Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
KNIGHTS OF COLUMBUS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1964

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)
KNIGHTS OF COLUMBUS SUPREME COUNCIL

1 COLUMBUS PLAZA
NEW HAVEN, CT 06510-3326

1 COLUMBUS PLAZA
NEW HAVEN, CT 06510-3326

2b Employer Identification Number (EIN)
06-0416470

2c Plan Sponsor's telephone number
203-752-4000

2d Business code (see instructions)
524140

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2026	JOHN A. MARRELLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] 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
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	809
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)**	284
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	281
b	Retired or separated participants receiving benefits	**6b**	321
c	Other retired or separated participants entitled to future benefits	**6c**	180
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	782
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	802
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**	1
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 Characteristic Codes in the instructions:

1A 1D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
KNIGHTS OF COLUMBUS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KNIGHTS OF COLUMBUS SUPREME COUNCIL

D Employer Identification Number (EIN)
06-0416470

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	110964554
b Actuarial value	**2b**	105361689

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	342	37102341	37102341
b For terminated vested participants	183	9683476	9683476
c For active participants	284	20628658	20690779
d Total	809	67414475	67476596

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1388545
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1388545

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

08/04/2026
Date

DAVID E. FORBES, FSA EA MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

MILLIMAN, INC.
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD 8TH FLOOR
LITTLE FALLS, NJ 07424
Address of the firm

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)	9964556	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	9964556	
10	Interest on line 9 using prior year's actual return of 9.75 %	971544	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 5.19 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10936100	0

Part III Funding Percentages

14	Funding target attainment percentage	14	139.93 %
15	Adjusted funding target attainment percentage	15	156.14 %
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	156.10 %
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)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	1388545
b Excess assets, if applicable, but not greater than line 31a	**31b**	1388545

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KNIGHTS OF COLUMBUS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KNIGHTS OF COLUMBUS SUPREME COUNCIL

D Employer Identification Number (EIN)
06-0416470

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: KNIGHTS OF COLUMBUS MASTER TRUST

b Name of sponsor of entity listed in (a): KNIGHTS OF COLUMBUS SUPREME COUNCIL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6780275-001	M	121352652

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KNIGHTS OF COLUMBUS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KNIGHTS OF COLUMBUS SUPREME COUNCIL

D Employer Identification Number (EIN)
06-0416470

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	110964554	121352652
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	110964554	121352652
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	110964554	121352652

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		14222658
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14222658
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3834560	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3834560
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3834560
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10388098
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SEWARD AND MONDE CPAS **(2)** EIN: 06-0530830

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585291.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KNIGHTS OF COLUMBUS RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KNIGHTS OF COLUMBUS SUPREME COUNCIL

D Employer Identification Number (EIN)
06-0416470

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): 51-0099493

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

S E W A R D A N D M O N D E
CERTIFIED PUBLIC ACCOUNTANTS
296 STATE STREET
NORTH HAVEN, CONNECTICUT 06473-2165
(203) 248-9341
FAX (203) 248-5813

INDEPENDENT AUDITORS' REPORT

Knights of Columbus

Committee on Audit

New Haven, Connecticut

Opinion

We have audited the accompanying financial statements of the Knights of Columbus Retirement Plan for Bargaining Unit Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Knights of Columbus Retirement Plan for Bargaining Unit Employees as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Knights of Columbus Retirement Plan for Bargaining Unit Employees' internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Knights of Columbus Retirement Plan for Bargaining Unit Employees' ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and 2024 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Seward and Monde

North Haven, Connecticut
September 11, 2026

KNIGHTS of COLUMBUS RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Plan interest in Knights of Columbus Master Trust	$ 121,352,652	$ 110,964,554
Net assets available for benefits	$ 121,352,652	$ 110,964,554

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

KNIGHTS of COLUMBUS RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES
STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Change in plan interest in Knights of Columbus Master Trust	$ 14,222,658	$ 10,030,864
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	3,834,560	3,736,953
Net increase	10,388,098	6,293,911
Net assets available for benefits at January 1	110,964,554	104,670,643
Net assets available for benefits at December 31	$ 121,352,652	$ 110,964,554

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

KNIGHTS of COLUMBUS RETIREMENT PLAN
for BARGAINING UNIT EMPLOYEES
NOTES to FINANCIAL STATEMENTS
December 31, 2025 and 2024

1 - Plan Description

General

The Knights of Columbus Retirement Plan for Bargaining Unit Employees (the Plan) was adopted as of July 1, 1964. The Plan was last restated on December 7, 2015, effective January 1, 2015, and last amended October 31, 2023, effective January 1, 2023. The Plan is a trusteed, non-contributory defined benefit plan covering only employees of the Knights of Columbus (the Society) who are covered by a collective bargaining agreement which expressly provides for participation in the Plan by such employees. The Plan does not cover individuals who are compensated wholly or partly by collection fees or commissions or per diem fees, employees eligible to participate in the Knights of Columbus Agents' Pension Plan, leased employees, non-benefit employees, and individuals who are nonresident aliens who receive no earned income from the Society which constitutes income from sources within the United States. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Pension Benefits

Participants with an employment commencement date on or after January 1, 2022 accrue benefits under the cash balance formula. Under the Plan provisions, for participants accruing benefits under the cash balance formula, amounts are credited by the Society to the participants' hypothetical accounts. The accounts are allocated pay credits and investment credits at the end of every plan year. The pay credits are allocated based on a percentage (7%) of the participants' compensation as defined in the plan document for that particular plan year. Participants' hypothetical accounts also receive investment credits at the end of every plan year. The amount of the investment credit is four percent (4%) annually.

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

Active participants in the Plan who are employees of the Knights of Columbus with employment commencement dates before January 1, 2022 continue accruing benefits under the existing final average pay formulas.

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

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

2 - Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Investments in the Master Trust are valued as follows:

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

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

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

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Milliman, Inc. (Plan Actuary) and is calculated by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuary evaluates the Plan as of January 1 of each Plan year, based on information received from the Society. The significant actuarial assumptions and methods used in the valuations of January 1, 2025 and 2024 were: (1) unit credit actuarial cost method, as prescribed by the Pension Protection Act of 2006 (PPA) (2) expected 6.75% investment return, compounded annually in 2025 and 2024 (3) retirement at the participants' attaining age sixty-five (4) expenses will be met directly by the Society (5) annual increases in compensation of 3% in 2025 and 2024 (6) mortality is determined from the PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality Tables projected from 2012 with improvement scale MP-2021, males and females; for disabled participants, the PRI-2012 Total Dataset Disabled Amount-Weighted Mortality table projected from 2012 with improvement scale MP-2021 was used (7) withdrawal rates are assumed to range from 7.4% at age twenty to 0% at age fifty.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has evaluated subsequent events through September 11, 2026, the date on which the financial statements were available to be issued.

3 - Plan Administration

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

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

4 - Interest in Knights of Columbus Master Trust

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

At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 17%. Investment income, including net appreciation (depreciation) in fair value of the investments, relating to the Master Trust is allocated to the individual plans based upon average monthly balances invested by each plan.

The following table presents the net assets, including investments, of the Master Trust at December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust
Mutual funds	$ 1,377,170	$ 231,127
U.S. government obligations	121,846,503	20,449,268
Corporate bonds and debentures	97,617,918	16,383,031
Common stocks	358,888,328	60,231,551
Partnerships	73,696,671	12,368,374
	653,426,590	109,663,351
Cash and cash equivalents	1,238	208
Money market fund	66,293,820	11,125,967
Accrued investment income	3,230,698	542,202
Due from brokers - investment settlements	3,341,588	560,813
Due to brokers - investment settlements	(3,216,914)	(539,889)
Total net assets	$ 723,077,020	$ 121,352,652

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

	Master Trust Balances	Plan's Interest in Master Trust
Mutual funds	$ 634,885	$ 107,509
U.S. government obligations	94,013,968	15,919,896
Corporate bonds and debentures	65,886,752	11,156,961
Common stocks	365,571,339	61,904,181
Partnerships	91,866,572	15,556,266
	617,973,516	104,644,813
Cash and cash equivalents	3,052	517
Money market fund	35,250,926	5,969,231
Accrued investment income	2,087,898	353,555
Due from brokers - investment settlements	172,455	29,203
Due to brokers - investment settlements	(193,493)	(32,765)
Total net assets	$ 655,294,354	$ 110,964,554

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

	2025	2024
Net appreciation (depreciation) in fair value of investments:		
Cash equivalents	($ 24,428)	($ 10,351)
Mutual funds	168,821	64,662
U.S. government obligations	698,801	(6,866,599)
Corporate bonds and debentures	1,494,344	(4,306,065)
Preferred stocks	-	7,910
Common stocks	62,598,179	52,272,428
Partnerships	3,739,309	3,666,713
	68,675,026	44,828,698
Investment income	15,955,778	13,926,616
	$ 84,630,804	$ 58,755,314
Plan interest in Master Trust	$ 14,222,658	$ 10,030,864

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

	2025	2024
Investment income	$ 84,630,804	$ 58,755,314
Net transfers	(16,848,138)	(12,738,781)
Increase in net assets	67,782,666	46,016,533
Net assets at January 1	655,294,354	609,277,821
Net assets at December 31	$ 723,077,020	$ 655,294,354

5 - Funding Policy

The Society's practice is to generally contribute, in the current year, the greater of the minimum contribution required under ERISA, calculated by reflecting the credit balance in the Funding Standard Account, or an amount approximating the estimated annual normal cost, based on an actuarial valuation as of the close of each preceding year. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024, and therefore no contributions were required.

6 - Tax Status

The Plan obtained its latest determination letter on November 30, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However as of December 31, 2025 and 2024, the plan administrator believes there are no uncertain tax positions taken by the Plan and therefore, no provision for income taxes has been included in the Plan's financial statements.

7 - Plan Termination

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

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

(a) In the case of benefits in pay status three years prior to termination (at the lowest pay level in that period and at the lowest benefit level under the Plan during the five years prior to termination), and

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

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

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

Fourth, among all other benefits under the Plan, and

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024, that ceiling is $7,432 and $7,108 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

8 - Risks and Uncertainties

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

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

9 - Accumulated Plan Benefits

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

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 33,816,916	$ 33,853,054
Other participants	24,769,578	24,201,077
	58,586,494	58,054,131
Nonvested benefits	46,013	17,628
Totals	$ 58,632,507	$ 58,071,759

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

	Year ended January 1, 2025	Year ended January 1, 2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 58,071,759	$ 57,628,129
Increase (decrease) during the year attributable to:		
Benefits accumulated and net actuarial experience gains and losses	501,920	428,786
Increase for interest due to the decrease in the discount period	3,795,781	3,765,385
Benefits paid directly to participants or beneficiaries	(3,736,953)	(3,750,541)
Actuarial present value of accumulated plan benefits at end of year	$ 58,632,507	$ 58,071,759

10 - Fair Value Measurements

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

> Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities where the organization has the ability to access at the measurement date;
>
> Level 2 - Significant other observable inputs other than quoted prices included in Level 1, which are observable for the asset or liability, either directly or indirectly (i.e. quoted prices in inactive markets, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency);
>
> Level 3 - Unobservable inputs are used to the extent that observable inputs are unavailable due to little, if any, market activity for the asset or liability. Unobservable inputs are developed based on the best information available, which might include the organization's own data that reflects assumptions that market participants would use in pricing the asset or liability.

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

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

Assets, which are included in the Knights of Columbus Master Trust, measured within the fair value hierarchy on a recurring basis at December 31, 2025 are as follows:

Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at Net Asset Value
Mutual funds	$ 1,377,170	$ 1,377,170	$ -	$ -	$ -
U.S. government obligations	121,846,503	120,348,230	1,498,273	-	-
Corporate bonds and debentures	97,617,918	-	97,617,918	-	-
Common stocks	358,888,328	324,033,198	34,855,130	-	-
Partnerships	73,696,671	-	-	-	73,696,671
Totals	$ 653,426,590	$ 445,758,598	$ 133,971,321	$ -	$ 73,696,671

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

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

The Plan's policy is to recognize transfers in and transfers out of each level as of the actual date of the event or change in circumstances that caused the transfer. There were no transfers between each level during 2025 or 2024.

The following table summarizes investments, which are included in the Knights of Columbus Master Trust, for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025:

Description	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Partnerships:				
Loan funds (a)	$ 24,543,005	$ 1,200,000	N/A	N/A
Real estate funds (b)	24,066,979	4,107,000	N/A	N/A
Other funds (c)	25,086,687	5,099,000	N/A	N/A
Total	$ 73,696,671	$ 10,406,000		

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

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

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

(b) This class includes real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this class have been estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated.

(c) This class includes funds that invest in various types of investments. The fair values of the investments in this class have been estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated.

Based on the current allocation of total assets within the Master Trust account, the Plan's portion of the unfunded partnership investment commitments were $1,768,000 and $2,128,000 at December 31, 2025 and 2024, respectively.

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V – Summary of Plan Provisions

Summary of Principal Plan Provisions

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

Basic Information

Plan Name: Knights of Columbus Retirement Plan for Bargaining Unit Employees

Effective Date of Plan: July 1, 1964. The valuation reflects all amendments adopted as of the valuation date.

EIN/PN: 06-0416470/001

Plan Year: January 1 to December 31

Eligibility: All employees covered under a collective bargaining agreement.

Period of Benefit Service: Total period of service under all tax-qualified defined benefit retirement plans of the Knights of Columbus from date of hire or rehire while eligible to participate in the Plan, limited to a maximum of 35 years.

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

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

Average Monthly Compensation: Highest average monthly Compensation received in any 60 consecutive months during the last 120 consecutive months immediately preceding the Participant's termination of employment (or over entire period of employment if fewer than 60 months).

Primary Social Security Benefit: Monthly benefits for which a Participant would be qualified at age 65 under the provisions of Title II of the Federal Social Security Act. Compensation prior to the first full year of employment with Knights of Columbus is estimated using a backwards salary projection scale of 6%, although participants have the option to provide actual salary history.

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V – Summary of Plan Provisions

Benefit Formulas and Eligibilities

Participants Hired Prior to January 1, 2022

Participants hired prior to January 1, 2022 will receive benefits under the traditional annuity benefit formula. Any such participants who terminate and are subsequently rehired with less than a one-year period of severance will continue to accrue benefits under the traditional annuity benefit formula. All other participants will accrue cash balance benefits as described later in this section.

Normal Retirement

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

Normal Retirement Benefit: The accrued benefit is equal to the greater of the following:

- Amount (1) minus Amount (2), or
- Amount (3)

Amounts (1), (2) and (3) are determined as follows:

(1) 50% of the Participant's Average Monthly Compensation, multiplied by the ratio of a) Period of Benefit Service divided by b), where b) equals the greatest of (i), (ii) and (iii):

i. Period of Benefit Service
ii. Period of Benefit Service projected to Normal Retirement Date
iii. 15 years

(2) 75% of the Participant's monthly Primary Social Security Benefit (determined at age 65), multiplied by the ratio of a) Period of Benefit Service divided by b), where b) equals the greater of (i) and (ii):

i. Period of Benefit Service
ii. Period of Benefit Service projected to Normal Retirement Date

(3) 1.25% of the first $400 of Average Monthly Compensation, plus 1.75% of Average Monthly Compensation in excess of $400, all multiplied by the greater of a) Period of Benefit Service and b) Period of Benefit Service as of Normal Retirement Date (up to a maximum of 35 years), further multiplied by the ratio of a) Months of Plan Participation divided by b) Months of Plan Participation at Normal Retirement Date.

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

The maximum salary used to determine Plan benefits is limited as required by Internal Revenue Code (IRC) §401(a)(17). The limit for 2025 is $350,000. The maximum benefit used to determine Plan benefits is limited as required by IRC §415(b). The limit for 2025 is $280,000.

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V – Summary of Plan Provisions

Deferred Retirement

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

Early Retirement

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

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

Disability Retirement

Disability Retirement Eligibility: Any physical condition for which a participant is wholly and permanently disabled for non-managerial maintenance employees while in active employment after being credited with a Period of Vesting Service of at least 10 years. Benefits will commence six months after disability but no earlier than the first of the month following the date on which the required proof of Disability is received by the Plan Administrator and the receipt of disability benefits payment under Federal Social Security Act.

Disability Retirement Benefit: Prior to July 1, 2020, unreduced accrued benefit payable as a single life annuity determined as for normal retirement. For this calculation, the benefit determined under “Amount (2)” in the description of the Normal Retirement Benefit above shall be based on the lesser of a) 64% of the participant’s actual monthly Social Security disability benefit or b) 75% of the participant’s monthly Primary Social Security benefit. Benefits shall cease if the participant ceases to be disabled, reaches normal retirement age, or elects to commence accrued benefit before Normal Retirement Date.

For disabilities after July 1, 2020, this benefit is no longer applicable.

Vested Termination

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

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

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V – Summary of Plan Provisions

Participants Hired On or After January 1, 2022

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

Cash Balance Account

Pay Credits: Annual Pay Credits are equal to 7% of total compensation, and are credited annually on December 31.

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

Vested Termination

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

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

All Participants

Preretirement Death Benefit

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

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

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

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

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

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V – Summary of Plan Provisions

Forms of Payment

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

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

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

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

Lump sum payments are available as follows:

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

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

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

KNIGHTS OF COLUMBUS RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2025

EMPLOYER IDENTIFICATION NUMBER: 06-0416470 / PLAN NO.: 001

(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
*	Knights of Columbus Master Trust	Plan interest in Knights of Columbus Master Trust	$ 106,277,137	$ 121,352,652

* Denotes party-in-interest

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Line 26a – Schedule of Active Participant Data

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	2	3	1	-	-	-	-	-	-	-	6
30–34	3	5	8	5	-	-	-	-	-	-	21
35–39	1	14	15	11	5	-	-	-	-	-	46
40–44	-	5	5	17	7	4	1	-	-	-	39
45–49	1	2	1	2	13	8	6	-	-	-	33
50–54	-	4	3	9	3	6	11	1	-	-	37
55–59	1	5	3	6	3	8	12	10	5	-	53
60–64	-	5	3	6	4	2	8	2	1	5	36
65–69	-	-	-	1	1	4	1	-	1	3	11
70+	-	-	-	-	-	1	1	-	-	-	2
Total	8	43	39	57	36	33	40	13	7	8	284

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V - Actuarial Methods and Assumptions

Appendix A – Summary of Actuarial Methods

Valuation Date: January 1, 2025

Actuarial Methods

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

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

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

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

Other Methods

PBGC Variable Rate Premium Funding Target: Alternative Premium Funding Target as elected by the Plan sponsor.

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V - Actuarial Methods and Assumptions

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the alternative method, which was elected in 2009.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.07%	5.07%	5.07%
Segment 2 (5–20 years)	5.31%	5.33%	5.33%
Segment 3 (20+ years)	5.50%	5.36%	5.36%
Effective Interest Rate	5.38%	5.33%	5.33%

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

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

Assumption: 6.75%, compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation (CPI) of 2.25% as indicated below. It is based on the plan's investment allocation as of December 31, 2024.

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

CPI:

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

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

Social Security Wage Base Increases:

Assumption: 2.75%, compounded annually.

Part V - Actuarial Methods and Assumptions

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

Salary Scale:

Assumption: 3.00% compounded annually.

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

Administrative Expenses:

Assumption: None

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

DEMOGRAPHIC ASSUMPTIONS

Mortality:

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

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

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

FASB ASC Topic 960:

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

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

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Part V - Actuarial Methods and Assumptions

Withdrawal Rates:

Assumption: Sample rates are as follows.

Age	Annual Rate
20	7.4%
25	4.9%
30	3.4%
35	2.4%
40	1.3%
45	0.7%
50 and over	0.0%

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

Disability Rates:

Assumption: 75% of the 1987 Commissioners Disability Table. Sample rates are as follows.

Age	Male Rate	Female Rate
25	0.07%	0.10%
30	0.07%	0.09%
35	0.09%	0.15%
40	0.13%	0.20%
45	0.21%	0.29%
50	0.39%	0.46%
55	0.71%	0.69%
60	1.16%	0.94%
65	0.00%	0.00%

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

Retirement Rates for Active Participants:

Assumption: Once eligible for retirement, all active participants are assumed to retire at Normal Retirement Date.

Part V - Actuarial Methods and Assumptions

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

Retirement Rates for Terminated Vested Participants:

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

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

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

Benefit Commencement Date for Preretirement Death Benefit:

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

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

Beneficiary:

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

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

Form of Payment:

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

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

Knights of Columbus Retirement Plan for Bargaining Unit Employees
EIN/PN: 06-0416470/001
Attachment to 2025 Schedule SB (Form 5500)

Line 22 - Description of Weighted Average Retirement Age

Retirement Rates: 100% at Normal Retirement Date.

Normal Retirement Date: First day of the month coinciding with or next following the later of the participants 65th birthday and the fifth anniversary of date of entry into the Plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)

B This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
☐ 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

1a Name of plan
KNIGHTS OF COLUMBUS RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1964

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)
KNIGHTS OF COLUMBUS SUPREME COUNCIL

1 COLUMBUS PLAZA

NEW HAVEN CT 06510-3326

2b Employer Identification Number (EIN) 06-0416470

2c Plan Sponsor's telephone number 203-752-4000

2d Business code (see instructions) 524140

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Jon A. Marrella	09/02/2026	JOHN A. MARRELLA
SIGN HERE	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

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	809
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)	284
a (2) Total number of active participants at the end of the plan year	6a(2)	281
b Retired or separated participants receiving benefits	6b	321
c Other retired or separated participants entitled to future benefits	6c	180
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	782
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	20
f Total. Add lines 6d and 6e	6f	802
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)	
(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	1
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 Characteristic Codes in the instructions:
1A 1D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] 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) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **A** (Insurance Information) - Number Attached ____
(4) [ ] **C** (Service Provider Information)
(5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Knights of Columbus Retirement Plan for Bargaining Unit Employees

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Knights of Columbus Supreme Council

D Employer Identification Number (EIN)
06-0416470

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:		
a Market value	2a	110,964,554
b Actuarial value	2b	105,361,689

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	342	37,102,341	37,102,341
b For terminated vested participants	183	9,683,476	9,683,476
c For active participants	284	20,628,658	20,690,779
d Total	809	67,414,475	67,476,596

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
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	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	6a	1,388,545
b Expected plan-related expenses	6b	0
c Target normal cost	6c	1,388,545

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

David E Forbes
Signature of actuary

8/4/2026
Date

David E. Forbes, FSA EA MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

Milliman, Inc.
Firm name

(973) 278-8860
Telephone number (including area code)

150 Clove Road
8th Floor
Little Falls NJ 07424
Address of the firm

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)	9,964,556	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	9,964,556	0
10	Interest on line 9 using prior year's actual return of 9.75%	971,544	0
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 5.19%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10,936,100	0

Part III Funding Percentages

14	Funding target attainment percentage	14	139.93%
15	Adjusted funding target attainment percentage	15	156.14%
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	156.10%
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 [X] 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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	
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**	1,388,545
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,388,545

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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