

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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.)

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: 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

<p>1a Name of plan <u>CATHOLIC FINANCIAL LIFE PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTED FRATERNAL LIFE</u></p> <p><u>1100 W. WELLS STREET</u> <u>MILWAUKEE, WI 53233</u></p>	<p>1c Effective date of plan <u>01/01/1976</u></p> <p>2b Employer Identification Number (EIN) <u>39-0201015</u></p> <p>2c Plan Sponsor's telephone number <u>414-273-6266</u></p> <p>2d Business code (see instructions) <u>524140</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CYNDI FELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CYNDI FELD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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:		4b EIN 39-0201015	
a Sponsor's name CATHOLIC FINANCIAL LIFE		4d PN 001	
c Plan Name CATHOLIC FINANCIAL LIFE PENSION PLAN			
5 Total number of participants at the beginning of the plan year	5	318	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	33	
a(2) Total number of active participants at the end of the plan year	6a(2)	24	
b Retired or separated participants receiving benefits	6b	193	
c Other retired or separated participants entitled to future benefits	6c	58	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	275	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	34	
f Total. Add lines 6d and 6e	6f	309	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
11

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

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

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

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

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

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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

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

A Name of plan <u>CATHOLIC FINANCIAL LIFE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTED FRATERNAL LIFE</u>	D Employer Identification Number (EIN) <u>39-0201015</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>38265333</u>
	b Actuarial value	2b	<u>39858618</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>229</u>	<u>27138065</u>
	b For terminated vested participants	<u>56</u>	<u>4842358</u>
	c For active participants	<u>33</u>	<u>4653064</u>
	d Total	<u>318</u>	<u>36633487</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.03 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>58546</u>
	c Target normal cost	6c	<u>58546</u>

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

SIGN HERE			
	Signature of actuary		<u>10/07/2025</u>
	<u>JOHN M. CHMIELEWSKI, F.S.A.</u>		Date
	Type or print name of actuary		<u>23-07661</u>
	<u>MILLIMAN, INC.</u>		Most recent enrollment number
	Firm name		<u>262-796-3379</u>
	<u>17335 GOLF PARKWAY SUITE 100 BROOKFIELD, WI 53045</u>		Telephone number (including area code)
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	362098	1932507
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	362098	1932507
10	Interest on line 9 using prior year's actual return of <u>12.23</u> %	44285	236346
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	406383	2168853

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.77 %
15	Adjusted funding target attainment percentage	15	108.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.33 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 58546
b Excess assets, if applicable, but not greater than line 31a			31b 58546
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

SCHEDULE 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 FINANCIAL LIFE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTED FRATERNAL LIFE	D Employer Identification Number (EIN) 39-0201015	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PARKWAY ADVISORS, L.P.

75-2930899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	115429	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAKER TILLY US, LLP

39-0859910

(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	NONE	42420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	39070	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ASSOCIATED TRUST COMPANY

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27	NONE	28141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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

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

(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 FINANCIAL LIFE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTED FRATERNAL LIFE	D Employer Identification Number (EIN) 39-0201015

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	296862	292221
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2781538	457800
(2) U.S. Government securities	1c(2)	1809718	1147348
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	22718958	23546326
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9608393	11485086
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	1049864	1053509

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	38265333	37982290
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	17988	7060
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17988	7060
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38247345	37975230

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)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42107	
(B) U.S. Government securities.....	2b(1)(B)	76168	
(C) Corporate debt instruments.....	2b(1)(C)	1135883	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	23855	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1278013
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	163603	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		163603
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6949577	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6965934	
(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)	0	
(B) Other.....	2b(5)(B)	1416641	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	-22015
d Total income. Add all income amounts in column (b) and enter total	2d	2819885

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2866940
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2866940
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	42420
(5) Investment advisory and investment management fees	2i(5)	115429
(6) Bank or trust company trustee/custodial fees	2i(6)	28141
(7) Actuarial fees	2i(7)	39070
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	225060
j Total expenses. Add all expense amounts in column (b) and enter total	2j	3092000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-272115
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		5000000
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 562771.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>CATHOLIC FINANCIAL LIFE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTED FRATERNAL LIFE</u>	D Employer Identification Number (EIN) <u>39-0201015</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 30-0219031

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

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

3	0
---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Catholic Financial Life Pension Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4(j) - Schedule of Reportable Transactions	26

Independent Auditors' Report

To the Plan Administrator of
Catholic Financial Life Pension Plan

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

We have performed audits of the financial statements of Catholic Financial Life Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2024 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Janesville, Wisconsin
October 13, 2025

Catholic Financial Life Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value	\$ 37,690,069	\$ 37,968,471
Receivables		
Interest and dividend income	292,221	296,862
Total assets	37,982,290	38,265,333
Liabilities		
Payables		
Administrative expenses payable	7,060	17,988
Total liabilities	7,060	17,988
Net assets available for benefits	\$ 37,975,230	\$ 38,247,345

See notes to financial statements

Catholic Financial Life Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 1,419,664	\$ 1,373,173
Net appreciation in fair value of investments	1,400,221	3,100,891
Total investment income	2,819,885	4,474,064
Total additions	2,819,885	4,474,064
Deductions		
Benefits paid to participants	2,866,940	2,907,720
Administrative expenses	225,060	194,501
Total deductions	3,092,000	3,102,221
Net (decrease) increase	(272,115)	1,371,843
Net assets available for benefits		
Beginning of year	38,247,345	36,875,502
End of year	\$ 37,975,230	\$ 38,247,345

See notes to financial statements

Catholic Financial Life Pension Plan

Statement of Accumulated Plan Benefits

January 1, 2024

Actuarial present value of accumulated plan benefits

Vested benefits

Retired participants	\$ 26,846,354
Terminated vested participants	4,868,761
Active participants	4,664,151
Total vested benefits	36,379,266

Total actuarial present value of accumulated plan benefits	\$ 36,379,266
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Catholic Financial Life Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended January 1, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 36,398,389
Increase (decrease) during the year attributable to:	
Actuarial gain	215,963
Reduction in discount period	1,923,019
Benefits paid	(2,907,720)
Change in assumptions	749,615
Net decrease	(19,123)
Actuarial present value of accumulated plan benefits at end of year	\$ 36,379,266

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Catholic Financial Life Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established by Trusted Fraternal Life, formerly Catholic Financial Life, (the Society) effective January 1, 1976, as restated January 1, 2015. The Plan covers certain eligible employees of Trusted Fraternal Life, Catholic Knights, Catholic Family Life Insurance and Catholic Financial Life Field Representatives. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The retirement plan committee is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's retirement plan committee.

Effective December 31, 2010, the Plan was amended to freeze participation and accrued benefits for field representatives under the Plan. Effective December 31, 2011, the Plan was amended to freeze participation and accrued benefits for Home Office participants and Catholic Family participants under the Plan. Therefore, the entire Plan is frozen to new entrants.

Funding Policy

The Plan's funding policy is for the Society to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024.

Although it has not expressed any intent to do so, the Society has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. Upon becoming vested, participants who were field representatives are entitled to the normal monthly benefit for field representatives which is the sum of 1/12th of 1.5% of the aggregate total compensation paid for the total period of Benefit Service from January 1, 1972, plus 1/12th of 0.9% of the aggregate total compensation paid for the total period of benefit service paid prior to January 1, 1972. The normal monthly retirement benefit for Catholic Family participants is computed as 1 1/4% of final average compensation multiplied by years of participation subject to a 50% maximum of final average compensation, as defined in the plan document. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. The Plan does not provide for disability benefits.

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

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. The Plan's retirement plan committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Society, as provided by the plan document. Expenses that are paid directly by the Society are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

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

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	January 1, 2024
Discount rate	5.25%
Mortality	PRI-2012 Mortality Table with project scale MP-2021
Retirement age	Range of 55-70 years of age

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

4. Fair Value Measurements

The framework for measuring fair value provides a fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 principally from or corroborated by observable market data by correlation or other means.

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

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

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation methodologies maximize the use of relevant 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.

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end. The money market fund is classified as Level 2 as it is a Securities and Exchange Commission registered money market mutual fund.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities: Valued at the most recent closing price reported on the market on which individual securities are traded at year end.

Corporate bonds: Valued at the most recent closing price reported on the market or valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Exchange traded funds: Classified as Level 1 as they are traded in an active market for which closing prices are readily available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 457,800	\$ -	\$ 457,800
Mutual funds	3,392,259	-	-	3,392,259
Exchange traded funds	8,092,827	-	-	8,092,827
U.S. government securities	73,659	2,127,198	-	2,200,857
Corporate bonds	-	23,546,326	-	23,546,326
Total assets in the fair value hierarchy	\$ 11,558,745	\$ 26,131,324	\$ -	\$ 37,690,069

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 2,781,538	\$ -	\$ 2,781,538
Mutual funds	2,932,279	-	-	2,932,279
Exchange traded funds	6,676,114	-	-	6,676,114
U.S. government securities	891,369	1,968,213	-	2,859,582
Corporate bonds	-	22,718,958	-	22,718,958
Total assets in the fair value hierarchy	\$ 10,499,762	\$ 27,468,709	\$ -	\$ 37,968,471

5. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$4,619,961 and \$3,748,440, respectively, concentrated in one fund.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Associated Trust Company, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with the Trustee. Contributions are held and managed by the Trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Society. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

9. Tax Status

The IRS has determined and informed the Society by a letter dated July 20, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC.

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

10. Risks and Uncertainties

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

Catholic Financial Life Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

Catholic Financial Life Pension Plan

EIN/PN: 39-0201015/001

Attachment to 2024 Form 5500

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

The weighted average retirement age for active participants is 63. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0300	0.9500	0.0285	1.5960
57	0.0300	0.9215	0.0276	1.5758
58	0.0300	0.8939	0.0268	1.5553
59	0.0300	0.8670	0.0260	1.5347
60	0.0300	0.8410	0.0252	1.5139
61	0.0300	0.8158	0.0245	1.4929
62	0.3000	0.7913	0.2374	14.7186
63	0.3000	0.5539	0.1662	10.4692
64	0.3000	0.3877	0.1163	7.4448
65	0.6000	0.2714	0.1629	10.5855
66	0.3000	0.1086	0.0326	2.1497
67	0.4000	0.0760	0.0304	2.0368
68	0.5000	0.0456	0.0228	1.5504
69	0.5000	0.0228	0.0114	0.7866
70	1.000	0.0114	0.0114	<u>0.7980</u>
Weighted Average Retirement Age:				62.5580
Rounded to Nearest Age:				63

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, line 24 –Change in Actuarial Assumptions

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Asset return for funding: Effective January 1, 2024, the asset return assumption for funding purposes was changed from 5.50% to 5.25% per year. The asset return assumption was changed to reflect anticipated future asset experience.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, line 26a - Schedule of Active Participant Data

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	1	-	-	-	-	-	-	-	-	-	1
35-39	-	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	1	-	-	-	-	-	-	-	-	1
45-49	-	-	1	1	1	-	-	-	-	-	-	3
50-54	-	-	2	1	2	1	-	-	-	-	-	6
55-59	-	-	-	-	2	2	2	-	-	-	-	6
60-64	-	1	1	-	3	2	2	3	-	-	-	12
65-69	-	-	-	1	-	1	2	-	-	-	-	4
70+	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	2	5	3	8	6	6	3	-	-	-	33

Catholic Financial Life Pension Plan

EIN/PN: 39-0201015/001

Attachment to 2024 Form 5500

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

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.25% per year effective January 1, 2024) or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Catholic Financial Life Pension Plan

EIN/PN: 39-0201015/001

Attachment to 2024 Form 5500

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

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding
Segment 1 (0–5 years)	4.75%
Segment 2 (5–20 years)	4.87%
Segment 3 (20+ years)	5.59%
Effective Interest Rate	5.03%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 5.25% per year (adopted January 1, 2024). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

Administrative Expenses

Expected administrative expenses payable from the trust are explicitly added to the normal cost. For the current valuation, the loading for expenses (assumed to be payable mid-year) is \$60,000.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based on the actuary's judgment and continued review of experience.

Mortality

ERISA minimum funding and Maximum Deductible Contribution: Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Retirement

Annual rates of retirement are shown in the following table for active participants.

Age	Rate
55	5%
56 - 61	3%
62 - 64	30%
65	60%
66	30%
67	40%
68 - 69	50%
70 & over	100%

Terminated vested participants are assumed to retire at age 65.

Termination

Home Office: T-3 scale, as published in the *Actuary's Pension Handbook* by Crocker, Sarason and Straight.

Field: T-1 scale, as published in the *Actuary's Pension Handbook* by Crocker, Sarason and Straight.

Catholic Family: V Table from August 1992 Pension Forum published by the Society of Actuaries, multiplied by 1.50.

Disability

Home Office: None.

Field: None.

Catholic Family: 1987 Commissioner's Group Disability Table, six month elimination period, male and female, multiplied by 0.50.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Home Office Employees

Effective Date: Original effective date December 31, 1967. Amended and restated December 31, 1976, January 1, 1984, January 1, 1989 and January 1, 1997. Amended effective January 1, 2005, December 31, 2010, and December 31, 2011. Catholic Financial Life Pension Plan for Home Office Employees is surviving plan in plan mergers effective January 1, 2014 and renamed Catholic Financial Life Pension Plan.

Participants: Employees enter on the January 1 nearest completion of one year of service and attainment of age 21. Full-time life insurance salesmen are excluded from the plan. Employees hired after December 31, 2007 are not eligible to enter the plan.

Normal Retirement:

(a) Eligibility: Age 65 and 5 years of plan participation.

(b) Benefits: 1.5% of final average compensation times years of vesting service subject to a maximum of 50% of final average compensation and a minimum* of 30% of final average compensation. Former Catholic Knights of America participants who continue employment with Catholic Knights after 12/31/05 receive Normal Retirement Benefits provided under the CKA Retirement Plan, if greater. Final average compensation is the average of the highest five consecutive calendar years of the ten immediately preceding retirement. Benefits are payable monthly for the life of the participant. Optional forms providing actuarially reduced benefits are available. Benefit service frozen as of December 31, 2010.

All benefits are frozen as of December 31, 2011.

Early Retirement:

(a) Eligibility: Age 55 and 10 years of benefit service.

(b) Benefits: 1.5% of final average compensation times years of participation subject to a maximum of 50% of final average compensation. Benefits are actuarially reduced for benefit commencement preceding age 65.

Vesting:

(a) Eligibility: 100% vesting upon completion of five years of credited service.

(b) Benefits: Vested accrued normal retirement benefit payable at 65, or earlier with appropriate reduction.

** Does not apply to accrued benefits nor does it apply to participants who enter the plan on or after April 1, 1990.*

Death Benefit:

(a) Eligibility: 5 years of credited service and an eligible spouse.

(b) Benefits: Item (i) or (ii) as appropriate.

(i) Death After Eligibility for Early Retirement: If a participant dies after becoming eligible for early retirement but before his elected retirement date, his surviving spouse will receive the benefit that would have been paid if the participant had retired under a Qualified 50% Joint and Survivor Annuity on the day before his death.

(ii) Death Before Eligibility for Early Retirement: If a participant dies before becoming eligible for early retirement but after he has completed five years of vesting service, his surviving spouse will receive the benefit that would have been paid if the participant had:

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

- separated from service on the date of death;
- survived to his earliest retirement date;
- retired with a Qualified 50% Joint and Survivor Annuity on his earliest retirement date; and
- subsequently died on his earliest retirement date.

Contributions: All costs for the retirement benefits are met by Catholic Financial Life.

Maximum Benefit: The maximum normal retirement benefit is subject to the limits as in effect and from time to time amended pursuant to the requirements of ERISA. The current valuation reflects the increased limits permitted by EGTRRA.

Disability Benefit:

(a) Eligibility: Totally disabled.

(b) Benefits: Accrued normal retirement benefit (without regard to any minimum benefit) payable at age 65, based on final average salary and years of participation at disability.

Early Retirement Window Pension: The Plan was amended in 2010 to provide for an unreduced benefit and a Year of Service (regardless of Hours of Service) for non-highly compensated participants who i) were at least age 62 and had completed 10 Years of Benefit Service as of December 31, 2010, ii) during February 15, 2010 – April 1, 2010, elected to retire, and iii) did retire during April 1, 2010 – June 30, 2010.

Lump Sum Window: The Plan was amended in 2014 to provide an opportunity for vested terminated participants to elect a one-time lump sum distribution of the value of their pension benefit. Elections were valid if made between October 6, 2014 and November 20, 2014.

Note: The above summary is solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility or benefits.

Field Representative Employees

Effective Date: Original Field Representative plan effective January 1, 1961, amended effective January 1, 1988. Qualified Plan established effective December 31, 2008. Benefit accruals were discontinued effective December 31, 2010. Catholic Financial Life Pension Plan for Field Representatives plan merged into Catholic Financial Life Pension Plan plan effective January 1, 2014.

Participants: General or Field Representatives are eligible to enter on the January 1 following completion of 18 months of service. No new participants may enter.

Normal Retirement:

(a) Eligibility: Age 65 and five years of service.

(b) Benefits: 1.5% of aggregate total compensation paid for the total period of credited service after January 1, 1972 plus 0.9% of total compensation paid for the total period of credited service prior to January 1, 1972. Benefits payable monthly for the life of the participant.

All Benefits are frozen effective December 31, 2010.

Early Retirement:

(a) Eligibility: Age 55 and 10 years of service.

(b) Benefits: Vested, accrued normal retirement benefit actuarially reduced for benefit commencement preceding age 65.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Vesting: 100% vesting upon completion of five years of service.

Death Benefit:

(a) Eligibility: 5 calendar years of service and an eligible spouse.

(b) Benefits: Item (i) or (ii) as appropriate.

(i) Death After Eligibility for Early Retirement: If a participant dies after becoming eligible for early retirement but before his elected retirement date, his surviving spouse will receive the benefit that would have been paid if the participant had retired under a Qualified 50% Joint and Survivor Annuity on the day before his death.

(ii) Death Before Eligibility for Early Retirement: If a participant dies before becoming eligible for early retirement but after he has completed five years of vesting service, his surviving spouse will receive the benefit that would have been paid if the participant had:

- separated from service on the date of death;
- survived to his earliest retirement date;
- retired with a Qualified 50% Joint and Survivor Annuity on his earliest retirement date; and
- subsequently died on his earliest retirement date.

Contributions: All costs for the retirement benefits are met by Catholic Financial Life.

Disability Benefit:

(a) Eligibility: Totally disabled and 10 calendar years of service.

(b) Benefits: Accrued normal retirement benefit payable at age 65 (or earlier with appropriate reduction).

Lump Sum Window: The Plan was amended in 2014 to provide an opportunity for vested terminated participants to elect a one-time lump sum distribution of the value of their pension benefit. Elections were valid if made between October 6, 2014 and November 20, 2014.

Note: The above summary is solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility or benefits.

Catholic Family Employees

Effective Date: Original Catholic Family Life Insurance Employee Retirement Plan effective January 1, 1951. Plan merged into Catholic Financial Life Pension Plan effective January 1, 2014.

Participants: Employees enter on the January 1 or July 1 after completion of one year of service and attainment of age 21. No additional employees enter after March 31, 2010.

Normal Retirement:

(a) Eligibility: Age 65 and 5 years of participation.

(b) Average Monthly Compensation: The monthly average of the 5 consecutive years' compensation out of the last 10 years that gives the highest average.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

(c) **Benefits:**

Home Office Employees: The sum of (a) and (b) below, multiplied by Years of Service (maximum 35 years).

(a) 1.25% of final average monthly compensation, plus

(b) 0.65% of final average monthly compensation in excess of covered compensation.

All benefits are frozen effective December 31, 2011.

Commission Sales Employees: The sum of (a) and (b) below:

(a) 1.75% of compensation, plus

(b) 0.75% of compensation in excess of Social Security taxable wage base in effect for the year in which the compensation is paid.

All benefits are frozen effective December 31, 2010.

Employees Formerly Covered under the Union Saint-Jean Baptiste Plan Prior to January 1, 1992: The greater of (a) or (b) below:

(a) The benefit accrued under the USJB Plan as of December 31, 1991, or

(b) The benefit determined under this plan according to the applicable provisions above.

Early Retirement:

(a) Eligibility: Age 55 and 7 years of service.

(b) Benefits: Accrued benefit reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months which the participant's early retirement date precedes normal retirement. Non-highly compensated participants retiring with over 40 years of service received an unreduced early retirement benefit.

Vesting:

(a) Eligibility: 100% vesting upon completion of five years of service.

(b) Benefits: Vested accrued normal retirement benefit payable at age 65 (or earlier with appropriate reduction).

Death Benefit:

(a) Eligibility: 5 Years of credited service and an eligible spouse.

(b) Benefits: Item (i) or (ii) as appropriate.

(i) Death After Ten (10) or More Years of Benefit Service: If a participant dies after being credited with ten (10) or more years of benefit service but before his elected retirement date, his surviving spouse will receive the benefit that would have been paid if the participant had:

- separated from service on the date of death;
- survived to his earliest retirement date;
- retired with a Qualified 50% Joint and Survivor Annuity on his earliest retirement date; and
- subsequently died on his earliest retirement date

(ii) Death Before Ten (10) Years of Benefit Service: If a participant dies before being credited with ten (10) years of benefit service but after he has completed five years of credited service, his surviving spouse will receive the benefit that would have been paid if the participant had:

- separated from service on the date of death;

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2024 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

- survived to his normal retirement date;
- retired with a Qualified 50% Joint and Survivor Annuity on his normal retirement date; and
- subsequently died on his normal retirement date.

Postponed Retirement:

(a) Eligibility: Past normal retirement age.

(b) Benefits: The greater of the accrued benefit determined as of the participant's actual retirement date or the actuarial equivalent of the benefit payable at the participant's normal retirement date.

Disability Benefit:

(a) Eligibility: 5 years of service.

(b) Benefits: Immediate monthly benefit equal to the accrued benefit at date of total and permanent disability.

Early Retirement Window Pension: The Plan was amended in 2010 to provide for an unreduced benefit and a Year of Service (regardless of Hours of Service) for non-highly compensated participants who i) were at least age 62 in 2010, ii) during February 15, 2010 – April 1, 2010, elected to retire, and iii) did retire during April 1, 2010 – June 30, 2010.

Lump Sum Window: The Plan was amended in 2014 to provide an opportunity for vested terminated participants to elect a one-time lump sum distribution of the value of their pension benefit. Elections were valid if made between October 6, 2014 and November 20, 2014.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan Catholic Financial Life Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trusted Fraternal Life	D Employer Identification Number (EIN) 39-0201015	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	38,265,333
	b Actuarial value	2b	39,858,618
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	229	27,138,065
	b For terminated vested participants.....	56	4,842,358
	c For active participants	33	4,653,064
	d Total.....	318	36,633,487
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.03 %
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	58,546
	c Target normal cost	6c	58,546

Statement by Enrolled Actuary

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

SIGN HERE	John M. Chmielewski <i>Jmc</i>	10/07/2025
	Signature of actuary	Date
	John M. Chmielewski, F.S.A.	23-07661
	Type or print name of actuary	Most recent enrollment number
	Milliman, Inc.	(262) 796-3379
	Firm name	Telephone number (including area code)
	17335 Golf Parkway Suite 100 Brookfield WI 53045	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	362,098	1,932,507
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	362,098	1,932,507
10	Interest on line 9 using prior year's actual return of <u>12.23</u> %	44,285	236,346
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	406,383	2,168,853

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.77%
15	Adjusted funding target attainment percentage	15	108.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.33%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

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

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

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	58,546
b Excess assets, if applicable, but not greater than line 31a	31b	58,546

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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

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

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
Government Securities, Municipalities and Political Subdivisions				
	US TREASURY BILLS 1/30/25	PAR VALUE	\$ 73,624	\$ 73,659
	FHLMC FH 841578	PAR VALUE	77,313	78,870
	FREDDIE MAC POOL	PAR VALUE	322,142	315,792
	FHR 5460 BU	PAR VALUE	89,700	78,553
	FEDERAL HOME LOAN MTG CORP SER 3107	PAR VALUE	6,050	6,096
	FEDERAL NATIONAL MTG ASSN POOL	PAR VALUE	158,018	155,659
	FNMA FN BM6115	PAR VALUE	91,062	91,200
	FNMA FN BM7272	PAR VALUE	80,633	84,564
	FNMA FN BM7352	PAR VALUE	81,375	82,592
	GNMA GNR 22-H07	PAR VALUE	92,525	92,450
	GNMA GNR 22-173	PAR VALUE	88,053	87,913
	DECATUR AL WTR & SWR REVENUE	PAR VALUE	102,617	68,223
	NATIONAL FIN AUTH NH FED LEASE REV	PAR VALUE	100,000	80,681
	NEW JERSEY ST TPK AUTH TPK REV BUILD	PAR VALUE	264,152	279,195
	PENNSYLVANIA PENN HILLS SER C	PAR VALUE	208,350	625,410
Total government securities, municipalities and political subdivisions			1,835,614	2,200,857
Corporate Bonds and Debentures				
	BANC OF AMERICA FUNDING CORP SER	PAR VALUE	1,733	1,780
	BANC OF AMERICA ALTERNATIVE LOAN TR	PAR VALUE	26,154	23,564
	COUNTRYWIDE ALTERNATIVE LN TR SER	PAR VALUE	83,712	71,881

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	COUNTRYWIDE ASSET BACKED CTF CMO	PAR VALUE	\$ 297,216	\$ 234,377
	COUNTRYWIDE HOME LOANS	PAR VALUE	47,049	12,035
	CSFB MTG BACKED PASS THROUGH CMO	PAR VALUE	438,882	430,640
	MASTER ASSET SECURITIZATION TR CMO	PAR VALUE	4,332	2,616
	RENAISSANCE HOME EQ LOAN TR	PAR VALUE	147,633	121,710
	UNITIED AIR 2020-1 A PTT	PAR VALUE	50,625	46,461
	AT&T INC	PAR VALUE	121,734	92,563
	ABBOTT LABORATORIES	PAR VALUE	126,600	96,605
	ABBVIE INC	PAR VALUE	120,203	94,023
	ADOBE INC	PAR VALUE	96,814	99,747
	ADVANCED MICRO DEVICES	PAR VALUE	96,640	92,816
	AETNA INC	PAR VALUE	144,230	105,317
	AFFILIATED MANAGERS GROUP	PAR VALUE	105,363	91,486
	AIR PRODUCTS & CHEMICALS	PAR VALUE	104,277	71,327
	RIO TINTO ALCAN INC	PAR VALUE	119,451	110,506
	ALEXANDRIA REAL ESTATE E	PAR VALUE	98,818	82,325
	ALLSTATE CORP	PAR VALUE	133,625	105,907
	AMAZON.COM INC	PAR VALUE	116,598	88,317
	AMBAC ASSURANCE CORP	PAR VALUE	1	16,932
	AMEREN ILLINOIS CO	PAR VALUE	90,979	91,736
	AMER AIRLINE 16-3 A PTT	PAR VALUE	72,360	71,612
	AMERAIRLINE 21-1A EETC	PAR VALUE	90,023	77,940
	AMERICAN EXPRESS CO	PAR VALUE	99,072	97,627
	AMERICAN WATER CAP CORP	PAR VALUE	141,441	110,032
	AMERIPRISE FINANCIAL INC	PAR VALUE	104,467	103,030
	AMPHENOL CORP	PAR VALUE	99,394	97,930

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	ANALOG DEVICES INC	PAR VALUE	\$ 122,900	\$ 94,217
	ANHEUSER-BUSCH INBEV WOR	PAR VALUE	114,409	90,421
	ANTHEM INC	PAR VALUE	99,594	86,874
	APPLE INC	PAR VALUE	128,201	97,600
	APPLIED MATERIALS INC	PAR VALUE	151,848	103,709
	ARCHER DANIELS	PAR VALUE	136,781	105,375
	ARIZONA PUBLIC SERVICE	PAR VALUE	136,372	99,276
	ASTRAZENECA PLC	PAR VALUE	96,682	99,017
	ATHENE HOLDINGS LTD	PAR VALUE	246,713	207,784
	ATMOS ENERGY CORP	PAR VALUE	108,475	104,612
	AUTODESK INC	PAR VALUE	89,178	90,548
	AUTOZONE INC	PAR VALUE	101,707	96,729
	AVALONBAY COMMUNITIES	PAR VALUE	103,371	86,773
	BP CAPITAL MARKETS PLC	PAR VALUE	116,224	96,204
	BAKER HUGES LLC CO-OBL	PAR VALUE	98,356	96,453
	BANK OF AMERICA	PAR VALUE	140,250	104,326
	BANK OF NY MELLON CORP	PAR VALUE	100,692	98,771
	BEST BUY CO INC	PAR VALUE	86,330	84,232
	BLACK HILLS CORP	PAR VALUE	92,600	92,134
	BOARDWALK PIPELINES LP	PAR VALUE	98,917	98,610
	BOOKING HOLDINGS INC	PAR VALUE	101,769	99,070
	BORGWARNER INC	PAR VALUE	97,812	99,605
	BP CAP MARKETS AMERICA	PAR VALUE	103,278	100,471
	BRUNSWICK CORP	PAR VALUE	90,360	91,609
	BURLINGTON RESOURCES LLC	PAR VALUE	150,000	112,686
	CBOE GLOBAL MARKETS INC	PAR VALUE	100,795	86,882
	CIGNA CORP	PAR VALUE	137,066	103,219
	CME GROUP INC	PAR VALUE	95,547	97,337
	CSX CORP	PAR VALUE	138,568	105,000
	CAMDEN PROPERTY TRUST	PAR VALUE	93,729	89,745
	CANADIAN NATL RAILWAY	PAR VALUE	154,549	108,955
	CANDIAN PACIFIC RR CO	PAR VALUE	137,250	103,596
	CAPITAL IMPACT PARTNERS	PAR VALUE	99,150	74,058

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	CAPITAL SOUTHWEST CORP	PAR VALUE	\$ 101,173	\$ 94,924
	CATERPILLAR INC	PAR VALUE	136,385	97,775
	CELGENE CORP	PAR VALUE	131,159	90,574
	CENTERPOINT ENERGY RESOU	PAR VALUE	129,300	100,600
	CHUBB CORP	PAR VALUE	141,291	106,077
	CINTAS CORPORATION NO 2	PAR VALUE	97,019	93,578
	CISCO SYSTEMS INC	PAR VALUE	148,825	105,670
	COCA-COLA REFRESH USA	PAR VALUE	151,694	111,298
	COMCAST CORP	PAR VALUE	145,007	107,153
	CONSOLIDATED EDISON NY	PAR VALUE	142,930	100,568
	INGREDION INC	PAR VALUE	142,342	106,539
	CORNING INC	PAR VALUE	118,895	92,024
	UBS GROUP AG	PAR VALUE	123,860	110,770
	DAIMLER FINANCE NA LLC	PAR VALUE	150,953	116,871
	DARDEN RESTAURANTS INC	PAR VALUE	106,642	104,892
	DEERE & COMPANY	PAR VALUE	156,210	115,088
	DTE ELECTRIC CO	PAR VALUE	139,461	101,722
	WALT DISNEY COMPANY	PAR VALUE	141,433	98,193
	DOLLAR TREE INC	PAR VALUE	98,987	84,353
	DOMINION ENERGY INC	PAR VALUE	133,125	105,321
	DOVER CORP	PAR VALUE	129,000	100,237
	EIDP INC	PAR VALUE	99,254	99,900
	DUKE ENERGY INDIANA LLC	PAR VALUE	151,296	107,300
	EAGLE MATERIALS	PAR VALUE	94,027	85,025
	EL PASO NATURAL GAS	PAR VALUE	148,311	117,492
	ENTERGY LOUISIANA LLC	PAR VALUE	106,989	71,729
	ENTERPRISE PRODUCTS OPER	PAR VALUE	138,670	108,723
	ESTEE LAUDER CO INC	PAR VALUE	115,443	102,184
	EXTRA SPACE STORAGE LP	PAR VALUE	97,488	81,696

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	META PLATFORMS INC	PAR VALUE	\$ 99,400	\$ 100,128
	FEDERAL REALTY INVESTMENT	PAR VALUE	112,125	91,728
	FEDEX CORP	PAR VALUE	115,682	97,318
	FIDUS INVESTMENT CORP	PAR VALUE	106,500	96,986
	FINANCIAL SECURITY ASSURANCE HLDGS	PAR VALUE	116,440	114,220
	FLORIDA POWER & LIGHT CO	PAR VALUE	148,239	104,642
	BEAM SUNTORY INC	PAR VALUE	132,210	98,920
	FOX CORP	PAR VALUE	105,372	105,382
	GATX CORP	PAR VALUE	93,428	81,305
	GENERAL DYNAMICS CORP	PAR VALUE	120,708	87,275
	GENUINE PARTS CO	PAR VALUE	93,143	83,494
	GEORGIA PACIFIC LLC	PAR VALUE	152,500	112,190
	GEORGIA POWER COMPANY	PAR VALUE	131,536	100,986
	GILEAD SCIENCES INC	PAR VALUE	116,875	88,208
	GLAXOSMITHKLINE CAP INC	PAR VALUE	145,575	108,387
	WW GRAINGER INC	PAR VALUE	106,610	77,676
	DIAGEO INVESTMENT CORP	PAR VALUE	151,503	116,203
	HSBC HOLDINGS PLC	PAR VALUE	138,400	103,866
	HP INC	PAR VALUE	107,543	91,645
	HP ENTERPRISE CO	PAR VALUE	136,500	104,553
	HOME DEPOT INC	PAR VALUE	134,461	99,829
	HONDA MOTOR CO LTD	PAR VALUE	86,250	86,702
	HONEYWELL INTERNATIONAL	PAR VALUE	130,557	102,692
	INTEL CORP	PAR VALUE	124,950	75,962
	INTERCONTINENTAL EXCHANGE	PAR VALUE	100,551	96,009
	INTL BK RECON & DEVELOP	PAR VALUE	99,998	76,925

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	IBM CORP	PAR VALUE	\$ 122,044	\$ 86,032
	INTERPUBLIC GROUP COS	PAR VALUE	99,550	99,112
	INTUIT INC	PAR VALUE	94,953	92,255
	JPMORGAN CHASE & CO	PAR VALUE	151,583	109,147
	JETBLUE AIRWAYS CORP	PAR VALUE	76,424	69,386
	JOHNSON & JOHNSON	PAR VALUE	241,097	244,408
	JOHNSON CONTROLS INTL PL	PAR VALUE	130,999	104,157
	KLA CORP	PAR VALUE	112,125	102,848
	KEURIG DR PEPPER INC	PAR VALUE	95,980	93,562
	KILROY REALTY LP	PAR VALUE	99,035	76,460
	KIMBERLY-CLARK CORP	PAR VALUE	141,500	113,020
	LAFARGE SA	PAR VALUE	147,693	110,609
	LAM RESEARCH CORP	PAR VALUE	97,203	98,960
	LEAR CORP	PAR VALUE	96,000	96,151
	ELI LILLY & CO	PAR VALUE	136,600	102,970
	LOCKHEED MARTIN CORP	PAR VALUE	142,270	107,765
	LOWE'S COMPANIES INC	PAR VALUE	132,150	103,837
	MAGNA INTERNATIONAL INC	PAR VALUE	96,775	87,868
	MASCO CORP	PAR VALUE	133,594	105,354
	MCDONALDS CORP	PAR VALUE	142,308	107,525
	MCKESSON CORP	PAR VALUE	138,535	100,926
	MEAD JOHNSON NUTRITION C	PAR VALUE	147,529	102,609
	MEDTRONIC INC	PAR VALUE	122,453	93,856
	MERCK & CO INC	PAR VALUE	99,172	67,694
	METLIFE INC	PAR VALUE	98,025	99,714
	MICROSOFT CORP	PAR VALUE	400,064	391,624
	MID-AMERICA APARTMENTS	PAR VALUE	96,632	97,621
	MOHAWK INDUSTRIES INC	PAR VALUE	102,943	92,355
	MORGAN STANLEY FIN LLC	PAR VALUE	98,910	68,917
	NVR INC	PAR VALUE	99,430	90,225
	NATIONAL BANK OF CANADA	PAR VALUE	100,000	99,860
	NATIONAL RURAL UTIL COOP	PAR VALUE	86,833	85,496
	NATURE CONSERVANCY	PAR VALUE	83,245	79,363

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	NETFLIX INC	PAR VALUE	\$ 100,773	\$ 100,100
	NEWMARKET CORP	PAR VALUE	99,048	85,054
	NEWMONT CORP	PAR VALUE	132,649	102,976
	NEXPOINT REAL ESTATE FIN	PAR VALUE	99,460	96,364
	NORTHERN STATES PWR- MINN	PAR VALUE	134,059	98,474
	NORTHROP GRUMMAN CORP	PAR VALUE	134,452	95,673
	NOVANT HEALTH INC	PAR VALUE	100,854	76,952
	NUCOR CORP	PAR VALUE	90,337	87,573
	NVIDIA CORP	PAR VALUE	91,255	82,698
	NUTRIEN LTD	PAR VALUE	140,341	101,611
	O'REILLY AUTOMOTIVE INC	PAR VALUE	114,570	96,140
	OHIO POWER COMPANY	PAR VALUE	142,638	105,906
	OKLAHOMA GAS & ELECTRIC	PAR VALUE	126,671	104,315
	ONCOR ELECTRIC DELIVERY	PAR VALUE	161,820	117,286
	ONE GAS INC	PAR VALUE	101,790	100,689
	ORACLE CORP	PAR VALUE	141,910	103,586
	PNC FIN. SERVICES	PAR VALUE	98,324	94,162
	PPG INDUSTRIES INC	PAR VALUE	93,505	96,598
	PPL ELECTRIC UTILITIES	PAR VALUE	141,267	107,028
	PACCAR FINANCIAL CORP	PAR VALUE	92,927	95,075
	PAYPAL HOLDINGS INC	PAR VALUE	99,207	91,426
	PEPCO HOLDINGS LLC	PAR VALUE	140,809	111,054
	PEPSICO INC	PAR VALUE	112,750	80,061
	SUNCOR ENERGY INC	PAR VALUE	119,898	94,625
	PHILLIPS 66 CO	PAR VALUE	101,234	100,815
	PIEDMONT OPERATING PARTN	PAR VALUE	98,656	85,775
	BARRICK GOLD CORP	PAR VALUE	137,460	107,253
	RALPH LAUREN CORP	PAR VALUE	103,615	90,722

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	PRAXAIR INC	PAR VALUE	\$ 97,430	\$ 98,647
	PRECISION CASTPARTS CORP	PAR VALUE	106,690	80,440
	PRINCIPAL FINANCIAL GRP	PAR VALUE	98,915	86,187
	PRUDENTIAL FINANCIAL INC NT	PAR VALUE	131,392	104,193
	PUBLIC SERVICE ENTERPRIS	PAR VALUE	140,347	114,398
	PUBLIC STORAGE	PAR VALUE	100,769	85,412
	PUGET SOUND ENERGY INC	PAR VALUE	134,367	105,359
	QUALCOMM INC	PAR VALUE	93,938	79,699
	RAYMOND JAMES FINANCIAL	PAR VALUE	111,422	98,756
	REALTY INCOME CORP	PAR VALUE	139,750	102,434
	RELIANCE STEEL & ALUM	PAR VALUE	140,201	107,377
	ROCKWELL AUTOMATION	PAR VALUE	81,549	82,014
	ROGERS MEMORIAL HOSPITAL	PAR VALUE	104,185	85,466
	ROSS STORES INC	PAR VALUE	115,991	97,455
	ROYAL BANK OF CANADA	PAR VALUE	84,255	83,973
	RYDER SYSTEM INC	PAR VALUE	106,694	108,219
	SAFEHOLD OPERATING PARTN	PAR VALUE	101,608	85,381
	SALVATION ARMY	PAR VALUE	102,250	101,455
	HILLSHIRE BRANDS CO.THE	PAR VALUE	130,370	101,539
	SARATOGA INVESTMENT CORP	PAR VALUE	102,250	97,177
	CHARLES SCHWAB CORP	PAR VALUE	88,572	86,055
	SERVICENOW INC	PAR VALUE	82,318	83,111
	SHELL INTERNATIONAL FINANCIAL NOTE	PAR VALUE	109,555	99,762
	SIMON PROPERTY GROUP LP	PAR VALUE	98,207	85,057
	SNAP-ON INC	PAR VALUE	96,311	97,147

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	SONOCO PRODUCTS CO	PAR VALUE	\$ 139,000	\$ 98,266
	SOUTHERN COPPER CORP	PAR VALUE	147,944	113,872
	STANLEY BLACK & DECKER I	PAR VALUE	101,485	85,662
	STATE STREET CORP	PAR VALUE	85,126	85,042
	STORE CAPITAL CORP	PAR VALUE	99,494	82,277
	TJX COS INC	PAR VALUE	94,863	81,793
	TARGET CORP	PAR VALUE	152,830	109,812
	TEXAS INSTRUMENTS INC	PAR VALUE	102,882	89,828
	TEXTRON INC	PAR VALUE	97,478	85,084
	THERMO FISHER SCIENTIFIC	PAR VALUE	84,558	89,932
	THOMSON REUTERS CORP	PAR VALUE	135,973	101,318
	3M COMPANY	PAR VALUE	112,515	102,537
	GLOBE LIFE INC	PAR VALUE	100,880	98,733
	TOYOTA MOTOR CREDIT CORP	PAR VALUE	101,883	98,399
	TYCO ELECTRONICS GROUP S	PAR VALUE	152,495	113,924
	UDR INC	PAR VALUE	105,553	81,436
	UNILEVER CAPITAL CORP	PAR VALUE	135,840	106,203
	UNION PACIFIC CORP	PAR VALUE	111,513	79,816
	UNITED PARCEL SERVICE	PAR VALUE	133,300	95,545
	US BANCORP	PAR VALUE	101,508	91,635
	RTX CORP	PAR VALUE	144,313	104,506
	UNITEDHEALTH GROUP INC	PAR VALUE	113,222	79,088
	VF CORP	PAR VALUE	113,630	96,013
	VERIZON COMMUNICATIONS	PAR VALUE	123,412	89,935
	VISA INC	PAR VALUE	121,168	92,389
	WP CAREY INC	PAR VALUE	90,290	78,782
	WAL-MART STORES INC	PAR VALUE	384,836	413,248
	WASTE MANAGEMENT INC	PAR VALUE	101,489	72,566
	EVERGY KANSAS CENTRAL	PAR VALUE	124,549	84,401

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

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
	WESTERN UNION CO	PAR VALUE	\$ 129,275	\$ 101,255
	WEYERHAEUSER CO	PAR VALUE	139,825	109,277
	WICONSIN POWER & LIGHT	PAR VALUE	134,030	106,300
	WYETH LLC	PAR VALUE	147,568	108,815
Total corporate bonds and debentures			28,153,120	23,546,326
Exchange Traded Funds				
	ISHARES CORE S&P 500 ETF	SHARES	2,443,366	4,619,961
	ISHARES RUSSELL MID-CAP ETF	SHARES	405,142	1,627,886
	SPDR S&P 500 ETF TRUST	SHARES	346,942	1,844,980
Total exchange traded funds			3,195,450	8,092,827
Mutual Funds				
	VANGUARD TOT INT ST IDX- ADM	SHARES	797,982	914,147
	VANGUARD SML CAP INDX- ADM	SHARES	334,393	1,065,281
	VANGUARD INDEX TR 500 ADMIRAL SHS	SHARES	373,769	1,412,831
Total mutual funds			1,506,144	3,392,259
Money Market Funds and Cash				
	GOLDMAN SACHS GOVERNMENT MONEY MARKET INST FUND	SHARES	457,800	457,800
Total investments			\$ 35,148,128	\$ 37,690,069

*A party in interest as defined by ERISA.

Catholic Financial Life Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 39-0201015 Plan Number: 001

Year Ended December 31, 2024

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions							
GOLDMAN SACHS GOVERNMENT MONEY	\$ 2,682,478	\$ -	\$ -	\$ -	\$ 2,682,478	\$ 2,682,478	\$ -
GOLDMAN SACHS GOVERNMENT MONEY	-	5,006,216	-	-	5,006,216	5,006,216	-
Total Series Transactions	\$ 2,682,478	\$ 5,006,216	\$ -	\$ -	\$ 7,688,694	\$ 7,688,694	\$ -

*A party in interest as defined by ERISA.