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. . . . . ▶ [ ]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CATHOLIC FINANCIAL LIFE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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)
TRUSTED FRATERNAL LIFE

1100 W. WELLS STREET
MILWAUKEE, WI 53233

2b Employer Identification Number (EIN)
39-0201015

2c Plan Sponsor's telephone number
414-273-6266

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.	10/14/2026	PAUL ZASTROW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	PAUL ZASTROW
	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**	309
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)**	24
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22
b	Retired or separated participants receiving benefits	**6b**	192
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	267
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f	Total. Add lines **6d** and **6e**.	**6f**	301
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1l

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)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
CATHOLIC FINANCIAL LIFE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTED FRATERNAL LIFE

D Employer Identification Number (EIN)
39-0201015

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	37982290
b Actuarial value	**2b**	36690583

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	227	26328533	26328533
b For terminated vested participants	58	5528511	5528511
c For active participants	24	3113263	3113263
d Total	309	34970307	34970307

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	68206
c Target normal cost	**6c**	68206

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

10/14/2026
Date

JOHN M. CHMIELEWSKI, F.S.A.
Type or print name of actuary

26-07661
Most recent enrollment number

MILLIMAN, INC.
Firm name

262-796-3379
Telephone number (including area code)

17335 GOLF PARKWAY
SUITE 100
BROOKFIELD, WI 53045
Address of the firm

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

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)	406383	2168853
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	406383	2168853
10	Interest on line 9 using prior year's actual return of 7.27 %	29544	157676
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 5.03 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	435927	2326529

Part III Funding Percentages

14	Funding target attainment percentage	14	97.01 %
15	Adjusted funding target attainment percentage	15	104.91 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 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**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	68206
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	68206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	68206	0	68206

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CATHOLIC FINANCIAL LIFE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTED FRATERNAL LIFE

D Employer Identification Number (EIN)
39-0201015

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PARKWAY ADVISORS, L.P.

75-2930899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	114465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	47340	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASSOCIATED TRUST COMPANY

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27	NONE	28266	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BAKER TILLY US, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
CATHOLIC FINANCIAL LIFE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTED FRATERNAL LIFE

D Employer Identification Number (EIN)
39-0201015

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	292221	312538
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	457800	895163
(2) U.S. Government securities	1c(2)	1147348	2199475
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	23546326	25922828
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11485086	7978374
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	1053509	1241572

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	37982290	38549950
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	7060	7183
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	7060	7183
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37975230	38542767

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27837	
(B) U.S. Government securities	2b(1)(B)	50913	
(C) Corporate debt instruments	2b(1)(C)	1178575	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	24312	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1281637
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	143618	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		143618
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14367010	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10790620	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3576390
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-1261183	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1261183

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		-9291
d Total income. Add all **income** amounts in column (b) and enter total	2d		3731171
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2920313	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2920313
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	20496	
(5) Investment advisory and investment management fees	2i(5)	114465	
(6) Bank or trust company trustee/custodial fees	2i(6)	28266	
(7) Actuarial fees	2i(7)	47340	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	32754	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		243321
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3163634
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		567537
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			
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			

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 587554.

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
CATHOLIC FINANCIAL LIFE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTED FRATERNAL LIFE

D Employer Identification Number (EIN)
39-0201015

Part I Distributions

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

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

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

EIN(s): 30-0219031

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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_____.

Catholic Financial Life Pension Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
Catholic Financial Life Pension Plan

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

We have performed audits of the financial statements of Catholic Financial Life Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Janesville, Wisconsin
October 13, 2026

Catholic Financial Life Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 38,237,412	$ 37,690,069
Receivables		
Interest and dividend income	312,538	292,221
Total assets	38,549,950	37,982,290
Liabilities		
Payables		
Administrative expenses payable	7,183	7,060
Total liabilities	7,183	7,060
Net assets available for benefits	$ 38,542,767	$ 37,975,230

See notes to financial statements

Catholic Financial Life Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 1,417,555	$ 1,419,664
Net appreciation in fair value of investments	2,313,616	1,400,221
Total investment income	3,731,171	2,819,885
Total additions	3,731,171	2,819,885
Deductions		
Benefits paid to participants	2,920,313	2,866,940
Administrative expenses	243,321	225,060
Total deductions	3,163,634	3,092,000
Net increase (decrease)	567,537	(272,115)
Net assets available for benefits		
Beginning of year	37,975,230	38,247,345
End of year	$ 38,542,767	$ 37,975,230

See notes to financial statements

Catholic Financial Life Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants	$ 26,683,552
Terminated vested participants	5,700,695
Active participants	3,217,902
Total vested benefits	35,602,149
Total actuarial present value of accumulated plan benefits	$ 35,602,149

See notes to financial statements

Catholic Financial Life Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 36,379,266
Increase (decrease) during the year attributable to:	
Actuarial gain	254,206
Reduction in discount period	1,835,617
Benefits paid	(2,866,940)
Net decrease	(777,117)
Actuarial present value of accumulated plan benefits at end of year	$ 35,602,149

See notes to financial statements

1. Description of Plan

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

General

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

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

Funding Policy

The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025.

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

Pension Benefits

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

Death and Disability Benefits

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's retirement plan committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Subsequent Events

Subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

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

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2024
Discount rate	5.25%
Mortality	PRI-2012 Mortality Table with project scale MP-2021
Retirement age	Range of 55-70 years of age

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

4. Fair Value Measurements

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market funds	$ -	$ 895,163	$ -	$ 895,163
Mutual funds	1,617,180	-	-	1,617,180
Exchange traded funds	6,361,194	-	-	6,361,194
U.S. government securities	-	3,441,047	-	3,441,047
Corporate bonds	-	25,922,828	-	25,922,828
Total assets in the fair value hierarchy	$ 7,978,374	$ 30,259,038	$ -	$ 38,237,412

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 457,800	$ -	$ 457,800
Mutual funds	3,392,259	-	-	3,392,259
Exchange traded funds	8,092,827	-	-	8,092,827
U.S. government securities	73,569	2,127,198	-	2,200,857
Corporate bonds	-	23,546,326	-	23,546,326
Total assets in the fair value hierarchy	$ 11,558,655	$ 26,131,324	$ -	$ 37,690,069

5. Concentrations

As of December 31, 2025 and 2024, the Plan had investments of $5,213,078 and $4,619,961, respectively, concentrated in one fund.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Associated Trust Company, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

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

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

8. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

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

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

9. Tax Status

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

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

10. Risks and Uncertainties

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

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

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Summary of Actuarial Methods

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

Actuarial Cost Method

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

Asset Valuation Method

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

Amortization Method

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

Changes in Actuarial Methods Since Prior Valuation

None.

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

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

	Minimum Funding
Segment 1 (0–5 years)	5.07%
Segment 2 (5–20 years)	5.31%
Segment 3 (20+ years)	5.50%
Effective Interest Rate	5.33%

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

Asset Returns

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

Maximum Benefit and Annual Compensation Limitation Increases

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

Administrative Expenses

Expected administrative expenses payable from the trust are explicitly added to the normal cost. For the current valuation, the loading for expenses (assumed to be payable mid-year) is $70,000.

DEMOGRAPHIC ASSUMPTIONS

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

Mortality

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

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Retirement

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

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

Terminated vested participants are assumed to retire at age 65.

Termination

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

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

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

Disability

Home Office: None.

Field: None.

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

Decrement Timing

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

Form of Payment

Life annuity.

Marital Characteristics

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

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

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Summary of Principal Plan Provisions

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

Home Office Employees

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

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

Normal Retirement:

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

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

All benefits are frozen as of December 31, 2011.

Early Retirement:

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

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

Vesting:

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

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

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

Death Benefit:

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

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

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

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

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

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

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

Disability Benefit:

(a) Eligibility: Totally disabled.

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

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

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

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

Field Representative Employees

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

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

Normal Retirement:

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

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

All Benefits are frozen effective December 31, 2010.

Early Retirement:

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

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

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

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

Death Benefit:

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

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

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

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

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

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

Disability Benefit:

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

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

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

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

Catholic Family Employees

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

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

Normal Retirement:

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

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

Catholic Financial Life Pension Plan
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Attachment to 2025 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

(c) Benefits:

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

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

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

All benefits are frozen effective December 31, 2011.

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

(a) 1.75% of compensation, plus

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

All benefits are frozen effective December 31, 2010.

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

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

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

Early Retirement:

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

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

Vesting:

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

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

Death Benefit:

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

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

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

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

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

- separated from service on the date of death;

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

Postponed Retirement:

(a) Eligibility: Past normal retirement age.

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

Disability Benefit:

(a) Eligibility: 5 years of service.

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

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

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

Catholic Financial Life Pension Plan

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Attachment to 2025 Form 5500

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

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

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

Catholic Financial Life Pension Plan
EIN/PN: 39-0201015/001
Attachment to 2025 Form 5500
Schedule SB, line 24 –Change in Actuarial Assumptions

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Administrative expenses: Effective January 1, 2025, the administrative expense assumption was updated from $60,000 (mid-year) to $70,000 (mid-year).

Catholic Financial Life Pension Plan
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Attachment to 2025 Form 5500
Schedule SB, line 26a - Schedule of Active Participant Data

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	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	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	1	-	-	-	-	-	-	-	-	1
40–44	-	-	1	-	-	-	-	-	-	-	1
45–49	-	-	1	-	-	-	-	-	-	-	1
50–54	-	-	1	1	3	-	-	-	-	-	5
55–59	-	-	-	-	2	2	1	-	-	-	5
60–64	-	-	-	-	3	3	2	2	-	-	10
65–69	-	-	-	1	-	-	-	-	-	-	1
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	1	3	2	8	5	3	2	-	-	24

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Government Securities, Municipalities and Political Subdivisions				
	FHLMC FH 841578	PAR VALUE	$ 68,124	$ 73,534
	FREDDIE MAC POOL	PAR VALUE	128,605	126,998
	FHR 5460 BU	PAR VALUE	70,709	63,560
	FEDERAL HOME LOAN MTG CORP SER 3107	PAR VALUE	283	286
	FEDERAL NATIONAL MTG ASSN REMIC	PAR VALUE	224,643	231,858
	FEDERAL NATIONAL MTG ASSN POOL	PAR VALUE	153,149	154,075
	FNMA FN BM6115	PAR VALUE	75,448	77,510
	FNMA FN BM7272	PAR VALUE	66,375	70,277
	FNMA FN BM7352	PAR VALUE	71,446	77,018
	GNMA GNR 25-105	PAR VALUE	298,671	298,000
	GNMA GNR 25-157	PAR VALUE	303,845	301,663
	GNMA GNR 22-H07	PAR VALUE	86,179	86,720
	GNMA GNR 22-173	PAR VALUE	69,062	70,063
	GNMA GNR 25-1	PAR VALUE	277,481	277,583
	GNMA GNR 25-69	PAR VALUE	290,059	290,329
	DECATUR AL WTR & SWR REVENUE	PAR VALUE	102,617	71,658
	ILLINOIS HSG DEV AUTH MF REV TXBL B	PAR VALUE	140,697	134,466
	NATIONAL FIN AUTH NH FED LEASE REV	PAR VALUE	100,000	72,736
	NEW JERSEY ST TPK AUTH TPK REV BUILD	PAR VALUE	264,152	292,100
	PENNSYLVANIA PENN HILLS SER C	PAR VALUE	208,350	670,613
		Total government securities, municipalities and political subdivisions	2,999,895	3,441,047

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds and Debentures				
	BANC OF AMERICA FUNDING CORP SER	PAR VALUE	$ 1,608	$ 1,717
	BANC OF AMERICA ALTERNATIVE LOAN TR	PAR VALUE	23,132	21,678
	COUNTRYWIDE ALTERNATIVE LN TR SER	PAR VALUE	72,293	63,221
	COUNTRYWIDE ASSET BACKED CTF CMO	PAR VALUE	294,217	244,008
	COUNTRYWIDE HOME LOANS	PAR VALUE	47,049	11,849
	CSFB MTG BACKED PASS THROUGH CMO	PAR VALUE	370,834	376,185
	MASTER ASSET SECURITIZATION TR CMO	PAR VALUE	3,915	1,616
	RENAISSANCE HOME EQ LOAN TR	PAR VALUE	147,633	127,775
	UNITIED AIR 2020-1 A PTT	PAR VALUE	37,842	34,868
	AT&T INC	PAR VALUE	121,734	95,095
	ABBOTT LABORATORIES	PAR VALUE	126,600	100,614
	ABBVIE INC	PAR VALUE	120,203	98,448
	ACCENTURE CAPITAL INC	PAR VALUE	100,520	100,362
	ADOBE INC	PAR VALUE	104,515	103,336
	ADVANCED MICRO DEVICES	PAR VALUE	96,640	98,088
	AETNA INC	PAR VALUE	144,230	110,017
	AFFILIATED MANAGERS GROUP	PAR VALUE	105,363	95,232
	AIR PRODUCTS & CHEMICALS	PAR VALUE	104,277	75,004
	RIO TINTO ALCAN INC	PAR VALUE	119,451	113,833
	ALEXANDRIA REAL ESTATE E	PAR VALUE	98,818	85,628
	ALLSTATE CORP	PAR VALUE	133,625	108,088
	ALPHABET INC	PAR VALUE	70,190	67,687
	AMAZON.COM INC	PAR VALUE	116,598	91,718
	AMBAC ASSURANCE CORP	PAR VALUE	1	15,951
	AMEREN ILLINOIS CO	PAR VALUE	90,979	96,028

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	AMER AIRLINE 16-3 A PTT	PAR VALUE	$ 66,598	$ 68,719
	AMERAIRLINE 21-1A EETC	PAR VALUE	84,616	76,650
	AMERICAN EXPRESS CO	PAR VALUE	99,072	100,308
	AMERICAN WATER CAP CORP	PAR VALUE	141,441	113,153
	AMERIPRISE FINANCIAL INC	PAR VALUE	104,467	104,819
	AMPHENOL CORP	PAR VALUE	99,394	100,969
	ANALOG DEVICES INC	PAR VALUE	122,900	95,058
	ANHEUSER-BUSCH INBEV WOR	PAR VALUE	114,409	95,115
	ANTHEM INC	PAR VALUE	99,594	91,812
	APPLE INC	PAR VALUE	128,201	100,928
	APPLIED MATERIALS INC	PAR VALUE	151,848	106,276
	ARCHER DANIELS	PAR VALUE	136,781	108,927
	ARIZONA PUBLIC SERVICE	PAR VALUE	136,372	102,426
	ATHENE HOLDINGS LTD	PAR VALUE	246,713	212,068
	ATMOS ENERGY CORP	PAR VALUE	108,475	108,100
	AUTODESK INC	PAR VALUE	89,178	94,626
	AUTOMATIC DATA PROCESSING	PAR VALUE	100,179	99,698
	AUTOZONE INC	PAR VALUE	101,707	100,855
	AVALONBAY COMMUNITIES	PAR VALUE	103,371	91,468
	BP CAPITAL MARKETS PLC	PAR VALUE	116,224	99,318
	BAKER HUGES LLC CO-OBL	PAR VALUE	98,356	98,879
	BANK OF AMERICA	PAR VALUE	140,250	106,256
	BANK OF NY MELLON CORP	PAR VALUE	100,692	101,818
	BEST BUY CO INC	PAR VALUE	86,330	89,872
	BLACK HILLS CORP	PAR VALUE	92,600	96,368
	BLACKSTONE REG FINANCE	PAR VALUE	101,289	100,872
	BOARDWALK PIPELINES LP	PAR VALUE	98,917	101,216
	BOSTON SCIENTIFIC CORP	PAR VALUE	97,541	95,215
	BP CAP MARKETS AMERICA	PAR VALUE	103,278	102,902
	BROADCOM INC	PAR VALUE	101,086	100,192
	BRUNSWICK CORP	PAR VALUE	90,360	95,361
	BURLINGTON RESOURCES LLC	PAR VALUE	150,000	116,293

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	CBOE GLOBAL MARKETS INC	PAR VALUE	$ 100,795	$ 92,406
	CIGNA CORP	PAR VALUE	137,066	107,720
	CME GROUP INC	PAR VALUE	95,547	100,083
	CSX CORP	PAR VALUE	138,568	108,498
	CAMDEN PROPERTY TRUST	PAR VALUE	93,729	94,369
	CANADIAN NATL RAILWAY	PAR VALUE	154,549	111,936
	CANDIAN PACIFIC RR CO	PAR VALUE	137,250	107,501
	CAPITAL IMPACT PARTNERS	PAR VALUE	99,150	80,187
	CATERPILLAR INC	PAR VALUE	136,385	100,826
	CELGENE CORP	PAR VALUE	131,159	101,863
	CENTERPOINT ENERGY RESOU	PAR VALUE	129,300	103,975
	CHARLES STARK DRAPER LAB	PAR VALUE	97,566	97,361
	CHEVRON USA INC	PAR VALUE	102,352	101,161
	CHUBB CORP	PAR VALUE	141,291	108,549
	CINTAS CORPORATION NO 2	PAR VALUE	97,019	97,847
	CISCO SYSTEMS INC	PAR VALUE	148,825	107,505
	COCA-COLA REFRESH USA	PAR VALUE	151,694	113,647
	COMCAST CORP	PAR VALUE	145,007	110,517
	CONSOLIDATED EDISON NY	PAR VALUE	142,930	104,164
	INGREDION INC	PAR VALUE	142,342	110,451
	CORNING INC	PAR VALUE	118,895	97,236
	UBS GROUP AG	PAR VALUE	123,860	114,233
	CUMMINS INC	PAR VALUE	105,002	103,697
	D.R. HORTON INC	PAR VALUE	102,884	101,152
	DAIMLER FINANCE NA LLC	PAR VALUE	150,953	118,447
	DARDEN RESTAURANTS INC	PAR VALUE	106,642	108,533
	DEERE & COMPANY	PAR VALUE	156,210	114,960
	DTE ELECTRIC CO	PAR VALUE	139,461	104,645
	WALT DISNEY COMPANY	PAR VALUE	141,433	99,930
	DOLLAR TREE INC	PAR VALUE	98,987	90,241
	DOMINION ENERGY INC	PAR VALUE	133,125	108,621
	DOVER CORP	PAR VALUE	129,000	104,483
	EIDP INC	PAR VALUE	99,254	100,075

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	DUKE ENERGY INDIANA LLC	PAR VALUE	$ 151,296	$ 110,417
	EAGLE MATERIALS	PAR VALUE	94,027	90,811
	ECOLAB INC	PAR VALUE	103,342	101,898
	EL PASO NATURAL GAS	PAR VALUE	148,311	120,061
	EMERSON ELECTRIC CO	PAR VALUE	113,984	108,290
	ENTERGY LOUISIANA LLC	PAR VALUE	106,989	75,997
	ENTERPRISE PRODUCTS OPER	PAR VALUE	138,670	112,626
	ESTEE LAUDER CO INC	PAR VALUE	115,443	107,725
	EXTRA SPACE STORAGE LP	PAR VALUE	97,488	87,536
	EXXON MOBIL CORP	PAR VALUE	80,998	80,024
	META PLATFORMS INC	PAR VALUE	99,400	101,844
	FEDERAL REALTY INVESTMENT	PAR VALUE	112,125	96,690
	FEDEX CORP	PAR VALUE	115,682	99,888
	FINANCIAL SECURITY ASSURANCE HLDGS	PAR VALUE	116,440	116,338
	FLORIDA POWER & LIGHT CO	PAR VALUE	148,239	108,564
	BEAM SUNTORY INC	PAR VALUE	132,210	103,597
	FOX CORP	PAR VALUE	105,372	110,239
	GATX CORP	PAR VALUE	93,428	87,623
	GENERAL DYNAMICS CORP	PAR VALUE	120,708	91,645
	GENUINE PARTS CO	PAR VALUE	93,143	87,860
	GEORGIA PACIFIC LLC	PAR VALUE	152,500	112,798
	GEORGIA POWER COMPANY	PAR VALUE	131,536	106,058
	GILEAD SCIENCES INC	PAR VALUE	116,875	93,044
	GLAXOSMITHKLINE CAP INC	PAR VALUE	145,575	112,151
	WW GRAINGER INC	PAR VALUE	106,610	79,139
	DIAGEO INVESTMENT CORP	PAR VALUE	151,503	119,934
	HSBC HOLDINGS PLC	PAR VALUE	138,400	111,290
	HP INC	PAR VALUE	107,543	95,740
	HP ENTERPRISE CO	PAR VALUE	136,500	108,065
	HOME DEPOT INC	PAR VALUE	134,461	103,297
	HONDA MOTOR CO LTD	PAR VALUE	86,250	91,390
	HONEYWELL INTERNATIONAL	PAR VALUE	130,557	105,926

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	INTEL CORP	PAR VALUE	$ 124,950	$ 81,075
	INTERCONTINENTAL EXCHANGE	PAR VALUE	100,551	101,333
	INTL BK RECON & DEVELOP	PAR VALUE	99,998	81,129
	IBM CORP	PAR VALUE	122,044	89,272
	INTUIT INC	PAR VALUE	94,953	96,584
	JPMORGAN CHASE & CO	PAR VALUE	151,583	112,963
	JETBLUE AIRWAYS CORP	PAR VALUE	69,650	64,051
	JOHNSON & JOHNSON	PAR VALUE	241,097	249,425
	JOHNSON CONTROLS INTL PL	PAR VALUE	130,999	107,719
	KLA CORP	PAR VALUE	112,125	106,130
	KEURIG DR PEPPER INC	PAR VALUE	95,980	96,120
	KILROY REALTY LP	PAR VALUE	99,035	82,044
	KIMBERLY-CLARK CORP	PAR VALUE	141,500	115,128
	LAFARGE SA	PAR VALUE	147,693	115,045
	LAM RESEARCH CORP	PAR VALUE	97,203	99,952
	LEAR CORP	PAR VALUE	96,000	99,622
	ELI LILLY & CO	PAR VALUE	136,600	108,042
	LOCKHEED MARTIN CORP	PAR VALUE	142,270	111,260
	LOWE'S COMPANIES INC	PAR VALUE	132,150	107,082
	MAGNA INTERNATIONAL INC	PAR VALUE	96,775	92,884
	MASCO CORP	PAR VALUE	133,594	109,265
	MASTERCARD INC	PAR VALUE	103,132	102,795
	MCDONALDS CORP	PAR VALUE	142,308	111,154
	MCKESSON CORP	PAR VALUE	138,535	102,850
	MEDTRONIC INC	PAR VALUE	122,453	98,078
	MERCK & CO INC	PAR VALUE	99,172	72,041
	MICROSOFT CORP	PAR VALUE	400,064	398,452
	MID-AMERICA APARTMENTS	PAR VALUE	96,632	99,656
	MOHAWK INDUSTRIES INC	PAR VALUE	102,943	96,932
	MOODY'S CORP	PAR VALUE	73,306	71,660
	MORGAN STANLEY FIN LLC	PAR VALUE	98,910	74,812
	NVR INC	PAR VALUE	99,430	94,649
	NATIONAL BANK OF CANADA	PAR VALUE	100,000	99,539
	NATIONAL RURAL UTIL COOP	PAR VALUE	86,833	90,198

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	NATURE CONSERVANCY	PAR VALUE	$ 83,245	$ 85,021
	NETFLIX INC	PAR VALUE	107,646	106,998
	NEWMARKET CORP	PAR VALUE	99,048	91,509
	NEWMONT CORP	PAR VALUE	132,649	108,124
	NEXPOINT REAL ESTATE FIN	PAR VALUE	99,460	98,725
	NIKE INC	PAR VALUE	82,137	81,165
	NORTHERN STATES PWR-MINN	PAR VALUE	134,059	101,849
	NORTHROP GRUMMAN CORP	PAR VALUE	134,452	99,362
	NOVANT HEALTH INC	PAR VALUE	100,854	80,183
	NUCOR CORP	PAR VALUE	90,337	92,952
	NIVIDIA CORP	PAR VALUE	91,255	84,497
	NUTRIEN LTD	PAR VALUE	140,341	104,742
	O'REILLY AUTOMOTIVE INC	PAR VALUE	114,570	99,725
	OHIO POWER COMPANY	PAR VALUE	142,638	109,616
	OKLAHOMA GAS & ELECTRIC	PAR VALUE	126,671	104,309
	OMNICOM GROUP INC	PAR VALUE	99,550	100,518
	ONCOR ELECTRIC DELIVERY	PAR VALUE	161,820	119,588
	ONE GAS INC	PAR VALUE	101,790	102,926
	ORACLE CORP	PAR VALUE	141,910	98,031
	PNC FIN. SERVICES	PAR VALUE	98,324	99,112
	PPG INDUSTRIES INC	PAR VALUE	93,505	99,782
	PPL ELECTRIC UTILITIES	PAR VALUE	141,267	111,210
	PACCAR FINANCIAL CORP	PAR VALUE	92,927	98,131
	PAYPAL HOLDINGS INC	PAR VALUE	99,207	95,788
	PEPCO HOLDINGS LLC	PAR VALUE	140,809	114,807
	PEPSICO INC	PAR VALUE	112,750	82,045
	SUNCOR ENERGY INC	PAR VALUE	119,898	101,699
	PHILLIPS 66 CO	PAR VALUE	101,234	101,594
	PIEDMONT OPERATING PARTN	PAR VALUE	98,656	91,794
	BARRICK GOLD CORP	PAR VALUE	137,460	110,444
	RALPH LAUREN CORP	PAR VALUE	103,615	95,118
	PRAXAIR INC	PAR VALUE	97,430	99,937

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	PRECISION CASTPARTS CORP	PAR VALUE	$ 106,690	$ 83,312
	PRINCIPAL FINANCIAL GRP	PAR VALUE	98,915	91,093
	PROLOGIS LP	PAR VALUE	103,095	101,848
	PRUDENTIAL FINANCIAL INC NT	PAR VALUE	131,392	107,561
	PUBLIC SERVICE ENTERPRIS	PAR VALUE	140,347	115,049
	PUBLIC STORAGE	PAR VALUE	100,769	90,416
	PUGET SOUND ENERGY INC	PAR VALUE	134,367	105,449
	QUALCOMM INC	PAR VALUE	93,938	85,346
	RELX CAPITAL INC	PAR VALUE	99,966	99,676
	RAYMOND JAMES FINANCIAL	PAR VALUE	111,422	101,767
	REALTY INCOME CORP	PAR VALUE	139,750	107,695
	RELIANCE STEEL & ALUM	PAR VALUE	140,201	112,985
	REPUBLIC SERVICES INC	PAR VALUE	106,584	104,789
	ROCHESTER GAS AND ELECTRIC	PAR VALUE	112,059	110,727
	ROCKWELL AUTOMATION	PAR VALUE	81,549	87,571
	ROGERS MEMORIAL HOSPITAL	PAR VALUE	104,185	90,613
	ROSS STORES INC	PAR VALUE	115,991	100,754
	ROYAL BANK OF CANADA	PAR VALUE	84,255	90,003
	RYDER SYSTEM INC	PAR VALUE	106,694	111,466
	S&P GLOBAL INC	PAR VALUE	114,856	112,957
	SAFEHOLD OPERATING PARTN	PAR VALUE	101,608	91,908
	SALVATION ARMY	PAR VALUE	102,250	103,721
	HILLSHIRE BRANDS CO.THE	PAR VALUE	130,370	103,630
	SARATOGA INVESTMENT CORP	PAR VALUE	102,250	99,437
	SCHLUMBERGER INVESTMENT SA	PAR VALUE	102,683	100,312
	CHARLES SCHWAB CORP	PAR VALUE	88,572	91,577
	SERVICENOW INC	PAR VALUE	82,318	88,102
	SHELL INTERNATIONAL FINANCIAL NOTE	PAR VALUE	109,555	103,149

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(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
	SIMON PROPERTY GROUP LP	PAR VALUE	$ 98,207	$ 90,435
	SNAP-ON INC	PAR VALUE	96,311	99,237
	SONOCO PRODUCTS CO	PAR VALUE	139,000	100,689
	SOUTHERN COPPER CORP	PAR VALUE	147,944	117,795
	SPIRE MISSOURI INC	PAR VALUE	104,446	102,533
	STANLEY BLACK & DECKER I	PAR VALUE	101,485	90,530
	STATE STREET CORP	PAR VALUE	85,126	89,981
	STORE CAPITAL CORP	PAR VALUE	99,494	88,315
	TJX COS INC	PAR VALUE	94,863	87,786
	TR FINANCE LLC	PAR VALUE	100,000	103,638
	TARGET CORP	PAR VALUE	152,830	113,148
	TEXAS INSTRUMENTS INC	PAR VALUE	102,882	94,208
	TEXTRON INC	PAR VALUE	97,478	90,629
	THERMO FISHER SCIENTIFIC	PAR VALUE	84,558	94,405
	3M COMPANY	PAR VALUE	112,515	105,295
	GLOBE LIFE INC	PAR VALUE	100,880	100,908
	TOTALENERGIES CAPITAL SA	PAR VALUE	105,166	103,816
	TOYOTA MOTOR CREDIT CORP	PAR VALUE	101,883	101,287
	TYCO ELECTRONICS GROUP S	PAR VALUE	152,495	117,672
	UDR INC	PAR VALUE	105,553	86,582
	UNILEVER CAPITAL CORP	PAR VALUE	135,840	109,184
	UNION PACIFIC CORP	PAR VALUE	111,513	81,464
	UNITED PARCEL SERVICE	PAR VALUE	133,300	95,682
	US BANCORP	PAR VALUE	101,508	96,295
	RTX CORP	PAR VALUE	144,313	108,877
	UNITEDHEALTH GROUP INC	PAR VALUE	113,222	83,266
	VF CORP	PAR VALUE	113,630	98,104
	VERIZON COMMUNICATIONS	PAR VALUE	123,412	93,686
	VISA INC	PAR VALUE	121,168	97,293
	WP CAREY INC	PAR VALUE	90,290	84,321
	WAL-MART STORES INC	PAR VALUE	384,836	411,668
	WASTE MANAGEMENT INC	PAR VALUE	101,489	75,877
	EVERGY KANSAS CENTRAL	PAR VALUE	124,549	87,629

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	WESTERN UNION CO	PAR VALUE	$ 129,275	$ 104,157
	WEYERHAEUSER CO	PAR VALUE	139,825	111,586
	WICONSIN POWER & LIGHT	PAR VALUE	134,030	109,556
	WYETH LLC	PAR VALUE	147,568	112,232
		Total corporate bonds and debentures	29,649,838	25,922,828
Exchange Traded Funds				
	ISHARES CORE S&P 500 ETF	SHARES	2,350,140	5,213,078
	ISHARES RUSSELL MID-CAP ETF	SHARES	262,379	1,148,116
		Total exchange traded funds	2,612,519	6,361,194
Mutual Funds				
	VANGUARD TOT INT ST IDX-ADM	SHARES	571,162	828,457
	VANGUARD SML CAP INDX-ADM	SHARES	228,078	788,723
		Total mutual funds	799,240	1,617,180
Money Market Funds and Cash				
	GOLDMAN SACHS GOVERNMENT MONEY MARKET INST FUND	SHARES	895,163	895,163
		Total investments	$ 36,956,655	$ 38,237,412

*A party in interest as defined by ERISA.

Catholic Financial Life Pension Plan

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

EIN: 39-0201015 Plan Number: 001

Year Ended December 31, 2025

	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
	GOLDMAN SACHS GOVERNMENT MONEY	$ 7,021,506	$ -	$ -	$ -	$ 7,021,506	$ 7,021,506	$ -
	GOLDMAN SACHS GOVERNMENT MONEY	-	6,584,143	-	-	6,584,143	6,584,143	-
	SPDR S&P 500 ETF TRUST	-	2,039,096	-	-	346,942	2,039,096	1,692,154
Total Series Transactions		$ 7,021,506	$ 8,623,239	$ -	$ -	$ 13,952,591	$ 15,644,745	$ 1,692,154

*A party in interest as defined by ERISA.

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
Catholic Financial Life Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trusted Fraternal Life

D Employer Identification Number (EIN)
39-0201015

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

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

Part I Basic Information

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

2 Assets:

a Market value	2a	37,982,290
b Actuarial value	2b	36,690,583

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	227	26,328,533	26,328,533
b For terminated vested participants	58	5,528,511	5,528,511
c For active participants	24	3,113,263	3,113,263
d Total	309	34,970,307	34,970,307

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	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	68,206
c Target normal cost	6c	68,206

Statement by Enrolled Actuary

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

SIGN HERE

John M. Chmielewski JMC
Signature of actuary

10/14/2026
Date

John M. Chmielewski, F.S.A.
Type or print name of actuary

26-07661
Most recent enrollment number

Milliman, Inc.
Firm name

(262)796-3379
Telephone number (including area code)

17335 Golf Parkway
Suite 100
Brookfield WI 53045
Address of the firm

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

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)	406,383	2,168,853
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	406,383	2,168,853
10	Interest on line 9 using prior year's actual return of 7.27%	29,544	157,676
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 5.03%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	435,927	2,326,529

Part III Funding Percentages

14	Funding target attainment percentage	14	97.01%
15	Adjusted funding target attainment percentage	15	104.91%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.88%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	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**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	68,206
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	68,206

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	68,206	0	68,206

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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