECURE 2.0 Act**

President Biden signed the Consolidated Appropriations Act (CAA), including the SECURE 2.0 Act, into law on December 29, 2022. SECURE 2.0 builds on changes made by the SECURE Act of 2019 and the Plan document has been amended for provisions required to be effective through the termination date.

### **Actuarial present value of accumulated plan benefits**

Accumulated plan benefits were those future periodic payments, including lump-sum distributions, that were attributable under the Plan's provisions to services employees have rendered. Accumulated plan benefits included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

employees or their beneficiaries and for beneficiaries of employees who have died were based on employees' accumulated career compensation. The accumulated plan benefits for active employees were based on their compensation preceding the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - were included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits presented below was determined by the Plan's independent actuary as of January 1, 2024 and 2023. The actuarial present value of accumulated plan benefits was the amount that resulted from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 actuarial present value of accumulated plan benefits was as follows:

	<b>As of January 1, 2024 (in Liquidation)</b>	<b>As of January 1, 2023 (Ongoing)</b>
<b>Vested benefits:</b>		
Participants currently receiving payments	N/A	\$ 35,228,534
Other participants	N/A	83,449,049
Total vested benefit <sup>(1)</sup>	\$ 126,640,057	\$ 118,677,583
<b>Nonvested benefits</b>		
Total actuarial present value of accumulated plan benefits	\$ 126,640,057	\$ 119,811,999

(1) Based on the liquidation basis of accounting, the actuarial assumptions used to calculate lump sum payments were as follows:

- a. Segment rates for payments paid during the 2024 plan were 5.50% for the first five years, 5.76% for the next fifteen years, and 5.3% thereafter.
- b. The mortality rate is based on the Internal Revenue Services 2024 Applicable Mortality Table.

Based on the liquidation basis of accounting actuarial assumptions used to calculate the annuity purchase included a discounting rate of 4.65% which was the rate used for settling liabilities with insurance carriers as of October 24, 2025. The value included the monthly annuity payments to be made on November 1, 2025 and in December, 2025 from the Plan's trust.

In addition Pri-2012 Amount Weighted Total Dataset Mortality Tables (Employee, Retiree, Disable, and Contingent Annuitant tables as applicable), with generational mortality from 2012 using Mortality Improvement Scale MP-2021. Annuity payments commenced on January 1, 2025 from the insurance carrier.

Changes in actuarial assumptions since the prior valuation include:

The following assumptions are no longer applicable due to the termination of the plan as of May 31, 2024:

- Benefit and compensation limits
- Withdrawal rates
- Disability insurance
- Retirement rates
- Spousal assumptions
- Lump sum conversion basis

The following assumptions have been updated to use the plan termination assumptions due to the termination of the plan as of May 31, 2024:

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

- Discount rates
- Mortality tables
- Mortality improvement scales (where applicable)
- Form of payment

The changes in the actuarial present value of accumulated plan benefits was as follows:

	<b>As of January 1, 2024 (in Liquidation)</b>	<b>As of January 1, 2023 (Ongoing)</b>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 119,811,999	\$ 123,108,040
Increase (decrease) during the year attributable to:		
Benefits accumulated and other gains/losses	1,687,468	6,811,391
Increase for interest due to the decrease in the discount period	5,660,253	5,876,063
Benefits paid	(17,653,286)	(15,782,250)
Changes in actuarial assumptions	17,133,623	(201,245)
Net increase (decrease)	6,828,058	(3,296,041)
Actuarial present value of accumulated plan benefits at end of year	\$ 126,640,057	\$ 119,811,999

For significant actuarial assumptions underlying the actuarial computations for the 2024 plan under the liquidation basis of accounting see above footnote (2). Significant actuarial assumptions underlying the actuarial computations for the 2023 plan year include:

Mortality – Pri-2012 Amount Weighted Total Dataset Mortality Tables (Employee, Retired, Disabled, and Contingent Annuitant tables as applicable), with generational mortality from 2012 using Mortality Improvement Scale MP-2021 for 2023.

Lump Sum Mortality - IRS 2024 Applicable Mortality Table for 2023.

- a. The 2023 discount rate was assumed to be 5.10%.
- b. Retirement – Varying percentages of 5% to 100% for the ages 55 through 70.
- c. Investment return is benchmarked against the effective interest rate for the prior plan year, using the actuarial value of assets.

In the second quarter of 2024, the Board of Directors of the Company voted to terminate the Plan, effective May 31, 2024. See Notes 1, 2 and 8 for additional information on Plan termination.

### **3. Fair Value of Investments**

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

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

Level 2 – Inputs to the valuation methodology include:

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023. There are no assets to be measured as of December 31, 2024 due to plan termination. See notes 1, 2 and 8 related to plan termination.

Short-term investments consists of shares of a money market portfolio which is valued at fair value which is equal to cost.

The common collective trust fund was valued at its net asset value daily as reported by the fund with the ability to trade at that price at least weekly. The net asset value was based on the fair value of the underlying investments held by the fund less its liabilities. For the collective investment trust fund, NAV was considered to be readily determinable fair value. Participant transactions (purchases and sales) may have occurred daily. Were the Plan to initiate a full redemption of the collective investment, the investment adviser reserved the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations would be carried out in an orderly business manner. There were no unfunded commitments.

Funds were also held in Corporate and municipal bonds. These were valued using the pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities were valued using pricing models maximizing the use of observable inputs for similar securities.

The preceding methods may have produced a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could have resulted in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

<b>Investment Assets at Fair Value</b>				
<b>as of December 31, 2023</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Short-term investments	\$ 1,940,726	\$ —	\$ —	\$ 1,940,726
Corporate bonds	—	69,561,534	—	69,561,534
U.S. government securities	—	17,797,219	—	17,797,219
Common collective trusts	—	38,086,601	—	38,086,601
<b>Total investments at fair value</b>	<b>\$ 1,940,726</b>	<b>\$ 125,445,354</b>	<b>\$ —</b>	<b>\$ 127,386,080</b>

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

The Plan's policy was to recognize transfers of investments into or out of Level as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2024 and 2023, there were no transfers of investments into or out of Level 3. There were no plan assets requiring the use of Level 3 inputs for the periods presented.

#### **4. Funding Policy**

The Plan's funding policy was for the Company to contribute an amount which would meet or exceed the annual ERISA minimum funding requirement to provide for current service and any unfunded projected benefit obligation over a reasonable period. To the extent that these requirements were fully covered by assets in the Plan, the Company could elect not to make any contributions for a particular year. No participant contributions were permitted. No contributions were made for the years ended December 31, 2024 and December 31, 2023. The minimum funding requirements of ERISA were met for the years ended December 31, 2024 and 2023.

#### **5. Investments**

The following table presents investments that represent 10% or more of the Plan's net assets available for benefits at December 31, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Wilmington Trust Collective Investment Trust	\$ —	\$ 38,086,601

In 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in fair value by \$864,862. In 2023, the Plan's investments appreciated in fair value by \$8,951,884.

#### **6. Related Party and Party in Interest Transactions**

The Plan's investments were administered under contracts with U.S. Bank National Association the trustee of the Plan in 2024 and 2023. Contributions were held and managed by the trustee who invested cash received, interest, and dividend income and made distributions to participants. These transactions qualified as party in interest transactions which were exempt from the prohibited transaction rules of ERISA.

Certain expenses of the trustee were paid by the Plan related to plan operations and investment activity described in Note 1. Additionally, certain administrative functions of the Plan were performed by officers or employees of the Company. No such officer or employee received compensation from the Plan.

#### **7. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company by a determination letter dated May 15, 2013, that the Plan and related trust were designed and were in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan had been amended since receiving the determination letter. However, the plan administrator believed that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **8. Plan Termination and Benefits Guaranteed by the PBGC**

Vested benefits are guaranteed by the PBGC to a maximum of \$7,107.95 per month for 2024 and \$6,750.00 for 2023, per participant.

In the second quarter of 2024, the Board of Directors of the Company expressed their intent to terminate the Plan effective May 31, 2024. Final distribution was determined based on all participants being 100% vested, and all were

**KNOLL PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED DECEMBER 31, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)**

made as soon as possible after the termination date and the IRS approval. All Plan participants received distributions as any of the options discussed in Note 1.

## **9. Risks and Uncertainties**

Plan contributions were made and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and 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.

In addition, the Plan invested in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets in Liquidation Available for Benefits.

## **10. Information Certified by Trustee**

The plan administrator has elected the method of compliance as permitted by ERISA Section 103 (a)(3)c) pursuant to 29 CFR 2520.103-8 and 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank National Association has certified to the completeness and accuracy of all investments and accrued interest and dividends reported in the accompanying statements of net assets available for benefits and ERISA required supplemental schedule, the related investment activity net appreciation in fair value of investments, interest and dividends) reported in the statements of changes in net assets available for benefits, and the supplemental schedule H, line 4(j) - schedule of reportable transactions (in liquidation) for the year ended December 31, 2024.

## **11. Subsequent Events**

The Plan has evaluated subsequent events through October 8, 2025, which is the date these financial statements were available to be issued.

**KNOLL PENSION PLAN  
EIN 13-3873847 - PLAN 001  
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (IN LIQUIDATION)  
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
TOTAL FIRST AM GOVT OB FD CL Z	CASH AND EQUIVALENTS	\$ 240,034,799	\$ —	\$ —	\$ —	\$ 240,034,799	\$ 240,034,799	\$ —
TOTAL U S TREASURY BD 4.250% 8/15/44	US GOVERNMENT ISSUES	\$ 7,433,166	\$ —	\$ —	\$ —	\$ 7,433,166	\$ 7,433,166	\$ —
TOTAL U S TREASURY NT 3.500% 9/30/26	US GOVERNMENT ISSUES	\$ 13,724,353	\$ —	\$ —	\$ —	\$ 13,724,353	\$ 13,724,353	\$ —
TOTAL U S TREASURY NT 3.500% 9/30/29	US GOVERNMENT ISSUES	\$ 19,958,618	\$ —	\$ —	\$ —	\$ 19,958,618	\$ 19,958,618	\$ —
TOTAL U S TREASURY NT 3.875% 8/15/34	US GOVERNMENT ISSUES	\$ 11,605,212	\$ —	\$ —	\$ —	\$ 11,605,212	\$ 11,605,212	\$ —
TOTAL FIRST AM GOVT OB FD CL Z	CASH AND EQUIVALENTS	\$ —	\$ 241,975,525	\$ —	\$ —	\$ 241,975,525	\$ 241,975,525	\$ —
TOTAL U S TREASURY BD 4.250% 8/15/44	US GOVERNMENT ISSUES	\$ —	\$ 7,492,061	\$ —	\$ —	\$ 7,433,166	\$ 7,492,061	\$ 58,895
TOTAL U S TREASURY NT 3.500% 9/30/26	US GOVERNMENT ISSUES	\$ —	\$ 13,713,212	\$ —	\$ —	\$ 13,724,353	\$ 13,713,212	\$ (11,141)
TOTAL U S TREASURY NT 3.500% 9/30/29	US GOVERNMENT ISSUES	\$ —	\$ 19,997,252	\$ —	\$ —	\$ 19,958,618	\$ 19,997,252	\$ 38,635
TOTAL U S TREASURY NT 3.875% 8/15/34	US GOVERNMENT ISSUES	\$ —	\$ 11,594,468	\$ —	\$ —	\$ 11,605,212	\$ 11,594,468	\$ (10,744)
TOTAL GREAT GRAY COLLECTIVE INVESTMENT TR	MUTUAL FUNDS-EQUITY	\$ —	\$ 39,347,675	\$ —	\$ —	\$ 23,293,622	\$ 39,347,675	\$ 16,054,053

Each entry represents a transaction or series of transactions in securities of the same issue in excess of 5% of the current value of Plan assets as of January 1, 2024.

## SCHEDULE SB ATTACHMENT

### Line 26 - Schedule of Active Participant Data

Plan Name: The Knoll Pension Plan

EIN/PN: 13-3873847/001

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	6	-	-	-	-	-	-	-	-	6
40 to 44	-	6	13	4	-	-	-	-	-	-	23
45 to 49	-	10	10	14	4	-	-	-	-	-	38
50 to 54	-	9	14	17	15	-	-	-	-	-	55
55 to 59	-	6	10	13	53	-	-	-	-	-	82
60 to 64	-	9	9	21	95	-	-	-	-	-	134
65 to 69	-	1	-	4	17	-	-	-	-	-	22
70 & Over	-	-	1	-	1	-	-	-	-	-	2
Total	-	47	57	73	185	-	-	-	-	-	362

## SUMMARY OF ASSUMPTIONS

**Funding Discount Rates**      IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

**Effective Interest Rate**      The Effective Interest Rate (EIR) for the current Plan Year is 5.08%. For the prior Plan Year, the EIR was 5.21%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

**Funding Expected Return on Assets**      The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2023	5.10%	5.74%	5.10%
2022	5.10%	5.92%	5.10%

**Funding Administrative Expenses**

The normal cost is increased by the administrative expenses expected to be paid from the trust during the year. For 2024 this amount is \$600,000.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in the Plan Year.

**Funding Mortality**

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

**Withdrawal Rates**

Sample annual rates are based on age as follows:

Age	Rate
25	16.40%
30	12.40%
35	9.40%
40	7.80%
45	5.80%
50	4.40%
55+	2.00%

**Disability Incidence**

Sample disability incidence graduated rates as follows:

Age	Rate (M)	Rate (F)
30	0.030%	0.040%
35	0.040%	0.070%
40	0.080%	0.130%
45	0.160%	0.240%
50	0.330%	0.400%
55	0.690%	0.640%
60	1.150%	0.900%

**Retirement Rates**

Annual unisex rates for eligible participants as follows:

Age	Retirement Rate	
	Actives	Vested Term
55	5%	0%
56	5%	0%
57	5%	0%
58	5%	0%
59	5%	0%
60	5%	10%
61	10%	10%
62	20%	15%
63	20%	20%
64	20%	20%
65	20%	50%
66	40%	50%
67	40%	100%
68	50%	100%
69	50%	100%
70	100%	100%

**Spousal Assumptions**

70% of males and 50% of females are assumed to be married.

Female participants are assumed to be one year younger than their spouses. Male participants are assumed to be three years older than their spouses.

**Form of Payment**

	<u>Actives</u>	<u>Vested Term</u>
Lump Sum (only at termination)	50%	40%
Life Annuity	25%	30%
Joint & 50% Survivor Annuity	12.50%	15%
Joint & 100% Survivor Annuity	12.50%	15%

**Lump Sum Conversion Basis**

The discount rates used to convert annuities into actuarially equivalent lump sums are the same as the discount rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

The interest rate and mortality assumptions used to value lump sum distributions are prescribed by law and based on elections made by the Plan Sponsor.

**Changes in funding assumptions since the prior valuation**

In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The mortality table for developing lump sums was changes from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

---

## SUMMARY OF METHODS

**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

**Funding Actuarial Value of Assets Method**

The Actuarial Value of Assets is determined by averaging three market values: the market value as of the current year valuation date and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

**Changes in methods since the prior valuation**

None.

**KNOLL PENSION PLAN  
EIN 13-3873847 - PLAN 001  
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (IN LIQUIDATION)  
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
TOTAL FIRST AM GOVT OB FD CL Z	CASH AND EQUIVALENTS	\$ 240,034,799	\$ —	\$ —	\$ —	\$ 240,034,799	\$ 240,034,799	\$ —
TOTAL U S TREASURY BD 4.250% 8/15/44	US GOVERNMENT ISSUES	\$ 7,433,166	\$ —	\$ —	\$ —	\$ 7,433,166	\$ 7,433,166	\$ —
TOTAL U S TREASURY NT 3.500% 9/30/26	US GOVERNMENT ISSUES	\$ 13,724,353	\$ —	\$ —	\$ —	\$ 13,724,353	\$ 13,724,353	\$ —
TOTAL U S TREASURY NT 3.500% 9/30/29	US GOVERNMENT ISSUES	\$ 19,958,618	\$ —	\$ —	\$ —	\$ 19,958,618	\$ 19,958,618	\$ —
TOTAL U S TREASURY NT 3.875% 8/15/34	US GOVERNMENT ISSUES	\$ 11,605,212	\$ —	\$ —	\$ —	\$ 11,605,212	\$ 11,605,212	\$ —
TOTAL FIRST AM GOVT OB FD CL Z	CASH AND EQUIVALENTS	\$ —	\$ 241,975,525	\$ —	\$ —	\$ 241,975,525	\$ 241,975,525	\$ —
TOTAL U S TREASURY BD 4.250% 8/15/44	US GOVERNMENT ISSUES	\$ —	\$ 7,492,061	\$ —	\$ —	\$ 7,433,166	\$ 7,492,061	\$ 58,895
TOTAL U S TREASURY NT 3.500% 9/30/26	US GOVERNMENT ISSUES	\$ —	\$ 13,713,212	\$ —	\$ —	\$ 13,724,353	\$ 13,713,212	\$ (11,141)
TOTAL U S TREASURY NT 3.500% 9/30/29	US GOVERNMENT ISSUES	\$ —	\$ 19,997,252	\$ —	\$ —	\$ 19,958,618	\$ 19,997,252	\$ 38,635
TOTAL U S TREASURY NT 3.875% 8/15/34	US GOVERNMENT ISSUES	\$ —	\$ 11,594,468	\$ —	\$ —	\$ 11,605,212	\$ 11,594,468	\$ (10,744)
TOTAL GREAT GRAY COLLECTIVE INVESTMENT TR	MUTUAL FUNDS-EQUITY	\$ —	\$ 39,347,675	\$ —	\$ —	\$ 23,293,622	\$ 39,347,675	\$ 16,054,053

Each entry represents a transaction or series of transactions in securities of the same issue in excess of 5% of the current value of Plan assets as of January 1, 2024.

<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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

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 The Knoll Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KNOLL, INC.	<b>D</b> Employer Identification Number (EIN) 13-3873847	
<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>	128,126,735
	<b>b</b> Actuarial value.....	<b>2b</b>	136,757,840
<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.....	442	62,350,077
	<b>b</b> For terminated vested participants .....	284	22,973,456
	<b>c</b> For active participants.....	362	36,364,831
	<b>d</b> Total.....	1,088	121,688,364
<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>	5.08%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	600,000
	<b>c</b> Target normal cost.....	<b>6c</b>	600,000

**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>	Brian D. Evitts <span style="float: right; color: blue; font-family: cursive;">BDE</span> Signature of actuary	<span style="color: blue; font-family: cursive; font-size: 1.2em;">10/1/2025</span> Date 2305995 Most recent enrollment number 215-587-0700 Telephone number (including area code)
	Brian D. Evitts Type or print name of actuary	
	CBIZ Firm name	
	1845 Walnut Street, 10th Floor Philadelphia PA 19103 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	0
<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) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>9.66%</u> .....	0	0
<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>5.21%</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	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	112.38%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	112.38%
<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>	111.39%
<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	
08/19/2025	175,214					
<b>Totals ▶</b>			<b>18(b)</b>	175,214	<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>	169,828
<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:

<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	-----------------------	-----------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	600,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	600,000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	169,828

**38** 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>	169,828
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<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>	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

**The Knoll Pension Plan**  
**EIN: 13-3873847 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule SB**

*Schedule SB, line 22 - Description of Weighted Average Retirement Age*

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Weighted</u>
55.5	1,000.000	5.00%	50.000	2775.000
56.5	950.000	5.00%	47.500	2683.750
57.5	902.500	5.00%	45.125	2594.688
58.5	857.375	5.00%	42.869	2507.822
59.5	814.506	5.00%	40.725	2423.156
60.5	773.781	5.00%	38.689	2340.687
61.5	735.092	10.00%	73.509	4520.815
62.5	661.583	20.00%	132.317	8269.784
63.5	529.266	20.00%	105.853	6721.680
64.5	423.413	20.00%	84.683	5462.027
65.5	338.730	20.00%	67.746	4437.367
66.5	270.984	40.00%	108.394	7208.182
67.5	162.591	40.00%	65.036	4389.945
68.5	97.554	50.00%	48.777	3341.236
69.5	48.777	50.00%	24.389	1695.007
70	24.389	100.00%	24.389	1707.201
Average Retirement Age				63.08

## SCHEDULE SB ATTACHMENT

### Line 26 - Schedule of Active Participant Data

Plan Name: The Knoll Pension Plan

EIN/PN: 13-3873847/001

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	6	-	-	-	-	-	-	-	-	6
40 to 44	-	6	13	4	-	-	-	-	-	-	23
45 to 49	-	10	10	14	4	-	-	-	-	-	38
50 to 54	-	9	14	17	15	-	-	-	-	-	55
55 to 59	-	6	10	13	53	-	-	-	-	-	82
60 to 64	-	9	9	21	95	-	-	-	-	-	134
65 to 69	-	1	-	4	17	-	-	-	-	-	22
70 & Over	-	-	1	-	1	-	-	-	-	-	2
Total	-	47	57	73	185	-	-	-	-	-	362

**SCHEDULE SB ATTACHMENT**  
**Line 26b - Projection of Expected Benefit Payments**

Plan Name: The Knoll Pension Plan  
 EIN/PN: 13-3873847/001  
 Valuation Date: January 1, 2024

<u>Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	3,271,071	317,071	5,659,301	9,247,443
2025	3,392,382	642,042	5,583,466	9,617,890
2026	3,408,214	895,321	5,494,457	9,797,992
2027	3,228,833	1,091,581	5,385,846	9,706,260
2028	2,967,894	1,219,292	5,267,946	9,455,132
2029	2,837,072	1,332,591	5,140,106	9,309,769
2030	2,636,203	1,438,026	5,001,734	9,075,963
2031	2,366,684	1,510,084	4,852,335	8,729,103
2032	2,229,205	1,588,423	4,691,541	8,509,169
2033	2,146,764	1,657,852	4,518,919	8,323,535
2034	2,035,351	1,709,974	4,333,583	8,078,908
2035	1,936,757	1,755,009	4,138,038	7,829,804
2036	1,888,259	1,795,038	3,931,703	7,615,000
2037	1,864,058	1,820,242	3,715,475	7,399,775
2038	1,800,321	1,846,236	3,490,634	7,137,191
2039	1,755,856	1,840,001	3,258,828	6,854,685
2040	1,699,819	1,829,662	3,022,010	6,551,491
2041	1,659,326	1,814,923	2,782,422	6,256,671
2042	1,602,312	1,794,278	2,542,513	5,939,103
2043	1,563,173	1,767,220	2,304,783	5,635,176
2044	1,508,161	1,729,131	2,071,720	5,309,012
2045	1,451,010	1,684,036	1,845,753	4,980,799
2046	1,388,748	1,633,468	1,629,176	4,651,392
2047	1,329,205	1,574,651	1,424,107	4,327,963
2048	1,262,192	1,512,598	1,232,381	4,007,171
2049	1,194,559	1,443,155	1,055,497	3,693,211
2050	1,124,403	1,369,161	894,542	3,388,106
2051	1,052,751	1,290,886	750,118	3,093,755
2052	978,922	1,209,777	622,347	2,811,046
2053	905,011	1,126,502	510,886	2,542,399
2054	831,025	1,042,612	415,001	2,288,638
2055	757,583	958,714	333,654	2,049,951
2056	685,549	876,448	265,574	1,827,571
2057	615,844	796,633	209,362	1,621,839
2058	549,132	719,966	163,558	1,432,656
2059	486,252	647,001	126,720	1,259,973
2060	427,586	578,182	97,467	1,103,235

**SCHEDULE SB ATTACHMENT**  
**Line 26b - Projection of Expected Benefit Payments**

Plan Name: The Knoll Pension Plan

EIN/PN: 13-3873847/001

Valuation Date: January 1, 2024

<u>Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2061	373,561	513,816	74,521	961,898
2062	324,335	454,114	56,730	835,179
2063	279,939	399,177	43,081	722,197
2064	240,271	348,989	32,710	621,970
2065	205,124	303,465	24,889	533,478
2066	174,220	262,452	19,025	455,697
2067	147,229	225,747	14,641	387,617
2068	123,797	193,108	11,364	328,269
2069	103,559	164,255	8,906	276,720
2070	86,161	138,896	7,044	232,101
2071	71,273	116,741	5,616	193,630
2072	58,592	97,500	4,502	160,594
2073	47,841	80,890	3,618	132,349

## SUMMARY OF ASSUMPTIONS

**Funding Discount Rates**      IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

**Effective Interest Rate**      The Effective Interest Rate (EIR) for the current Plan Year is 5.08%. For the prior Plan Year, the EIR was 5.21%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

**Funding Expected Return on Assets**      The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2023	5.10%	5.74%	5.10%
2022	5.10%	5.92%	5.10%

**Funding Administrative Expenses**

The normal cost is increased by the administrative expenses expected to be paid from the trust during the year. For 2024 this amount is \$600,000.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in the Plan Year.

**Funding Mortality**

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

**Withdrawal Rates**

Sample annual rates are based on age as follows:

Age	Rate
25	16.40%
30	12.40%
35	9.40%
40	7.80%
45	5.80%
50	4.40%
55+	2.00%

**Disability Incidence**

Sample disability incidence graduated rates as follows:

Age	Rate (M)	Rate (F)
30	0.030%	0.040%
35	0.040%	0.070%
40	0.080%	0.130%
45	0.160%	0.240%
50	0.330%	0.400%
55	0.690%	0.640%
60	1.150%	0.900%

**Retirement Rates**

Annual unisex rates for eligible participants as follows:

Age	Retirement Rate	
	Actives	Vested Term
55	5%	0%
56	5%	0%
57	5%	0%
58	5%	0%
59	5%	0%
60	5%	10%
61	10%	10%
62	20%	15%
63	20%	20%
64	20%	20%
65	20%	50%
66	40%	50%
67	40%	100%
68	50%	100%
69	50%	100%
70	100%	100%

**Spousal Assumptions**

70% of males and 50% of females are assumed to be married.

Female participants are assumed to be one year younger than their spouses. Male participants are assumed to be three years older than their spouses.

**Form of Payment**

	<u>Actives</u>	<u>Vested Term</u>
Lump Sum (only at termination)	50%	40%
Life Annuity	25%	30%
Joint & 50% Survivor Annuity	12.50%	15%
Joint & 100% Survivor Annuity	12.50%	15%

**Lump Sum Conversion Basis**

The discount rates used to convert annuities into actuarially equivalent lump sums are the same as the discount rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

The interest rate and mortality assumptions used to value lump sum distributions are prescribed by law and based on elections made by the Plan Sponsor.

**Changes in funding assumptions since the prior valuation**

In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The mortality table for developing lump sums was changes from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

---

## SUMMARY OF METHODS

**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

**Funding Actuarial Value of Assets Method**

The Actuarial Value of Assets is determined by averaging three market values: the market value as of the current year valuation date and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

**Changes in methods since the prior valuation**

None.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS

**Plan Effective Date**                      Effective March 1, 1996, most recently restated effective January 1, 2013, and most recently amended March 21, 2024.

**Eligibility Requirements**            Employees of Knoll participate as of the first January 1 on or following date of hire. An active employee who was a participant in The Knoll Group Pension Plan on February 29, 1996 became a participant in this plan on March 1, 1996. Eligibility to participate in the plan was frozen for active employees who did not have 70 "age plus service" points as of December 31, 2011. Active employees who had at least 70 points were given the choice to continue participation in the plan. Eligibility to participate in the plan was frozen for all active employees as of December 31, 2015.

**Compensation**                            Total taxable wages, salaries, bonuses, commissions, overtime, severance pay or permanent separation allowance, and some similar payments (such as performance, patent, invention, and disclosure awards) increased by any contributions made to savings and flexible benefit plans through salary reduction.

**Vesting Service**                         One year shall be credited for each 365 days of employment.

**Normal Retirement**                    Eligibility:

<u>Year of Birth</u>	<u>Eligibility</u>
1937 or earlier	Age 65
1938 through 1954	Age 66
1955 and later	Age 67

Benefit: For each Plan year after March 1, 1996, during which an employee is a participant, an annual benefit equal to the greater of:

- a) 1.55% of compensation for the plan year, or
- b) \$25 multiplied by the number of months worked.

Accruals were frozen as of December 31, 2011 for participants who did not have 70 "age plus service" points and those with 70 points who elected to discontinue accruals under the plan. Accruals for those participants that were grandfathered at December 31, 2011 were frozen as of December 31, 2015.

For participants whose active employment terminated on or before December 31, 1997, the accrual was 1.45% in (a) above.

<b>Early Retirement</b>	<p><u>Eligibility:</u> Attainment of age 55 and completion of 5 Years of Service.</p> <p><u>Benefit:</u> Accrued normal retirement benefit reduced 6% per year prior to Normal Retirement Date. If the participant's age plus vesting service is 90 or greater, the benefit is reduced from the date three years prior to Normal Retirement Date.</p>
<b>Deferred Vested</b>	<p><u>Eligibility:</u> Five years of vesting service.</p> <p><u>Benefit:</u> Accrued benefit payable at Normal Retirement Date. Benefits may commence as early as age 55, reduced 6% per year prior to Normal Retirement Date.</p>
<b>Disability Retirement</b>	<p><u>Eligibility:</u> Ten years of vesting service.</p> <p><u>Benefit:</u> Normal Retirement Benefit based upon additional benefit accruals projected to Normal Retirement and level future compensation from disability, with payments commencing at Normal Retirement Date.</p>
<b>Pre-Retirement Death</b>	<p><u>Eligibility:</u> Married active or inactive participants with five years of vesting service.</p> <p><u>Benefit:</u> The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint &amp; survivor annuity basis beginning on or after the participant's Early Retirement Eligibility.</p>
<b>Normal Form of Payment</b>	Life annuity if single; actuarially-reduced 50% joint & survivor annuity if married.
<b>Optional Forms</b>	Benefits may be elected from: <ul style="list-style-type: none"><li>• 50%, 75%, 100% Joint and Survivor</li><li>• 10 Year Certain and Continuous</li><li>• 15 Year Certain and Continuous</li><li>• Straight Life Annuity</li><li>• Lump Sum at termination</li></ul>
<b>Changes in Plan Benefits recognized since the last valuation</b>	None.

**The Knoll Pension Plan**  
**EIN: 13-3873847 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule SB**

*Schedule SB, line 22 - Description of Weighted Average Retirement Age*

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Weighted</u>
55.5	1,000.000	5.00%	50.000	2775.000
56.5	950.000	5.00%	47.500	2683.750
57.5	902.500	5.00%	45.125	2594.688
58.5	857.375	5.00%	42.869	2507.822
59.5	814.506	5.00%	40.725	2423.156
60.5	773.781	5.00%	38.689	2340.687
61.5	735.092	10.00%	73.509	4520.815
62.5	661.583	20.00%	132.317	8269.784
63.5	529.266	20.00%	105.853	6721.680
64.5	423.413	20.00%	84.683	5462.027
65.5	338.730	20.00%	67.746	4437.367
66.5	270.984	40.00%	108.394	7208.182
67.5	162.591	40.00%	65.036	4389.945
68.5	97.554	50.00%	48.777	3341.236
69.5	48.777	50.00%	24.389	1695.007
70	24.389	100.00%	24.389	1707.201
Average Retirement Age				63.08

**SCHEDULE SB ATTACHMENT**  
**Line 26b - Projection of Expected Benefit Payments**

Plan Name: The Knoll Pension Plan  
 EIN/PN: 13-3873847/001  
 Valuation Date: January 1, 2024

<u>Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	3,271,071	317,071	5,659,301	9,247,443
2025	3,392,382	642,042	5,583,466	9,617,890
2026	3,408,214	895,321	5,494,457	9,797,992
2027	3,228,833	1,091,581	5,385,846	9,706,260
2028	2,967,894	1,219,292	5,267,946	9,455,132
2029	2,837,072	1,332,591	5,140,106	9,309,769
2030	2,636,203	1,438,026	5,001,734	9,075,963
2031	2,366,684	1,510,084	4,852,335	8,729,103
2032	2,229,205	1,588,423	4,691,541	8,509,169
2033	2,146,764	1,657,852	4,518,919	8,323,535
2034	2,035,351	1,709,974	4,333,583	8,078,908
2035	1,936,757	1,755,009	4,138,038	7,829,804
2036	1,888,259	1,795,038	3,931,703	7,615,000
2037	1,864,058	1,820,242	3,715,475	7,399,775
2038	1,800,321	1,846,236	3,490,634	7,137,191
2039	1,755,856	1,840,001	3,258,828	6,854,685
2040	1,699,819	1,829,662	3,022,010	6,551,491
2041	1,659,326	1,814,923	2,782,422	6,256,671
2042	1,602,312	1,794,278	2,542,513	5,939,103
2043	1,563,173	1,767,220	2,304,783	5,635,176
2044	1,508,161	1,729,131	2,071,720	5,309,012
2045	1,451,010	1,684,036	1,845,753	4,980,799
2046	1,388,748	1,633,468	1,629,176	4,651,392
2047	1,329,205	1,574,651	1,424,107	4,327,963
2048	1,262,192	1,512,598	1,232,381	4,007,171
2049	1,194,559	1,443,155	1,055,497	3,693,211
2050	1,124,403	1,369,161	894,542	3,388,106
2051	1,052,751	1,290,886	750,118	3,093,755
2052	978,922	1,209,777	622,347	2,811,046
2053	905,011	1,126,502	510,886	2,542,399
2054	831,025	1,042,612	415,001	2,288,638
2055	757,583	958,714	333,654	2,049,951
2056	685,549	876,448	265,574	1,827,571
2057	615,844	796,633	209,362	1,621,839
2058	549,132	719,966	163,558	1,432,656
2059	486,252	647,001	126,720	1,259,973
2060	427,586	578,182	97,467	1,103,235

**SCHEDULE SB ATTACHMENT**  
**Line 26b - Projection of Expected Benefit Payments**

Plan Name: The Knoll Pension Plan

EIN/PN: 13-3873847/001

Valuation Date: January 1, 2024

<u>Year</u>	<u>Active</u> <u>Participants</u>	<u>Terminated</u> <u>Vested</u> <u>Participants</u>	<u>Retired</u> <u>Participants</u> <u>and</u> <u>Beneficiaries</u> <u>Receiving</u> <u>Payments</u>	<u>Total</u>
2061	373,561	513,816	74,521	961,898
2062	324,335	454,114	56,730	835,179
2063	279,939	399,177	43,081	722,197
2064	240,271	348,989	32,710	621,970
2065	205,124	303,465	24,889	533,478
2066	174,220	262,452	19,025	455,697
2067	147,229	225,747	14,641	387,617
2068	123,797	193,108	11,364	328,269
2069	103,559	164,255	8,906	276,720
2070	86,161	138,896	7,044	232,101
2071	71,273	116,741	5,616	193,630
2072	58,592	97,500	4,502	160,594
2073	47,841	80,890	3,618	132,349

## SUMMARY OF PRINCIPAL PLAN PROVISIONS

**Plan Effective Date**                      Effective March 1, 1996, most recently restated effective January 1, 2013, and most recently amended March 21, 2024.

**Eligibility Requirements**            Employees of Knoll participate as of the first January 1 on or following date of hire. An active employee who was a participant in The Knoll Group Pension Plan on February 29, 1996 became a participant in this plan on March 1, 1996. Eligibility to participate in the plan was frozen for active employees who did not have 70 "age plus service" points as of December 31, 2011. Active employees who had at least 70 points were given the choice to continue participation in the plan. Eligibility to participate in the plan was frozen for all active employees as of December 31, 2015.

**Compensation**                            Total taxable wages, salaries, bonuses, commissions, overtime, severance pay or permanent separation allowance, and some similar payments (such as performance, patent, invention, and disclosure awards) increased by any contributions made to savings and flexible benefit plans through salary reduction.

**Vesting Service**                         One year shall be credited for each 365 days of employment.

**Normal Retirement**                    Eligibility:

<u>Year of Birth</u>	<u>Eligibility</u>
1937 or earlier	Age 65
1938 through 1954	Age 66
1955 and later	Age 67

Benefit: For each Plan year after March 1, 1996, during which an employee is a participant, an annual benefit equal to the greater of:

- a) 1.55% of compensation for the plan year, or
- b) \$25 multiplied by the number of months worked.

Accruals were frozen as of December 31, 2011 for participants who did not have 70 "age plus service" points and those with 70 points who elected to discontinue accruals under the plan. Accruals for those participants that were grandfathered at December 31, 2011 were frozen as of December 31, 2015.

For participants whose active employment terminated on or before December 31, 1997, the accrual was 1.45% in (a) above.

<b>Early Retirement</b>	<p><u>Eligibility:</u> Attainment of age 55 and completion of 5 Years of Service.</p> <p><u>Benefit:</u> Accrued normal retirement benefit reduced 6% per year prior to Normal Retirement Date. If the participant's age plus vesting service is 90 or greater, the benefit is reduced from the date three years prior to Normal Retirement Date.</p>
<b>Deferred Vested</b>	<p><u>Eligibility:</u> Five years of vesting service.</p> <p><u>Benefit:</u> Accrued benefit payable at Normal Retirement Date. Benefits may commence as early as age 55, reduced 6% per year prior to Normal Retirement Date.</p>
<b>Disability Retirement</b>	<p><u>Eligibility:</u> Ten years of vesting service.</p> <p><u>Benefit:</u> Normal Retirement Benefit based upon additional benefit accruals projected to Normal Retirement and level future compensation from disability, with payments commencing at Normal Retirement Date.</p>
<b>Pre-Retirement Death</b>	<p><u>Eligibility:</u> Married active or inactive participants with five years of vesting service.</p> <p><u>Benefit:</u> The early retirement benefit the spouse would have received had the participant terminated immediately prior to death with benefit payable on an actuarially equivalent 50% joint &amp; survivor annuity basis beginning on or after the participant's Early Retirement Eligibility.</p>
<b>Normal Form of Payment</b>	Life annuity if single; actuarially-reduced 50% joint & survivor annuity if married.
<b>Optional Forms</b>	Benefits may be elected from: <ul style="list-style-type: none"><li>• 50%, 75%, 100% Joint and Survivor</li><li>• 10 Year Certain and Continuous</li><li>• 15 Year Certain and Continuous</li><li>• Straight Life Annuity</li><li>• Lump Sum at termination</li></ul>
<b>Changes in Plan Benefits recognized since the last valuation</b>	None.