

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B
2b Employer Identification Number (EIN): 45-6491273
2c Plan Sponsor's telephone number: 703-549-1390
2d Business code (see instructions): 813000

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2934
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2860
	6a(2)	2733
	6b	56
	6c	
	6d	2789
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B	D Employer Identification Number (EIN) 45-6491273

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7089668	53031	30029293	2392	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 85	(b) Total amount of fees paid 0
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

USI INSURANCE SERVICES, LLC

**PO BOX 61007
VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	233353	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		233353
b	Benefit charges (1) Claims paid	9b(1)	204006	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		204006
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	29347	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		29347
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B</p>	<p>D Employer Identification Number (EIN) 45-6491273</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	68608	16-012074-000	2502	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	105618

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CFA, LLC
1501 S. CLINTON ST. BALTIMORE, MD 21224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	105618	FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2347076
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B		D Employer Identification Number (EIN) 45-6491273

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

RXBENEFITS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-1157085	52429	0000	1977	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)	11583662	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	11583662
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	27768	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	27768
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B	D Employer Identification Number (EIN) 45-6491273	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

DELTA DENTAL OF VIRGINIA

54-0844477

(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?
13	NONE	73519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HEALTH ADVOCATE

36-2167779

(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?
49	OTHER	73348	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HUB INTERNATIONAL

9713 KEY WEST DR.
STE 401
ROCKVILLE, MD 20850

(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?
23	INSURANCE	60625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

CAREFIRST ADMINISTRATORS

52-1187907

(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?
23	THIRD PARTY ADMIN/PBM	1480622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ZOMOHEALTH, LLC

1700 POST OAK BLVD.
HOUSTON, TX 77056

(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?
49	OTHER SERVICES	26542	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

S. ROBINSON

2050 BALLENGER AVE., STE 400
ALEXANDRIA, VA 22314

(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?
30	PLAN EMPLOYEE	174201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

USI INSURANCE SERVICES

56-1882208

(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?
22	BROKER	408684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARENT FOX LLP

53-0215923

(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?
29	LEGAL	5183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

4MYBENEFITS, INC.

CORNELL RD
STE 331
CINCINNATI, OH 45241

(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?
64	BENEFIT ADMINISTRATOR	45102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

VISION SERVICE PLAN

06-1227840

(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?
23	VISION ADMINISTRATOR	26551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

P&A ADMINISTRATIVE SERVICES, INC.

17 COURT ST.
STE 500
BUFFALO, NY 14202

(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?
	COBRA ADMIN	49728	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHERRY BEKAERT

1850 TOWERS CRESCENT PLAZA
STE 200
TYSON, VA 22182

(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	ACCOUNTANT	178074	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

APRIO LLP

57-1157523

(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	AUDITOR	47080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CONIFER HEALTH

23-1728483

(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?
99	HEALTH DATA WAREHOUSE	9117	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HEALTHSPARQ/MD LIVE MED

100 SW MARKET ST.
PORTLAND, OR 97201

35-2486216

(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?
99	NONE	41336	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

USI INSURANCE SERVICES NORTHWEST

91-1176315

(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?
99	PHARMACY CONSULTANT	4166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE B	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN) 45-6491273</td> </tr> </table>	D Employer Identification Number (EIN) 45-6491273	
D Employer Identification Number (EIN) 45-6491273			

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	4144404	5420906
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2735458	4247444
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4646127	158195
(2) U.S. Government securities	1c(2)	1643689	3706279
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2906149	2161060
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1881443	2487749
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1035499	6455006
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	18992769	24636639
Liabilities			
g Benefit claims payable.....	1g	498337	1079144
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	262548	465637
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	760885	1544781
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18231884	23091858

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	45484923	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		45484923
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	55553	
(B) U.S. Government securities.....	2b(1)(B)	127013	
(C) Corporate debt instruments.....	2b(1)(C)	74059	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		256625
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	85254	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	221211	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		306465
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	272532	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		46320545

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	37241996	
(2) To insurance carriers for the provision of benefits	2e(2)	2347076	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		39589072
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	174201	
(2) Contract administrator fees	2i(2)	1265129	
(3) Recordkeeping fees	2i(3)	178074	
(4) IQPA audit fees	2i(4)	47080	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5183	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	201832	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1871499
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		41460571

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4859974
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **APRIO LLP**

(2) EIN: **57-1157523**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**CATHOLIC CHARITIES USA AND PARTICIPATING
EMPLOYERS MASTER WELFARE BENEFIT PLAN**

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

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Independent Auditors' Report

To the Board of Trustees
Catholic Charities USA and Participating Employers Master Welfare Benefit Plan
Alexandria, Virginia

Opinion

We have audited the accompanying financial statements of Catholic Charities USA and Participating Employers Master Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the Statements of Net Assets Available for Benefits and Statements of Plan Benefit Obligations as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and Statements of Changes in Plan Benefit Obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Catholic Charities USA and Participating Employers Master Welfare Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Catholic Charities USA and Participating Employers Master Welfare Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Catholic Charities USA and Participating Employers Master Welfare Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Independent Auditors' Report (continued)

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

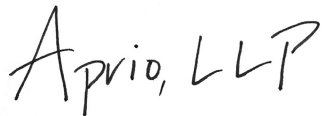
Independent Auditors' Report (continued)

Other Matter - Supplemental Schedules Required by ERISA

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

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

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

Handwritten signature of Aprivo, LLP in black ink.

Rockville, Maryland

October 13, 2025

**Catholic Charities USA and Participating
Employers Master Welfare Benefit Plan**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Cash and cash equivalents	\$ 4,579,101	\$ 4,663,851
Cash - deposit with insurance company	1,000,000	1,000,000
Investments, at fair value	14,810,094	10,593,460
Accounts receivable and other assets	4,247,444	2,735,458
Total assets	24,636,639	18,992,769
Liabilities		
Due to claims administrators	1,079,144	498,337
Contributions received in advance	379,515	198,335
Due to Catholic Charities USA	44,293	37,722
Other accounts payable and accrued expenses	41,829	26,491
Total liabilities	1,544,781	760,885
Net assets available for benefits	\$ 23,091,858	\$ 18,231,884

The accompanying Notes to Financial Statements are an integral part of these financial statements.

**Catholic Charities USA and Participating
Employers Master Welfare Benefit Plan**

Statements of Changes in Net Assets Available for Benefits

<i>For the Years Ended December 31,</i>	2024	2023
Additions		
Contributions from participating agencies	\$ 45,484,923	\$ 44,269,833
Investment income		
Interest and dividends	563,090	340,688
Net appreciation in fair value of investments	272,532	656,985
Net investment income	835,622	997,673
Total additions	46,320,545	45,267,506
Deductions		
Claims paid, net	37,241,996	33,781,808
Premiums paid to insurance company	2,347,076	2,260,357
Administrative expenses, net	1,871,499	1,783,345
Total deductions	41,460,571	37,825,510
Change in net assets available for benefits	4,859,974	7,441,996
Net assets available for benefits, beginning of year	18,231,884	10,789,888
Net assets available for benefits, end of year	\$ 23,091,858	\$ 18,231,884

The accompanying Notes to Financial Statements are an integral part of these financial statements.

**Catholic Charities USA and Participating
Employers Master Welfare Benefit Plan**

Statements of Plan Benefit Obligations

<i>December 31,</i>	2024	2023
Amounts currently payable		
Claims incurred but not reported	\$ 4,343,000	\$ 4,266,000
 Postretirement benefit obligations, net of amounts currently payable		
Current retirees	2,815,726	2,615,572
Other participants fully eligible for benefits	266,183	312,736
Participants not yet fully eligible for benefits	182,290	168,225
Total postretirement benefit obligations	3,264,199	3,096,533
Total Plan benefit obligations	\$ 7,607,199	\$ 7,362,533

The accompanying Notes to Financial Statements are an integral part of these financial statements.

**Catholic Charities USA and Participating
Employers Master Welfare Benefit Plan**

Statements of Changes in Plan Benefit Obligations

<i>For the Years Ended December 31,</i>	2024	2023
Amounts currently payable		
Balance at beginning of year	\$ 4,266,000	\$ 4,464,200
Claims and premiums incurred, net	39,666,072	35,843,965
Claims and premiums paid, net	(39,589,072)	(36,042,165)
Balance at end of year	4,343,000	4,266,000
Postretirement benefit obligations		
Balance at beginning of year	3,096,533	3,039,242
Benefits earned	150,654	4,678
Benefits paid	(294,084)	(248,910)
Interest	143,430	143,189
Change in actuarial assumptions	167,666	273,791
Other actuarial gains and losses	-	(115,457)
Balance at end of year	3,264,199	3,096,533
Total Plan benefit obligations at end of year	\$ 7,607,199	\$ 7,362,533

The accompanying Notes to Financial Statements are an integral part of these financial statements.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

1. **Description of the Plan** The following description of Catholic Charities USA and Participating Employers Master Welfare Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a self-funded welfare benefit plan established on January 1, 2012, to provide health benefits to eligible employees of participating agencies in The Catholic Charities USA Employee Welfare Trust (the Trust) and their covered dependents. As of December 31, 2024 and 2023, there were ten participating agencies: Catholic Charities USA, Catholic Charities – Chicago (including House of the Good Shepherd), Maryville Academy, Misericordia, Catholic Charities – Texas Panhandle, Catholic Legal Immigration Network, Inc., Commonwealth Catholic Charities, Catholic Charities - Omaha, Catholic Charities Brooklyn and Queens, and Catholic Charities of the Diocese of Pittsburgh. The health benefit programs under the Plan are designed and maintained at all times in a manner that reflects and is in compliance with the teachings of the Catholic Church. To be eligible to participate, employees must be scheduled to work 30 or more hours per week on a full-time basis or 15 or more hours per week on a part-time basis. Retirees whose participating agency policy provides for retiree coverage are also permitted to participate. The assets of the Plan are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan elected to be subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) on its Form 5500 filing for the Plan year beginning January 1, 2012, which coincided with the effective date of the Plan. The election to be subject to the provisions of ERISA was made under Section 410(d) of the Internal Revenue Code and was effective for the Plan year beginning January 1, 2012.

Benefits: The Plan provides health benefits (medical, vision, dental, and prescription drugs). Eligible retired employees are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

Self-insured benefits: All Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Stop loss coverage: The Plan has entered into a stop-loss arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Contributions: Premium rates are set annually, and are collected from participating agencies based on the benefit elections made by the enrolled participants. Each agency determines what portion of the premium costs will be paid by the participant and what portion will be covered by the agency. The Plan recognizes contributions monthly based on the premiums due for the respective month's coverage. Amounts received prior to the coverage period for which they are due are reported as contributions received in advance in the Statements of Net Assets Available for Benefits.

The costs of postretirement health benefits are shared by the participating agencies that elected to cover retirees and the retirees. At December 31, 2024 and 2023, the only participating agency covering retirees was Maryville Academy (Maryville). Maryville covers 100 percent of the premium cost for its retirees. For Maryville dependent and family coverage, the retiree pays between zero percent and 65 percent of the premium amount above single coverage depending on age and years of service.

2. Significant accounting policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

Cash and cash equivalents: Cash consists of readily liquid assets and investments with initial maturities of ninety days or less. The Plan maintains cash balances at two commercial banks which can exceed the FDIC insured deposit limit of \$250,000 per financial institution. At December 31, 2024 and 2023, the Plan's cash balance at one of the institutions exceeded the FDIC limit by approximately \$4,171,000 and \$4,270,000, respectively. The Plan has not experienced any losses through the date when the financial statements were available to be issued. During September 2023, the Plan purchased a certificate of deposit that renews every three months and therefore has been reported with cash and cash equivalents in the accompanying Statement of Net Assets Available for Benefits at December 31, 2023. At December 31, 2023, the certificate had a three month term, bore interest at 5.18 percent and totaled \$1,519,446. There were no certificates of deposit held by the Plan at December 31, 2024. As of December 31, 2024 and 2023, the Plan maintained a \$1,000,000 cash reserve on deposit with a third party claims processor, which is included in cash – deposit with insurance company in the accompanying Statements of Net Assets Available for Benefits.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

Certificates of deposit with maturities greater than three months are reported with investments. The Plan held a certificate of deposit with a six month term, which bore interest of 5.18 percent totaling \$1,012,964 as of December 31, 2023. No amounts were held as of December 31, 2024. Certificates of deposits acquired directly from financial institutions are carried at cost plus accrued interest.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

Accounts receivable and other assets: Accounts receivable and other assets consist primarily of premiums due from participating agencies, prepaid expenses, accrued interest, stop loss reimbursements, and certain other prescription drug or performance rebates receivable. The face amount of accounts receivable is reduced by an allowance for doubtful accounts. The allowance for doubtful accounts reflects the best estimate of probable losses determined principally on the basis of historical experience and specific allowances for known troubled accounts. All accounts or portions thereof that are deemed to be uncollectible are written off to the allowance for doubtful accounts. As of December 31, 2024 and 2023, the Trustees fully expect to collect all balances and have determined that no allowance for doubtful accounts is necessary.

Payment of benefits: Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as due to claims administrators in the accompanying Statements of Net Assets Available for Benefits.

Stop loss: Premiums for stop loss insurance are included in premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits. Stop loss refunds totaling \$407,843 and \$1,093,783, for 2024 and 2023, respectively, have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Refunds: Refunds due from the Plan's PBM and other rebates are recorded when earned under the contract, and when the amounts can be reasonably estimated. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$3,949,196 and \$3,994,016 for 2024 and 2023, respectively, have been netted with claims paid, and performance guarantee rebates \$27,027 for 2023, and pharmacy credits of \$416,223 and \$200,000 for 2024 and 2023 have been netted with administrative expenses in the accompanying Statements of Changes in Net Assets Available for Benefits.

Use of estimates: The preparation of financial statements in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

Subsequent events: Management has evaluated subsequent events for disclosure in these financial statements through October 13, 2025, which is the date the financial statements were available to be issued.

3. Fair value measurements

The Plan reports its assets at fair value based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2. Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived 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 or liability's 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.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

The fair value of the shares of mutual funds owned by the Plan is based on quoted net asset values on the last business day of the Plan year.

The fair value of the shares of equity securities is based on the closing price reported on the active market on which the individual securities are traded.

The fair value of the shares of corporate bonds, asset backed securities and U.S. government securities were developed utilizing quoted prices and other observable market inputs for similar assets in active markets and from a number of industry standard data providers for substantially the full term of the financial instrument.

The certificate of deposit is valued at the original cost plus accrued interest.

The fair value of assets is as follows:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,506,994	\$ -	\$ -	\$ 6,506,994
Common stocks	2,487,746	-	-	2,487,746
Fixed income securities	-	5,815,354	-	5,815,354
Certificate of deposit	-	-	-	-
Total assets at fair value	\$ 8,994,740	\$ 5,815,354	\$ -	\$ 14,810,094

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,149,215	\$ -	\$ -	\$ 3,149,215
Common stocks	1,881,444	-	-	1,881,444
Fixed income securities	-	4,549,837	-	4,549,837
Certificate of deposit	-	1,012,964	-	1,012,964
Total assets at fair value	\$ 5,030,659	\$ 5,562,801	\$ -	\$ 10,593,460

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

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- 4. Postretirement benefit obligations** A postretirement benefit obligation has been recognized for retiree health benefits for eligible participants and their dependents upon retirement. This benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligation represents the amounts that are expected to be funded by contributions from the participating agencies that cover retirees. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with the participating agencies.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Obligations were determined separately for each participating agency that covers retirees. During 2024 and 2023, the only agency to determine the obligation related to their retiree coverage is Maryville.

Maryville:

Maryville's policy provides retiree coverage to those who had completed 10 years or more of service as of July 1, 2005, if they are an eligible employee and enrolled in the Plan at the date of retirement. To be eligible, employees must retire on or after age 62 with 15 years or more of service. For 2024 and 2023, it was assumed that approximately 100 percent and 70 percent, respectively, of retirees would elect to continue participation in the Plan. For measurement purposes a 6.5 percent weighted-average annual rate of increase in the average per capita cost of covered medical health care benefits and 4 percent weighted-average annual rate of increase in the average per capita cost of covered dental health benefits was assumed for 2024 (6.5 percent weighted-average annual rate of increase in the average per capita cost of covered medical health care benefits and 4 percent weighted-average annual rate of increase in the average per capita cost of covered dental health benefits assumed in 2023); the medical rate was assumed to decrease gradually to 4.5 percent for 2033 and to remain at

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

that level thereafter. The dental rate was assumed to stay at 4 percent. The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by approximately \$287,000 and \$294,000, respectively.

The following were other significant assumptions used to determine the post-retirement benefit obligation as of December 31, 2024: discount rate of 5.43 percent; average retirement age rates varying from 15 percent at age 62 to 100 percent at age 70; Pri-2012 Total Dataset Mortality Tables with MP-2021 Mortality Improvement Scale projection from the 2012 base year.

The following were other significant assumptions used to determine the post-retirement benefit obligation as of December 31, 2023: discount rate of 4.91 percent; average retirement age rates varying from 15 percent at age 62 to 100 percent at age 70; Pri-2012 Total Dataset Mortality Tables with MP-2021 Mortality Improvement Scale projection from the 2012 base year.

The changes in the discount rate, medical trend assumption, and claims cost assumption resulted in a net increase in the 2024 obligation by approximately \$168,000.

The discount rate used to measure the obligation as of December 31, 2022 was 4.91 percent. The average retirement age rates varied from 15 percent at age 62 to 100 percent at age 70. The health cost trend rate assumed was 5.5 percent weighted-average annual rate of increase in the average per capita cost of covered medical health care and 5 percent weighted-average annual rate of increase in the average per capita cost of covered dental health benefits. The mortality table used was the Pri-2012 Total Dataset Mortality Table and the MP-2021 Mortality Improvement Scale projected from the 2012 base year. The changes in the discount rate, medical trend assumption, and claim cost assumption resulted in a net increase in the obligation for 2023 of approximately \$274,000.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

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- 5. Line of credit** The Trust has a revolving line of credit with Atlantic Union Bank that is in effect until terminated. Under the terms of the agreement, the Trust can borrow up to \$2,000,000, with interest at 1 month London Interbank Borrowing Rate plus 1.5 percent which is 6.46 percent and 6.97 percent as of December 31, 2024 and 2023, respectively. The line of credit was secured by Trust assets. The line of credit contains a financial covenant, which is a minimum liquidity amount. The Plan was in compliance with the covenant at December 31, 2024 and 2023. There was no line of credit balance at December 31, 2024 and 2023.
- 6. Claims incurred but not reported** Plan obligations for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.
- 7. Party-in-interest transactions** The Plan invests in Morgan Stanley common stock. Morgan Stanley is the custodian for certain Plan investments. The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, as well as other professional service fees to outside accountants, attorneys and insurance advisors. In addition, under an agreement between the Trust and Catholic Charities USA, certain employees of Catholic Charities USA are utilized to perform general oversight and supervisory services for the benefit of the Trust at no charge. Under this agreement, certain employees of Catholic Charities USA are also utilized to manage the Trust benefit programs and may be utilized to perform certain finance and administration functions of the Trust. During 2024 and 2023, the Plan did not make any payments to reimburse Catholic Charities USA for salaries and related fringe benefits. However, Catholic Charities USA paid for employee benefit related expenses on behalf of Trust employees for which it was reimbursed. Approximately \$52,500 and \$49,700, respectively, in 2024 and 2023, of expenses were paid on behalf of the Trust. In 2024 and 2023, Catholic Charities USA also paid various other expenses on behalf of the Trust for which it was reimbursed. As of December 31, 2024 and 2023, \$44,293 and \$37,722, respectively, is due to Catholic Charities USA.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

- 8. Tax status** The Trust funding the Plan has received an exemption letter from the Internal Revenue Service dated September 29, 2013, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) as a Voluntary Employee Beneficiary Association. However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC, and, therefore, believes that the related Trust is tax-exempt.

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

- 9. Plan termination** Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to modify the benefits provided to, and contributions required of, participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants.

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainty 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.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

Notes to Financial Statements

11. Retirement plan

The Trust is an adopting employer in the Catholic Charities USA 401(k) Profit Sharing Plan, which is a defined contribution plan covering substantially all employees. The Trust contributes a safe harbor contribution equal to three percent of a participant's compensation. The Trust also contributes a profit sharing contribution equal to seven percent of a participant's compensation. Participants are immediately vested in all contributions made to the plan. The Trust made contributions totaling \$17,325 and \$9,851, during the years ended December 31, 2024 and 2023, respectively.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* <u>Morgan Stanley:</u>				
Common stock:				
	Accenture Plc Ireland Cl A	Common Stock	\$ 21,775	\$ 21,644
	Adyen N V Unsponsored ADR	Common Stock	4,665	4,151
	Aia Group Ltd Spon ADR	Common Stock	5,079	3,797
	Air Liquide ADR	Common Stock	2,418	3,237
	Alcon Inc	Common Stock	3,521	4,607
	Alfa Laval Ab-Unsponsored ADR	Common Stock	2,755	4,605
	Alibaba Group Hldg Ltd	Common Stock	23,362	12,803
	Allianz Se ADR	Common Stock	8,565	11,000
	Alphabet Inc Cl A	Common Stock	18,022	40,321
	Alphabet Inc Cl C	Common Stock	9,917	35,993
	Amazon Com Inc	Common Stock	50,095	74,812
	Ambev S A Sponsored ADR	Common Stock	3,415	2,575
	Ameren Corp	Common Stock	7,567	7,298
	American Elec Pwr Co Inc	Common Stock	7,828	7,429
	Analog Devices Inc	Common Stock	19,885	20,186
	Ashtead Group Plc ADR	Common Stock	3,198	2,743
	Asml Holding Nv Ny Reg New	Common Stock	6,297	7,161
	Assa Abloy Ab Unsp ADR	Common Stock	2,706	3,372
	At&T Inc	Common Stock	19,333	19,127
	Atlas Copco As A ADR A New	Common Stock	3,867	4,982
	Autodesk Inc Delaware	Common Stock	22,127	33,991
	Automatic Data Processing Inc	Common Stock	19,231	18,855
	Avalonbay Comm Inc	Common Stock	6,468	6,191
	Avery Dennison Corporation	Common Stock	5,974	5,635
	Axa Ads	Common Stock	5,836	6,113
	Banco Bilbao Viz Arg Sa Ads	Common Stock	2,436	5,861
	Banco Do Brasil Sa Spon ADR	Common Stock	4,498	3,372
	Bank Of America Corp	Common Stock	27,639	25,974
	Bank Of New York Mellon Corp	Common Stock	17,227	16,903
	Bhp Group Limited ADR	Common Stock	4,430	4,116
	Blackrock Inc	Common Stock	7,115	17,305
	Blackstone Inc	Common Stock	7,054	6,677
	Block Inc Cl A	Common Stock	9,934	11,814
	Broadcom Inc	Common Stock	22,515	31,530
	Canadian Natl Railway Co	Common Stock	2,306	2,436
	Canadian Pacific Kansas City	Common Stock	3,426	3,292
	Cemex Sab De Cv	Common Stock	3,128	3,181
	Chevron Corp	Common Stock	28,770	24,623
	Chubb Ltd	Common Stock	20,763	21,217
	Cisco Sys Inc	Common Stock	24,666	25,278

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

<i>December 31, 2024</i>				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Cme Group Inc	Common Stock	15,858	16,175
	Cms Energy Cp	Common Stock	4,706	4,546
	Coca Cola Co	Common Stock	15,967	16,063
	Coloplast As Sponsered Adr	Common Stock	2,812	2,456
	Comcast Corp	Common Stock	20,928	18,277
	Conocophillips	Common Stock	8,577	7,453
	Credicorp Ltd	Common Stock	2,564	3,300
	Csx Corp	Common Stock	6,263	6,131
	Cummins Inc	Common Stock	7,676	7,317
	Daifuku Co Ltd Adr	Common Stock	2,510	2,635
	Dassault Systems Sa Ads	Common Stock	8,496	7,528
	Dbs Group Holdings Ltd Sp	Common Stock	8,211	12,819
	Deere & Co	Common Stock	5,460	6,355
	Deutsche Telekom Ag Adr	Common Stock	3,323	4,338
	Disco Corp Adr	Common Stock	9,773	10,359
	Dte Energy Company	Common Stock	3,648	3,640
	Ebay Inc	Common Stock	6,715	6,753
	Engie Spons Adr	Common Stock	6,013	5,771
	Enn Energy Holdings Ltd Unspn	Common Stock	6,569	4,285
	Entergy Corp New	Common Stock	12,246	12,299
	Eog Resources Inc	Common Stock	14,641	13,116
	Epiroc Aktiebolag Adr	Common Stock	3,095	3,764
	Expeditors Intl Wash Inc	Common Stock	10,453	13,403
	Exxon Mobil Corp	Common Stock	30,307	27,108
	Factset Research Systems Inc	Common Stock	10,126	15,369
	Fomento Economico Mexicano	Common Stock	5,501	6,375
	Frontline Plc	Common Stock	5,532	3,704
	General Mills Inc	Common Stock	8,227	8,290
	Genuine Parts Co	Common Stock	5,220	4,885
	Grupo Financiero Banorte Sab	Common Stock	11,060	8,691
	Haier Smart Home Co Ltd Adr	Common Stock	4,039	4,206
	Haleon Plc Adr	Common Stock	7,325	8,176
	Hdfc Bank Ltd Adr	Common Stock	7,809	8,940
	Home Depot Inc	Common Stock	14,793	29,098
	Hoya Corp Spons Adr	Common Stock	2,603	2,823
	Hsbc Holdings Plc Spon Adr New	Common Stock	5,741	7,468
	Icici Bank Ltd	Common Stock	6,305	8,092
	Ill Tool Works Inc	Common Stock	13,492	12,596
	Infineon Technologies Ag	Common Stock	8,386	8,519
	Intl Business Machines Corp	Common Stock	19,334	20,421
	Intuitive Surgical Inc	Common Stock	6,481	16,826
	Itau Unibanco Multiple Adr	Common Stock	9,039	7,068
	Jbs S A Spon Adr	Common Stock	5,223	5,864
	Jpmorgan Chase & Co	Common Stock	55,003	53,695

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

<i>December 31, 2024</i>				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Kb Financial Grp Inc Sons Adr	Common Stock	8,953	10,356
	Kla Corporation	Common Stock	10,238	10,419
	Komatsu Ltd Spon Adr New	Common Stock	3,049	3,764
	L Oreal Co Adr	Common Stock	6,493	6,675
	Lam Research Corporation New	Common Stock	10,080	10,329
	Linde Plc	Common Stock	22,924	23,723
	London Stk Exchange Group Adr	Common Stock	2,959	3,993
	Lvmh Moet Hennessy Louis Vuitt	Common Stock	2,839	3,301
	Manulife Financial Corp	Common Stock	6,072	8,568
	Marsh & McLennan Cos Inc	Common Stock	23,131	22,091
	Marubeni Corp Adr	Common Stock	2,556	2,572
	Mc Donalds Corp	Common Stock	21,030	20,865
	Medtronic Plc Shs	Common Stock	10,759	9,905
	Meituan Adr	Common Stock	5,512	6,054
	Mercadolibre Inc	Common Stock	4,416	4,476
	Meta Platforms Inc Cl A	Common Stock	58,609	86,655
	Microsoft Corp	Common Stock	70,233	93,994
	Mitsubishi Ufj Fincl Grp Ads	Common Stock	6,416	6,985
	Mondelez Intl Inc Com	Common Stock	14,665	13,618
	Monster Beverage Corp New Com	Common Stock	22,346	26,227
*	Morgan Stanley	Common Stock	20,330	19,109
	Nestle Spon Adr Rep Reg Shr	Common Stock	8,997	8,841
	Netflix Inc	Common Stock	19,541	70,748
	Nextera Energy Inc	Common Stock	5,942	5,585
	Nike Inc B	Common Stock	10,435	10,442
	Novonosis	Common Stock	2,332	2,388
	Nvidia Corporation	Common Stock	58,764	110,252
	Oracle Corp	Common Stock	23,426	54,491
	Packaging Corp Amer	Common Stock	8,350	7,899
	Pan Pac Intl Hldgs Corp Adr	Common Stock	4,278	5,657
	Parker Hannifin Corp	Common Stock	23,364	21,365
	Paypal Hldgs Inc Com	Common Stock	10,817	11,095
	Pepsico Inc Nc	Common Stock	9,106	8,697
	Ping An Insurance Adr	Common Stock	3,077	2,063
	Pnc Finl Svcs Gp	Common Stock	17,667	16,389
	Ppg Industries Inc	Common Stock	8,524	8,213
	Prologis Inc Com	Common Stock	5,736	5,316
	Pt Telekomunikasi Indonesia	Common Stock	3,713	2,862
	Public Service Enterprise Gp	Common Stock	7,071	6,638
	Public Storage	Common Stock	5,695	5,060
	Qualcomm Inc	Common Stock	19,784	22,889
	Renesas Electronics Corp Adr	Common Stock	5,539	5,280
	Rheinmetall Ag Unspon Adr	Common Stock	10,610	10,949
	Rio Tinto Plc Spon Adr	Common Stock	4,277	4,203

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

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Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Salesforce Inc	Common Stock	20,354	37,445
	Sap Ag	Common Stock	5,146	8,877
	Schneider Elec Sa Unsp Adr	Common Stock	4,814	7,883
	Sei Investments Co	Common Stock	9,940	15,094
	Shell Plc Adr	Common Stock	8,508	8,019
	Shimano Inc Adr	Common Stock	2,054	1,824
	Shinhan Financial Group Co Ltd	Common Stock	4,437	4,011
	Shopify Inc	Common Stock	11,962	29,666
	Softbank Corp Unspns Adr	Common Stock	10,340	11,672
	Sonova Hldg Ag Unsp Adr	Common Stock	2,656	3,102
	Sony Group Corporation Adr	Common Stock	6,230	7,237
	Southern Co	Common Stock	13,997	13,089
	Southern Copper Corp	Common Stock	3,329	3,060
	Star Bulk Carriers Corp New	Common Stock	6,261	4,560
	Starbucks Corp Washington	Common Stock	15,633	17,611
	Sumitomo Mitsui Finl Group Inc	Common Stock	6,753	9,462
	Symrise Ag Unspns Adr	Common Stock	3,493	3,508
	Sysmex Corp Unspn Adr	Common Stock	6,574	6,106
	Taiwan Smendctr Mfg Co Ltd Adr	Common Stock	22,914	32,981
	Technipfmc Ltd	Common Stock	7,195	10,621
	Techtronic Ind Ltd Spons Adr	Common Stock	3,040	2,799
	Teck Resources Ltd	Common Stock	6,080	5,553
	Tencent Hldgs Ltd Unspn Adr	Common Stock	11,154	11,593
	Tesla Inc	Common Stock	43,078	104,191
	Texas Instruments	Common Stock	5,940	9,587
	Tjx Cos Inc New	Common Stock	12,833	12,927
	Torm Plc Cl A	Common Stock	6,786	4,247
	Trane Technologies Plc	Common Stock	16,179	14,534
	Unicharm Corp Unspn Adr	Common Stock	3,267	1,858
	Unicredit Spa-Adr	Common Stock	3,409	5,565
	Union Pacific Corp	Common Stock	16,194	15,715
	Valero Energy Cp Dela New	Common Stock	13,905	11,885
	Vinci Sa Adr	Common Stock	3,095	2,522
	Visa Inc Cl A	Common Stock	37,905	72,373
	Walmart Inc	Common Stock	33,774	36,321
	Walt Disney Co Hldg Co	Common Stock	48,389	46,878
	Waste Mgmt Inc	Common Stock	13,464	12,578
	Wec Energy Group Inc Com	Common Stock	6,795	6,437
	Wells Fargo & Co New	Common Stock	24,004	22,688
	Workday Inc Cl A	Common Stock	7,014	10,268
	Yum Brands Inc	Common Stock	8,051	10,382
	Yum China Hldngs	Common Stock	3,405	3,938
	Zto Express Cayman Inc Cl A	Common Stock	3,063	2,874

Refer to accompanying Independent Auditors' Report.

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EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate Bonds:			
	American Express Co	Rate 4.200% Matures 11/06/2025	54,671	51,878
	Allstate Corp	Rate 0.750% Matures 12/15/2025	25,928	26,020
	Fs Kkr Capital Corp	Rate 3.400% Matures 01/15/2026	4,891	4,904
	At&T Inc	Rate 1.700% Matures 03/25/2026	42,299	42,441
	Oracle Corp	Rate 1.650% Matures 03/25/2026	29,758	29,889
	Ares Capital Corp	Rate 2.150% Matures 07/15/2026	28,503	28,683
	Blue Owl Capital Corp	Rate 3.400% Matures 07/15/2026	24,137	24,234
	Bank Of America Corp	Rate 1.197% Matures 10/24/2026	41,601	41,775
	Blackstone Private Credit Fund	Rate 2.625% Matures 12/15/2026	25,757	25,726
	Jpmorgan Chase & Co	Rate 1.040% Matures 02/04/2027	24,840	24,980
	Truist Financial Corp	Rate 1.267% Matures 03/02/2027	31,631	31,645
	Goldman Sachs Group Inc	Rate 1.431% Matures 03/09/2027	42,062	42,239
	Bank Of America Corp	Rate 1.658% Matures 03/11/2027	41,253	41,433
	Bp Capital Markets America Inc	Rate 3.588% Matures 04/14/2027	15,642	15,644
	Jpmorgan Chase & Co	Rate 1.578% Matures 04/22/2027	26,752	26,876
	Citigroup Inc	Rate 1.462% Matures 06/09/2027	56,008	56,174
	Twdc Enterprises 18 Corp	Rate 2.950% Matures 06/15/2027	64,505	64,619
	Jpmorgan Chase & Co	Rate 1.470% Matures 09/22/2027	26,364	26,489
	Goldman Sachs Group Inc	Rate 1.948% Matures 10/21/2027	41,618	41,745
	National Rural Utilities Cooperative Finance Corp	Rate 3.400% Matures 02/07/2028	51,011	50,893
	Kinder Morgan Inc	Rate 4.300% Matures 03/01/2028	21,646	21,607
	Us Bancorp	Rate 3.900% Matures 04/26/2028	45,533	45,585
	Oncor Electric Delivery Co Llc	Rate 3.700% Matures 11/15/2028	56,969	56,749
	Philip Morris International Inc	Rate 4.875% Matures 02/13/2029	31,062	30,990
	Astrazeneca Finance Llc	Rate 4.850% Matures 02/26/2029	20,112	20,041
	Charter Comm Operating Llc	Rate 5.050% Matures 03/30/2029	20,670	20,549
	General Motors Financial Co Inc	Rate 4.300% Matures 04/06/2029	20,305	20,262
	Midamerican Energy Co	Rate 3.650% Matures 04/15/2029	15,297	15,253
	Northern Trust Corp	Rate 3.150% Matures 05/03/2029	44,966	44,962
	Cvs Health Corp	Rate 5.400% Matures 06/01/2029	18,161	18,023
	Bank Of America Corp	Rate 4.271% Matures 07/23/2029	44,959	44,823
	Pepsico Inc	Rate 2.625% Matures 07/29/2029	45,220	44,929
	Accenture Capital Inc	Rate 4.050% Matures 10/04/2029	37,059	36,896
	Jpmorgan Chase & Co	Rate 4.452% Matures 12/05/2029	18,498	18,616

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pnc Financial Services Group Inc	Rate 2.550% Matures 01/22/2030	44,619	44,415
	Goldman Sachs Group Inc	Rate 2.600% Matures 02/07/2030	44,548	44,318
	Amgen Inc	Rate 2.450% Matures 02/21/2030	20,377	20,332
	Coca-Cola Co	Rate 3.450% Matures 03/25/2030	33,256	33,048
	Mastercard Inc	Rate 3.350% Matures 03/26/2030	41,430	41,149
	Oracle Corp	Rate 2.950% Matures 04/01/2030	13,588	13,556
	Equinor Asa	Rate 3.125% Matures 04/06/2030	6,475	6,457
	Shell Finance Us Inc	Rate 2.750% Matures 04/06/2030	39,005	38,797
	Biogen Inc	Rate 2.250% Matures 05/01/2030	23,373	23,322
	Equinor Asa	Rate 2.375% Matures 05/22/2030	27,570	27,525
	Astrazeneca Plc	Rate 1.375% Matures 08/06/2030	27,522	27,480
	Blackrock Inc	Rate 1.900% Matures 01/28/2031	26,237	26,135
	Public Service Co Of Colorado	Rate 1.875% Matures 06/15/2031	32,561	32,088
	Texas Instruments Inc	Rate 1.900% Matures 09/15/2031	48,635	45,251
	Air Lease Corp	Rate 2.875% Matures 01/15/2032	19,710	19,616
	At&T Inc	Rate 2.250% Matures 02/01/2032	12,469	12,410
	Ecolab Inc	Rate 2.125% Matures 02/01/2032	23,513	23,283
	Alabama Power Co	Rate 3.050% Matures 03/15/2032	51,594	50,945
	Celanese Us Holdings Llc	Rate 6.379% Matures 07/15/2032	12,312	12,189
	Goldman Sachs Group Inc	Rate 2.383% Matures 07/21/2032	10,938	10,848
	Citigroup Inc	Rate 2.520% Matures 11/03/2032	19,344	19,177
	Jpmorgan Chase & Co	Rate 2.545% Matures 11/08/2032	45,103	45,560
	Us Bancorp	Rate 2.677% Matures 01/27/2033	43,435	43,052
	Cvs Health Corp	Rate 5.250% Matures 02/21/2033	19,555	19,172
	State Street Corp	Rate 4.421% Matures 05/13/2033	52,054	51,439
	Philip Morris International Inc	Rate 5.250% Matures 02/13/2034	31,000	30,691
	Comcast Corp	Rate 5.300% Matures 06/01/2034	13,153	12,999
	Bp Capital Markets America Inc	Rate 5.227% Matures 11/17/2034	32,967	32,519
	Bank Of New York Mellon Co	Rate 5.188% Matures 03/14/2035	52,431	51,517
	Telefonica Emisiones Sa	Rate 7.045% Matures 06/20/2036	8,904	8,791
	Southern Copper Corp	Rate 6.750% Matures 04/16/2040	20,674	20,405
	Exelon Corp	Rate 4.700% Matures 04/15/2050	14,695	14,359
	Biogen Inc	Rate 3.150% Matures 05/01/2050	16,858	16,405
	Boeing Co	Rate 5.805% Matures 05/01/2050	24,328	24,257
	Whirlpool Corp	Rate 4.600% Matures 05/15/2050	18,132	17,448
	Starbucks Corp	Rate 3.500% Matures 11/15/2050	9,997	9,693
	Dick'S Sporting Goods Inc	Rate 4.100% Matures 01/15/2052	24,523	24,882
	Charter Communications Operati Ng Llc	Rate 5.500% Matures 04/01/2063	9,785	9,565

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	US Government Securities:			
	United States Treasury Note	Rate 0.250% Matures 07/31/2025	27,204	27,368
	United States Treasury Note	Rate 1.625% Matures 02/15/2026	220,672	216,689
	United States Treasury Note	Rate 1.500% Matures 08/15/2026	209,781	210,641
	United States Treasury Note	Rate 1.875% Matures 02/28/2027	252,942	254,098
	United States Treasury Note	Rate 4.125% Matures 11/15/2027	16,002	15,934
	United States Treasury Note	Rate 2.750% Matures 02/15/2028	294,625	295,143
	United States Treasury Note	Rate 2.625% Matures 02/15/2029	285,343	285,306
	United States Treasury Note	Rate 4.250% Matures 02/28/2029	91,845	91,619
	United States Treasury Note	Rate 3.625% Matures 08/31/2029	77,769	77,491
	United States Treasury Note	Rate 3.875% Matures 09/30/2029	56,937	56,756
	United States Treasury Note	Rate 4.125% Matures 10/31/2029	9,921	9,889
	United States Treasury Note	Rate 4.125% Matures 11/30/2029	12,847	12,858
	United States Treasury Note	Rate 3.500% Matures 01/31/2030	118,436	118,056
	United States Treasury Note	Rate 4.625% Matures 09/30/2030	71,072	70,689
	United States Treasury Note	Rate 1.625% Matures 05/15/2031	19,498	19,413
	United States Treasury Note	Rate 1.250% Matures 08/15/2031	51,727	51,448
	United States Treasury Note	Rate 2.875% Matures 05/15/2032	13,575	13,482
	United States Treasury Note	Rate 4.125% Matures 11/15/2032	137,797	136,631
	United States Treasury Note	Rate 3.500% Matures 02/15/2033	122,068	121,022
	United States Treasury Note	Rate 3.375% Matures 05/15/2033	7,303	7,356
	United States Treasury Note	Rate 3.875% Matures 08/15/2033	34,620	34,287
	United States Treasury Note	Rate 4.500% Matures 11/15/2033	190,463	186,299
	United States Treasury Note	Rate 4.000% Matures 02/15/2034	62,956	62,278
	United States Treasury Note	Rate 4.375% Matures 05/15/2034	64,695	64,061
	United States Treasury Note	Rate 3.875% Matures 08/15/2034	249,539	246,992
	United States Treasury Note	Rate 4.250% Matures 11/15/2034	40,776	39,959
	United States Treasury Bond	Rate 1.750% Matures 08/15/2041	84,740	83,010
	United States Treasury Bond	Rate 2.000% Matures 11/15/2041	5,492	5,381
	United States Treasury Bond	Rate 2.375% Matures 02/15/2042	22,548	22,092
	United States Treasury Bond	Rate 3.250% Matures 05/15/2042	13,295	13,030
	United States Treasury Bond	Rate 3.375% Matures 08/15/2042	69,168	67,753
	United States Treasury Bond	Rate 3.875% Matures 02/15/2043	9,020	8,833
	United States Treasury Bond	Rate 3.875% Matures 05/15/2043	44,110	43,174
	United States Treasury Bond	Rate 3.125% Matures 05/15/2048	5,380	5,253
	United States Treasury Bond	Rate 3.000% Matures 02/15/2049	5,351	5,101
	United States Treasury Bond	Rate 2.250% Matures 08/15/2049	3,820	3,721
	United States Treasury Bond	Rate 2.375% Matures 05/15/2051	24,002	23,307
	United States Treasury Bond	Rate 1.875% Matures 11/15/2051	26,127	23,761
	United States Treasury Bond	Rate 4.000% Matures 11/15/2052	22,518	19,193
	United States Treasury Bond	Rate 3.625% Matures 05/15/2053	65,277	63,533

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	United States Treasury Bond	Rate 4.750% Matures 11/15/2053	42,840	41,616
	United States Treasury Bond	Rate 4.250% Matures 08/15/2054	66,885	64,061
	Federal National Mtg Assn Pool	Rate 4.000% Matures 03/01/2047	47,558	4,950
	Federal National Mtg Assn Pool	Rate 4.500% Matures 06/01/2052	12,685	11,546
	Federal National Mtg Assn Pool	Rate 3.000% Matures 07/01/2052	26,658	26,325
	Federal National Mtg Assn Pool	Rate 2.500% Matures 04/01/2052	84,577	83,113
	Federal National Mtg Assn Pool	Rate 4.500% Matures 07/01/2052	16,794	14,196
	Federal National Mtg Assn Pool	Rate 4.000% Matures 06/01/2052	46,224	36,412
	Federal National Mtg Assn Pool	Rate 3.000% Matures 06/01/2052	7,437	7,202
	Federal National Mtg Assn Pool	Rate 4.000% Matures 11/01/2052	121,773	111,666
	FHLMC 30 YR GOLD SD8226	Rate 3.500% Matures 07/01/2052	86,520	85,940
	TENN VALLEY AUTH	Rate 5.880% Matures 04/01/2036	17,685	17,360
	Sovereign Securities:			
	Uruguay Government International Bond	Rate 4.375% Matures 01/23/2031	35,029	34,951
	Mexico Government International Bond	Rate 6.050% Matures 01/11/2040	20,944	20,442
	Mutual Funds:			
	Federated Hermes Govt OBL PRM	Mutual fund	N/A	4,651,282
	Federated Hermes Corp BD Strgy	Mutual fund	140,493	139,509
	Federated Hermes HI Yld Strgy	Mutual fund	27,636	27,423
	Federated Hermes Intl BD Strgy	Mutual fund	55,664	52,452
	Federated Hermes MTG Strategy	Mutual fund	946,899	940,062
	Loomis Sayles HI INC OPP INST	Mutual fund	279,278	275,857
	Loomis Sayles SECRZD ASC INST	Mutual fund	423,719	420,409
	Total		\$ 9,816,849	\$ 14,810,094

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on the Transaction Date	Net Gain or (Loss)
<u>Category (I) and (III) - single transactions in excess of 5% of Plan assets and all remaining transactions of the same issue:</u>								
* <u>Union Bank of Switzerland (UBS):</u>								
	* UBS Select Prime Institutional Fund							
	Single transaction							
	Sales	-	2,179,839	-	-	2,179,839	2,179,839	-
	Aggregate transactions							
	Sales	-	2,179,839	-	-	2,179,839	2,179,839	-
* <u>Morgan Stanley:</u>								
	Federated Hermes Govt OBL PRM							
	Single transaction							
	Purchase	\$ 2,000,000	\$ -	\$ -	\$ -	\$ 2,000,000	\$ 2,000,000	\$ -
	Purchase	2,628,084	-	-	-	2,628,084	2,628,084	-
	Aggregate transactions							
	Purchases	4,628,084	-	-	-	4,628,084	4,628,084	-

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* <u>Morgan Stanley:</u>				
Common stock:				
	Accenture Plc Ireland Cl A	Common Stock	\$ 21,775	\$ 21,644
	Adyen N V Unsponsred Adr	Common Stock	4,665	4,151
	Aia Group Ltd Spon Adr	Common Stock	5,079	3,797
	Air Liquide Adr	Common Stock	2,418	3,237
	Alcon Inc	Common Stock	3,521	4,607
	Alfa Laval Ab-Unspons Adr	Common Stock	2,755	4,605
	Alibaba Group Hldg Ltd	Common Stock	23,362	12,803
	Allianz Se Adr	Common Stock	8,565	11,000
	Alphabet Inc Cl A	Common Stock	18,022	40,321
	Alphabet Inc Cl C	Common Stock	9,917	35,993
	Amazon Com Inc	Common Stock	50,095	74,812
	Ambev S A Sponsored Adr	Common Stock	3,415	2,575
	Ameren Corp	Common Stock	7,567	7,298
	American Elec Pwr Co Inc	Common Stock	7,828	7,429
	Analog Devices Inc	Common Stock	19,885	20,186
	Ashtead Group Plc Adr	Common Stock	3,198	2,743
	Asml Holding Nv Ny Reg New	Common Stock	6,297	7,161
	Assa Abloy Ab Unsp Adr	Common Stock	2,706	3,372
	At&T Inc	Common Stock	19,333	19,127
	Atlas Copco As A Adr A New	Common Stock	3,867	4,982
	Autodesk Inc Delaware	Common Stock	22,127	33,991
	Automatic Data Processing Inc	Common Stock	19,231	18,855
	Avalonbay Comm Inc	Common Stock	6,468	6,191
	Avery Dennison Corporation	Common Stock	5,974	5,635
	Axa Ads	Common Stock	5,836	6,113
	Banco Bilbao Viz Arg Sa Ads	Common Stock	2,436	5,861
	Banco Do Brasil Sa Spon Adr	Common Stock	4,498	3,372
	Bank Of America Corp	Common Stock	27,639	25,974
	Bank Of New York Mellon Corp	Common Stock	17,227	16,903
	Bhp Group Limited Adr	Common Stock	4,430	4,116
	Blackrock Inc	Common Stock	7,115	17,305
	Blackstone Inc	Common Stock	7,054	6,677
	Block Inc Cl A	Common Stock	9,934	11,814
	Broadcom Inc	Common Stock	22,515	31,530
	Canadian Natl Railway Co	Common Stock	2,306	2,436
	Canadian Pacific Kansas City	Common Stock	3,426	3,292
	Cemex Sab De Cv	Common Stock	3,128	3,181
	Chevron Corp	Common Stock	28,770	24,623
	Chubb Ltd	Common Stock	20,763	21,217
	Cisco Sys Inc	Common Stock	24,666	25,278

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

<i>December 31, 2024</i>				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Cme Group Inc	Common Stock	15,858	16,175
	Cms Energy Cp	Common Stock	4,706	4,546
	Coca Cola Co	Common Stock	15,967	16,063
	Coloplast As Sponsered Adr	Common Stock	2,812	2,456
	Comcast Corp	Common Stock	20,928	18,277
	Conocophillips	Common Stock	8,577	7,453
	Credicorp Ltd	Common Stock	2,564	3,300
	Csx Corp	Common Stock	6,263	6,131
	Cummins Inc	Common Stock	7,676	7,317
	Daifuku Co Ltd Adr	Common Stock	2,510	2,635
	Dassault Systems Sa Ads	Common Stock	8,496	7,528
	Dbs Group Holdings Ltd Sp	Common Stock	8,211	12,819
	Deere & Co	Common Stock	5,460	6,355
	Deutsche Telekom Ag Adr	Common Stock	3,323	4,338
	Disco Corp Adr	Common Stock	9,773	10,359
	Dte Energy Company	Common Stock	3,648	3,640
	Ebay Inc	Common Stock	6,715	6,753
	Engie Spons Adr	Common Stock	6,013	5,771
	Enn Energy Holdings Ltd Unspn	Common Stock	6,569	4,285
	Entergy Corp New	Common Stock	12,246	12,299
	Eog Resources Inc	Common Stock	14,641	13,116
	Epiroc Aktiebolag Adr	Common Stock	3,095	3,764
	Expeditors Intl Wash Inc	Common Stock	10,453	13,403
	Exxon Mobil Corp	Common Stock	30,307	27,108
	Factset Research Systems Inc	Common Stock	10,126	15,369
	Fomento Economico Mexicano	Common Stock	5,501	6,375
	Frontline Plc	Common Stock	5,532	3,704
	General Mills Inc	Common Stock	8,227	8,290
	Genuine Parts Co	Common Stock	5,220	4,885
	Grupo Financiero Banorte Sab	Common Stock	11,060	8,691
	Haier Smart Home Co Ltd Adr	Common Stock	4,039	4,206
	Haleon Plc Adr	Common Stock	7,325	8,176
	Hdfc Bank Ltd Adr	Common Stock	7,809	8,940
	Home Depot Inc	Common Stock	14,793	29,098
	Hoya Corp Spons Adr	Common Stock	2,603	2,823
	Hsbc Holdings Plc Spon Adr New	Common Stock	5,741	7,468
	Icici Bank Ltd	Common Stock	6,305	8,092
	Ill Tool Works Inc	Common Stock	13,492	12,596
	Infineon Technologies Ag	Common Stock	8,386	8,519
	Intl Business Machines Corp	Common Stock	19,334	20,421
	Intuitive Surgical Inc	Common Stock	6,481	16,826
	Itau Unibanco Multiple Adr	Common Stock	9,039	7,068
	Jbs S A Spon Adr	Common Stock	5,223	5,864
	Jpmorgan Chase & Co	Common Stock	55,003	53,695

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

<i>December 31, 2024</i>				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Kb Financial Grp Inc Sons Adr	Common Stock	8,953	10,356
	Kla Corporation	Common Stock	10,238	10,419
	Komatsu Ltd Spon Adr New	Common Stock	3,049	3,764
	L Oreal Co Adr	Common Stock	6,493	6,675
	Lam Research Corporation New	Common Stock	10,080	10,329
	Linde Plc	Common Stock	22,924	23,723
	London Stk Exchange Group Adr	Common Stock	2,959	3,993
	Lvmh Moet Hennessy Louis Vuitt	Common Stock	2,839	3,301
	Manulife Financial Corp	Common Stock	6,072	8,568
	Marsh & McLennan Cos Inc	Common Stock	23,131	22,091
	Marubeni Corp Adr	Common Stock	2,556	2,572
	Mc Donalds Corp	Common Stock	21,030	20,865
	Medtronic Plc Shs	Common Stock	10,759	9,905
	Meituan Adr	Common Stock	5,512	6,054
	Mercadolibre Inc	Common Stock	4,416	4,476
	Meta Platforms Inc Cl A	Common Stock	58,609	86,655
	Microsoft Corp	Common Stock	70,233	93,994
	Mitsubishi Ufj Fincl Grp Ads	Common Stock	6,416	6,985
	Mondelez Intl Inc Com	Common Stock	14,665	13,618
	Monster Beverage Corp New Com	Common Stock	22,346	26,227
*	Morgan Stanley	Common Stock	20,330	19,109
	Nestle Spon Adr Rep Reg Shr	Common Stock	8,997	8,841
	Netflix Inc	Common Stock	19,541	70,748
	Nextera Energy Inc	Common Stock	5,942	5,585
	Nike Inc B	Common Stock	10,435	10,442
	Novonesis	Common Stock	2,332	2,388
	Nvidia Corporation	Common Stock	58,764	110,252
	Oracle Corp	Common Stock	23,426	54,491
	Packaging Corp Amer	Common Stock	8,350	7,899
	Pan Pac Intl Hldgs Corp Adr	Common Stock	4,278	5,657
	Parker Hannifin Corp	Common Stock	23,364	21,365
	Paypal Hldgs Inc Com	Common Stock	10,817	11,095
	Pepsico Inc Nc	Common Stock	9,106	8,697
	Ping An Insurance Adr	Common Stock	3,077	2,063
	Pnc Finl Svcs Gp	Common Stock	17,667	16,389
	Ppg Industries Inc	Common Stock	8,524	8,213
	Prologis Inc Com	Common Stock	5,736	5,316
	Pt Telekomunikasi Indonesia	Common Stock	3,713	2,862
	Public Service Enterprise Gp	Common Stock	7,071	6,638
	Public Storage	Common Stock	5,695	5,060
	Qualcomm Inc	Common Stock	19,784	22,889
	Renesas Electronics Corp Adr	Common Stock	5,539	5,280
	Rheinmetall Ag Unspon Adr	Common Stock	10,610	10,949
	Rio Tinto Plc Spon Adr	Common Stock	4,277	4,203

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Salesforce Inc	Common Stock	20,354	37,445
	Sap Ag	Common Stock	5,146	8,877
	Schneider Elec Sa Unsp Adr	Common Stock	4,814	7,883
	Sei Investments Co	Common Stock	9,940	15,094
	Shell Plc Adr	Common Stock	8,508	8,019
	Shimano Inc Adr	Common Stock	2,054	1,824
	Shinhan Financial Group Co Ltd	Common Stock	4,437	4,011
	Shopify Inc	Common Stock	11,962	29,666
	Softbank Corp Unspns Adr	Common Stock	10,340	11,672
	Sonova Hldg Ag Unsp Adr	Common Stock	2,656	3,102
	Sony Group Corporation Adr	Common Stock	6,230	7,237
	Southern Co	Common Stock	13,997	13,089
	Southern Copper Corp	Common Stock	3,329	3,060
	Star Bulk Carriers Corp New	Common Stock	6,261	4,560
	Starbucks Corp Washington	Common Stock	15,633	17,611
	Sumitomo Mitsui Finl Group Inc	Common Stock	6,753	9,462
	Symrise Ag Unspns Adr	Common Stock	3,493	3,508
	Sysmex Corp Unspn Adr	Common Stock	6,574	6,106
	Taiwan Smendctr Mfg Co Ltd Adr	Common Stock	22,914	32,981
	Technipfmc Ltd	Common Stock	7,195	10,621
	Techtronic Ind Ltd Spons Adr	Common Stock	3,040	2,799
	Teck Resources Ltd	Common Stock	6,080	5,553
	Tencent Hldgs Ltd Unspn Adr	Common Stock	11,154	11,593
	Tesla Inc	Common Stock	43,078	104,191
	Texas Instruments	Common Stock	5,940	9,587
	Tjx Cos Inc New	Common Stock	12,833	12,927
	Torm Plc Cl A	Common Stock	6,786	4,247
	Trane Technologies Plc	Common Stock	16,179	14,534
	Unicharm Corp Unspn Adr	Common Stock	3,267	1,858
	Unicredit Spa-Adr	Common Stock	3,409	5,565
	Union Pacific Corp	Common Stock	16,194	15,715
	Valero Energy Cp Dela New	Common Stock	13,905	11,885
	Vinci Sa Adr	Common Stock	3,095	2,522
	Visa Inc Cl A	Common Stock	37,905	72,373
	Walmart Inc	Common Stock	33,774	36,321
	Walt Disney Co Hldg Co	Common Stock	48,389	46,878
	Waste Mgmt Inc	Common Stock	13,464	12,578
	Wec Energy Group Inc Com	Common Stock	6,795	6,437
	Wells Fargo & Co New	Common Stock	24,004	22,688
	Workday Inc Cl A	Common Stock	7,014	10,268
	Yum Brands Inc	Common Stock	8,051	10,382
	Yum China Hldngs	Common Stock	3,405	3,938
	Zto Express Cayman Inc Cl A	Common Stock	3,063	2,874

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate Bonds:			
	American Express Co	Rate 4.200% Matures 11/06/2025	54,671	51,878
	Allstate Corp	Rate 0.750% Matures 12/15/2025	25,928	26,020
	Fs Kkr Capital Corp	Rate 3.400% Matures 01/15/2026	4,891	4,904
	At&T Inc	Rate 1.700% Matures 03/25/2026	42,299	42,441
	Oracle Corp	Rate 1.650% Matures 03/25/2026	29,758	29,889
	Ares Capital Corp	Rate 2.150% Matures 07/15/2026	28,503	28,683
	Blue Owl Capital Corp	Rate 3.400% Matures 07/15/2026	24,137	24,234
	Bank Of America Corp	Rate 1.197% Matures 10/24/2026	41,601	41,775
	Blackstone Private Credit Fund	Rate 2.625% Matures 12/15/2026	25,757	25,726
	Jpmorgan Chase & Co	Rate 1.040% Matures 02/04/2027	24,840	24,980
	Truist Financial Corp	Rate 1.267% Matures 03/02/2027	31,631	31,645
	Goldman Sachs Group Inc	Rate 1.431% Matures 03/09/2027	42,062	42,239
	Bank Of America Corp	Rate 1.658% Matures 03/11/2027	41,253	41,433
	Bp Capital Markets America Inc	Rate 3.588% Matures 04/14/2027	15,642	15,644
	Jpmorgan Chase & Co	Rate 1.578% Matures 04/22/2027	26,752	26,876
	Citigroup Inc	Rate 1.462% Matures 06/09/2027	56,008	56,174
	Twdc Enterprises 18 Corp	Rate 2.950% Matures 06/15/2027	64,505	64,619
	Jpmorgan Chase & Co	Rate 1.470% Matures 09/22/2027	26,364	26,489
	Goldman Sachs Group Inc	Rate 1.948% Matures 10/21/2027	41,618	41,745
	National Rural Utilities Cooperative Finance Corp	Rate 3.400% Matures 02/07/2028	51,011	50,893
	Kinder Morgan Inc	Rate 4.300% Matures 03/01/2028	21,646	21,607
	Us Bancorp	Rate 3.900% Matures 04/26/2028	45,533	45,585
	Oncor Electric Delivery Co Llc	Rate 3.700% Matures 11/15/2028	56,969	56,749
	Philip Morris International Inc	Rate 4.875% Matures 02/13/2029	31,062	30,990
	Astrazeneca Finance Llc	Rate 4.850% Matures 02/26/2029	20,112	20,041
	Charter Comm Operating Llc	Rate 5.050% Matures 03/30/2029	20,670	20,549
	General Motors Financial Co Inc	Rate 4.300% Matures 04/06/2029	20,305	20,262
	Midamerican Energy Co	Rate 3.650% Matures 04/15/2029	15,297	15,253
	Northern Trust Corp	Rate 3.150% Matures 05/03/2029	44,966	44,962
	Cvs Health Corp	Rate 5.400% Matures 06/01/2029	18,161	18,023
	Bank Of America Corp	Rate 4.271% Matures 07/23/2029	44,959	44,823
	Pepsico Inc	Rate 2.625% Matures 07/29/2029	45,220	44,929
	Accenture Capital Inc	Rate 4.050% Matures 10/04/2029	37,059	36,896
	Jpmorgan Chase & Co	Rate 4.452% Matures 12/05/2029	18,498	18,616

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pnc Financial Services Group Inc	Rate 2.550% Matures 01/22/2030	44,619	44,415
	Goldman Sachs Group Inc	Rate 2.600% Matures 02/07/2030	44,548	44,318
	Amgen Inc	Rate 2.450% Matures 02/21/2030	20,377	20,332
	Coca-Cola Co	Rate 3.450% Matures 03/25/2030	33,256	33,048
	Mastercard Inc	Rate 3.350% Matures 03/26/2030	41,430	41,149
	Oracle Corp	Rate 2.950% Matures 04/01/2030	13,588	13,556
	Equinor Asa	Rate 3.125% Matures 04/06/2030	6,475	6,457
	Shell Finance Us Inc	Rate 2.750% Matures 04/06/2030	39,005	38,797
	Biogen Inc	Rate 2.250% Matures 05/01/2030	23,373	23,322
	Equinor Asa	Rate 2.375% Matures 05/22/2030	27,570	27,525
	Astrazeneca Plc	Rate 1.375% Matures 08/06/2030	27,522	27,480
	Blackrock Inc	Rate 1.900% Matures 01/28/2031	26,237	26,135
	Public Service Co Of Colorado	Rate 1.875% Matures 06/15/2031	32,561	32,088
	Texas Instruments Inc	Rate 1.900% Matures 09/15/2031	48,635	45,251
	Air Lease Corp	Rate 2.875% Matures 01/15/2032	19,710	19,616
	At&T Inc	Rate 2.250% Matures 02/01/2032	12,469	12,410
	Ecolab Inc	Rate 2.125% Matures 02/01/2032	23,513	23,283
	Alabama Power Co	Rate 3.050% Matures 03/15/2032	51,594	50,945
	Celanese Us Holdings Llc	Rate 6.379% Matures 07/15/2032	12,312	12,189
	Goldman Sachs Group Inc	Rate 2.383% Matures 07/21/2032	10,938	10,848
	Citigroup Inc	Rate 2.520% Matures 11/03/2032	19,344	19,177
	Jpmorgan Chase & Co	Rate 2.545% Matures 11/08/2032	45,103	45,560
	Us Bancorp	Rate 2.677% Matures 01/27/2033	43,435	43,052
	Cvs Health Corp	Rate 5.250% Matures 02/21/2033	19,555	19,172
	State Street Corp	Rate 4.421% Matures 05/13/2033	52,054	51,439
	Philip Morris International Inc	Rate 5.250% Matures 02/13/2034	31,000	30,691
	Comcast Corp	Rate 5.300% Matures 06/01/2034	13,153	12,999
	Bp Capital Markets America Inc	Rate 5.227% Matures 11/17/2034	32,967	32,519
	Bank Of New York Mellon Co	Rate 5.188% Matures 03/14/2035	52,431	51,517
	Telefonica Emisiones Sa	Rate 7.045% Matures 06/20/2036	8,904	8,791
	Southern Copper Corp	Rate 6.750% Matures 04/16/2040	20,674	20,405
	Exelon Corp	Rate 4.700% Matures 04/15/2050	14,695	14,359
	Biogen Inc	Rate 3.150% Matures 05/01/2050	16,858	16,405
	Boeing Co	Rate 5.805% Matures 05/01/2050	24,328	24,257
	Whirlpool Corp	Rate 4.600% Matures 05/15/2050	18,132	17,448
	Starbucks Corp	Rate 3.500% Matures 11/15/2050	9,997	9,693
	Dick'S Sporting Goods Inc	Rate 4.100% Matures 01/15/2052	24,523	24,882
	Charter Communications Operati Ng Llc	Rate 5.500% Matures 04/01/2063	9,785	9,565

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

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Plan: 501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	US Government Securities:			
	United States Treasury Note	Rate 0.250% Matures 07/31/2025	27,204	27,368
	United States Treasury Note	Rate 1.625% Matures 02/15/2026	220,672	216,689
	United States Treasury Note	Rate 1.500% Matures 08/15/2026	209,781	210,641
	United States Treasury Note	Rate 1.875% Matures 02/28/2027	252,942	254,098
	United States Treasury Note	Rate 4.125% Matures 11/15/2027	16,002	15,934
	United States Treasury Note	Rate 2.750% Matures 02/15/2028	294,625	295,143
	United States Treasury Note	Rate 2.625% Matures 02/15/2029	285,343	285,306
	United States Treasury Note	Rate 4.250% Matures 02/28/2029	91,845	91,619
	United States Treasury Note	Rate 3.625% Matures 08/31/2029	77,769	77,491
	United States Treasury Note	Rate 3.875% Matures 09/30/2029	56,937	56,756
	United States Treasury Note	Rate 4.125% Matures 10/31/2029	9,921	9,889
	United States Treasury Note	Rate 4.125% Matures 11/30/2029	12,847	12,858
	United States Treasury Note	Rate 3.500% Matures 01/31/2030	118,436	118,056
	United States Treasury Note	Rate 4.625% Matures 09/30/2030	71,072	70,689
	United States Treasury Note	Rate 1.625% Matures 05/15/2031	19,498	19,413
	United States Treasury Note	Rate 1.250% Matures 08/15/2031	51,727	51,448
	United States Treasury Note	Rate 2.875% Matures 05/15/2032	13,575	13,482
	United States Treasury Note	Rate 4.125% Matures 11/15/2032	137,797	136,631
	United States Treasury Note	Rate 3.500% Matures 02/15/2033	122,068	121,022
	United States Treasury Note	Rate 3.375% Matures 05/15/2033	7,303	7,356
	United States Treasury Note	Rate 3.875% Matures 08/15/2033	34,620	34,287
	United States Treasury Note	Rate 4.500% Matures 11/15/2033	190,463	186,299
	United States Treasury Note	Rate 4.000% Matures 02/15/2034	62,956	62,278
	United States Treasury Note	Rate 4.375% Matures 05/15/2034	64,695	64,061
	United States Treasury Note	Rate 3.875% Matures 08/15/2034	249,539	246,992
	United States Treasury Note	Rate 4.250% Matures 11/15/2034	40,776	39,959
	United States Treasury Bond	Rate 1.750% Matures 08/15/2041	84,740	83,010
	United States Treasury Bond	Rate 2.000% Matures 11/15/2041	5,492	5,381
	United States Treasury Bond	Rate 2.375% Matures 02/15/2042	22,548	22,092
	United States Treasury Bond	Rate 3.250% Matures 05/15/2042	13,295	13,030
	United States Treasury Bond	Rate 3.375% Matures 08/15/2042	69,168	67,753
	United States Treasury Bond	Rate 3.875% Matures 02/15/2043	9,020	8,833
	United States Treasury Bond	Rate 3.875% Matures 05/15/2043	44,110	43,174
	United States Treasury Bond	Rate 3.125% Matures 05/15/2048	5,380	5,253
	United States Treasury Bond	Rate 3.000% Matures 02/15/2049	5,351	5,101
	United States Treasury Bond	Rate 2.250% Matures 08/15/2049	3,820	3,721
	United States Treasury Bond	Rate 2.375% Matures 05/15/2051	24,002	23,307
	United States Treasury Bond	Rate 1.875% Matures 11/15/2051	26,127	23,761
	United States Treasury Bond	Rate 4.000% Matures 11/15/2052	22,518	19,193
	United States Treasury Bond	Rate 3.625% Matures 05/15/2053	65,277	63,533

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	United States Treasury Bond	Rate 4.750% Matures 11/15/2053	42,840	41,616
	United States Treasury Bond	Rate 4.250% Matures 08/15/2054	66,885	64,061
	Federal National Mtg Assn Pool	Rate 4.000% Matures 03/01/2047	47,558	4,950
	Federal National Mtg Assn Pool	Rate 4.500% Matures 06/01/2052	12,685	11,546
	Federal National Mtg Assn Pool	Rate 3.000% Matures 07/01/2052	26,658	26,325
	Federal National Mtg Assn Pool	Rate 2.500% Matures 04/01/2052	84,577	83,113
	Federal National Mtg Assn Pool	Rate 4.500% Matures 07/01/2052	16,794	14,196
	Federal National Mtg Assn Pool	Rate 4.000% Matures 06/01/2052	46,224	36,412
	Federal National Mtg Assn Pool	Rate 3.000% Matures 06/01/2052	7,437	7,202
	Federal National Mtg Assn Pool	Rate 4.000% Matures 11/01/2052	121,773	111,666
	FHLMC 30 YR GOLD SD8226	Rate 3.500% Matures 07/01/2052	86,520	85,940
	TENN VALLEY AUTH	Rate 5.880% Matures 04/01/2036	17,685	17,360
	Sovereign Securities:			
	Uruguay Government International Bond	Rate 4.375% Matures 01/23/2031	35,029	34,951
	Mexico Government International Bond	Rate 6.050% Matures 01/11/2040	20,944	20,442
	Mutual Funds:			
	Federated Hermes Govt OBL PRM	Mutual fund	N/A	4,651,282
	Federated Hermes Corp BD Strgy	Mutual fund	140,493	139,509
	Federated Hermes HI Yld Strgy	Mutual fund	27,636	27,423
	Federated Hermes Intl BD Strgy	Mutual fund	55,664	52,452
	Federated Hermes MTG Strategy	Mutual fund	946,899	940,062
	Loomis Sayles HI INC OPP INST	Mutual fund	279,278	275,857
	Loomis Sayles SECRZD ASC INST	Mutual fund	423,719	420,409
	Total		\$ 9,816,849	\$ 14,810,094

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditors' Report.

Catholic Charities USA and Participating Employers Master Welfare Benefit Plan

EIN: 45-6491273

Plan: 501

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on the Transaction Date	Net Gain or (Loss)
<u>Category (I) and (III) - single transactions in excess of 5% of Plan assets and all remaining transactions of the same issue:</u>								
* <u>Union Bank of Switzerland (UBS):</u>								
	* UBS Select Prime Institutional Fund							
	Single transaction							
	Sales	-	2,179,839	-	-	2,179,839	2,179,839	-
	Aggregate transactions							
	Sales	-	2,179,839	-	-	2,179,839	2,179,839	-
* <u>Morgan Stanley:</u>								
	Federated Hermes Govt OBL PRM							
	Single transaction							
	Purchase	\$ 2,000,000	\$ -	\$ -	\$ -	\$ 2,000,000	\$ 2,000,000	\$ -
	Purchase	2,628,084	-	-	-	2,628,084	2,628,084	-
	Aggregate transactions							
	Purchases	4,628,084	-	-	-	4,628,084	4,628,084	-

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditors' Report.