

**SUMMARY ANNUAL REPORT**  
**for**  
**CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE**  
**BENEFIT PLAN**

This is a summary of the annual report for CATHOLIC CHARITIES USA AND PARTICIPATING EMPLOYERS MASTER WELFARE BENEFIT PLAN, 45-6491273/501 Health (other than dental/vision), Dental and Vision for 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST has committed itself to pay certain Health (other than dental/vision), Dental and Vision claims incurred under the terms of the plan.

The plan has contract(s) with SYMETRA LIFE INSURANCE COMPANY to pay certain Health (other than dental/vision), Dental and Vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$2,352,735.

*Basic Financial Statement*

The value of plan assets, after subtracting liabilities of the plan, was \$12,413,252 as of 12/31/2020, compared to \$10,239,199 as of 01/01/2020. During the plan year the plan experienced an increase in its net assets of \$2,174,053. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$42,417,762, including employer contributions of \$0, employee contributions of \$0, gains of \$0 from the sale of assets and earnings from investments of \$812,807. Plan expenses were \$40,243,709. These expenses included \$2,125,824 in administrative expenses, \$38,117,885 in benefits paid to participants and beneficiaries and \$0 in other expenses.

*Your Rights to Additional Information*

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Transactions in excess of 5% of plan assets;
5. Insurance information including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of THE BOARD OF TRUSTEES OF THE CATHOLIC CHARITIES USA EMPLOYEE WELFARE BENEFIT TRUST, who is Plan Administrator at 2050 BALLENGER AVENUE, ALEXANDRIA VA 22314, (703) 549-1390. The charge to cover copying cost will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 2050 BALLENGER AVENUE, ALEXANDRIA VA 22314 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.