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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                          |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>HENRY CROWN AND COMPANY PENSION PLAN                                                                                                                                                                                                                                                                                     |
| 1b      | Three-digit plan number (PN) ▶ 101                                                                                                                                                                                                                                                                                                       |
| 1c      | Effective date of plan<br>01/01/1985                                                                                                                                                                                                                                                                                                     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HENRY CROWN & COMPANY S LLC<br><br>222 N LASALLE ST STE 1000<br>CHICAGO, IL 60601 |
| 2b      | Employer Identification Number (EIN)<br>36-2123962                                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>312-855-4000                                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>551112                                                                                                                                                                                                                                                                                               |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/24/2024 | CHRISTOPHER LAWRENCE                                         |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 960                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 261<br><b>6a(2)</b> 272<br><b>6b</b> 154<br><b>6c</b> 284<br><b>6d</b> 710<br><b>6e</b> 23<br><b>6f</b> 733<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 2 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                          |

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

1A 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                       |                                                            |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                            |                                                            |
| 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<br>HENRY CROWN AND COMPANY PENSION PLAN                                                                | B Three-digit plan number (PN) 101                         |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HENRY CROWN & COMPANY S LLC                      | D Employer Identification Number (EIN)<br>36-2123962       |
| E Type of plan: Single Multiple-A Multiple-B                                                                          | F Prior year plan size: 100 or fewer 101-500 More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 130309574                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 130309574                 |                          |
| 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                                                                                                                                     | 406                        | 30584283                  | 30584283                 |
| b      | For terminated vested participants                                                                                                                                                               | 306                        | 16648840                  | 16648840                 |
| c      | For active participants                                                                                                                                                                          | 276                        | 30375801                  | 31130390                 |
| d      | Total                                                                                                                                                                                            | 988                        | 77608924                  | 78363513                 |
| 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                          | 5.35 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 3034581                   |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 355000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 3389581                   |                          |

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                                                        | 08/28/2024                             |
| Signature of actuary                                             | Date                                   |
| BARON JAMES                                                      | 23-08664                               |
| Type or print name of actuary                                    | Most recent enrollment number          |
| MERCER US LLC                                                    | 214-220-3563                           |
| Firm name                                                        | Telephone number (including area code) |
| 4400 COMERICA BANK TOWER<br>1717 MAIN STREET<br>DALLAS, TX 75201 |                                        |
| Address of the firm                                              |                                        |

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 0                      |
| <b>8</b>                                                    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 0                      |
| <b>9</b>                                                    | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 0                      |
| <b>10</b>                                                   | Interest on line 9 using prior year's actual return of <u>-14.60</u> % .....                                                                                         | 0                     | 0                      |
| <b>11</b>                                                   | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|                                                             | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|                                                             | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> % ..... |                       | 0                      |
|                                                             | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|                                                             | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|                                                             | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b>                                                   | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b>                                                   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 0                      |

| Part III Funding Percentages |                                                                                                                                                                  |           |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                    | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 166.28 % |
| <b>15</b>                    | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 166.28 % |
| <b>16</b>                    | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 214.07 % |
| <b>17</b>                    | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

|                                                                                                                                                                                  |              |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                             |              |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                             | <b>19a</b> 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                               | <b>19b</b> 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                          | <b>19c</b> 0 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                      |              |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |              |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| <b>c</b> 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      |
|                                                                                                                                                                                  |              |

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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

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

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 3389581       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 3389581       |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                         |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>HENRY CROWN AND COMPANY PENSION PLAN</div>                                    | <div>B</div> <div>Three-digit plan number (PN) ▶</div> <div>101</div>              |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HENRY CROWN &amp; COMPANY S LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>36-2123962</div> |

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).....

No

Yes

☒
- 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

(b)

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

(b)

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

(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

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**(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

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**(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

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**(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

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

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

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

SELECT EQUITY GROUP LP

46-3465710

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVEST ADVISOR                                                                                    | 308499                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 289002                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SILCHESTER INTERNATIONAL INVESTORS

36-7045783

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVEST ADVISOR                                                                                    | 281254                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

HARRIS ASSOCIATES L.P.

36-3484078

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51 68 52            | INVEST ADVISOR                                                                                    | 209297                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 18380                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NEUBERGER BERMAN, LLC

13-5521910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVEST ADVISOR                                                                                    | 126029                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 27 50 51 99         | TRUSTEE                                                                                           | 80923                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

LYRICAL ASSET MANAGEMENT

37-1572793

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVEST ADVISOR                                                                                    | 74901                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | AUDITOR                                                                                           | 40500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER INVESTMENTS LLC

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVEST ADVISOR                                                                                    | 33935                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                              |  |                                                      |
|----------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023   |  |                                                      |
| A Name of plan<br>HENRY CROWN AND COMPANY PENSION PLAN                                       |  | B Three-digit plan number (PN) ▶ 101                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HENRY CROWN & COMPANY S LLC |  | D Employer Identification Number (EIN)<br>36-2123962 |

|                                                                                   |                                                                                                                                                                           |                                                                                                       |  |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INV FUND         |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.       |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 45-6138589-084                                                           | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6683775  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INT'L VALUE EQUITY TRUST       |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 36-7045783-001                                                           | d Entity code E                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32390079 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                          | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                          | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                          | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                          | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                        |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                          | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>HENRY CROWN AND COMPANY PENSION PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>101</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HENRY CROWN &amp; COMPANY S LLC</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>36-2123962</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 84490                 | 104406          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 895915                | 802892          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 99163581              | 104004360       |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 274262                | 278687          |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 3144071               | 6683775         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 26890784              | 32390079        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                              |                        |
|---------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 130453103                    | 144264199              |
| <b>Liabilities</b>                                                        |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 143529                       | 131101                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                            | 0                      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 143529                       | 131101                 |
| <b>Net Assets</b>                                                         |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 130309574                    | 144133098              |

**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.

|                                                                                                            |                 |                   |                  |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
| <b>a</b> Contributions:                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |                   |                  |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 0                |
| <b>b</b> Earnings on investments:                                                                          |                 |                   |                  |
| (1) Interest:                                                                                              |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 242536            |                  |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 42737             |                  |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 285273           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0                 |                  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 2467595           |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 2467595          |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |                   |                  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 44467879          |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 36973987          |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   | 7493892          |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 9976820           |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 3959163   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 24182743  |

**Expenses**

|                                                                                      |        |         |          |
|--------------------------------------------------------------------------------------|--------|---------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 3041394 |          |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |         |          |
| (3) Other .....                                                                      | 2e(3)  | 5781325 |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 8822719  |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |          |
| h Interest expense .....                                                             | 2h     |         |          |
| i Administrative expenses:                                                           |        |         |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 40500   |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 1006560 |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 74343   |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 289002  |          |
| (8) Legal fees .....                                                                 | 2i(8)  |         |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |          |
| (11) Other expenses .....                                                            | 2i(11) | 126095  |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 1536500  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 10359219 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 13823524 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PRICEWATERHOUSECOOPERS LLP**

(2) EIN: **13-4008324**

**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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 517987.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>HENRY CROWN AND COMPANY PENSION PLAN                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 101 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HENRY CROWN & COMPANY S LLC                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>36-2123962                                            |     |
| 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                                                                                               | 0   |
| 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):<br>EIN(s): 36-1561860                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               | 1   |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2023 v. 230707                                                           |     |

**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 \_\_\_\_\_.

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                                 |                                                  |     |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                      |                                                  |     |
| <b>A</b> Name of plan<br>HENRY CROWN AND COMPANY PENSION PLAN                                                   | <b>B</b> Three-digit<br>Plan number (PN) ..... ► | 101 |
|                                                                                                                 |                                                  |     |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>HENRY CROWN & COMPANY S LLC | <b>D</b> Administrator's EIN<br>36-2123962       |     |

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete. |
|---------------|---------------------------------------------------------------------------------------------------|

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) DEFINED BENEFIT MEP (Complete Part II)

|                |                                            |
|----------------|--------------------------------------------|
| <b>Part II</b> | <b>Participating Employer Information.</b> |
|----------------|--------------------------------------------|

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|                                                                         |                             |                                                                          |                                                                                |
|-------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>2a</b> Name of Participating Employer<br>HENRY CROWN & COMPANY S LLC | <b>2b</b> EIN<br>36-2123962 | <b>2c</b> Percentage of Total<br>Contributions for the Plan Year<br>0.00 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer |
| <b>2a</b> Name of Participating Employer<br>LONGVIEW ASSET MANAGEMENT   | <b>2b</b> EIN<br>36-4245844 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>0.00 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|                                                                                                                                                                                                  |           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?                                                                      | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |                                                                     |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.                                                          | <b>2g</b> |                                                                     |

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

**Schedule MEP (2023)  
v. 230728**

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID .....

# **Henry Crown and Company Pension Plan**

**Financial Statements and Supplemental  
Schedules**

**December 31, 2023 and 2022**

# Henry Crown and Company Pension Plan

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| Note:                                                                                                        | Other schedules of additional financial information required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable. |



## **Report of Independent Auditors**

To the Administrator of  
Henry Crown and Company Pension Plan

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

We have performed an audit of the accompanying financial statements of Henry Crown and Company 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, 2023 and 2022 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, 2022 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and December 31, 2022 and for the years then ended, 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 audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects,



the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. 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 one year after the date the financial statements are available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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 US 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 US 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 audit 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***

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2023 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the



underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit 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 US 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 Department of Labor'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 Department of Labor'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).

*PriceWaterhouseCoopers LLP*

Chicago, Illinois  
September 23, 2024

**Henry Crown and Company Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2023 and 2022**

---

|                                     | 2023                         | 2022                         |
|-------------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                       |                              |                              |
| Investments, at fair value          |                              |                              |
| Common stocks                       | \$ 104,004,360               | \$ 99,163,581                |
| Common and collective trusts        | 39,073,854                   | 30,034,855                   |
| Limited partnerships                | 278,687                      | 274,262                      |
| Corporate bonds                     | 802,892                      | 895,915                      |
| Total investments                   | <u>144,159,793</u>           | <u>130,368,613</u>           |
| Receivables                         |                              |                              |
| Due from broker for securities sold | 31,567                       | -                            |
| Investment income receivable        | 72,839                       | 84,490                       |
| Total receivables                   | <u>104,406</u>               | <u>84,490</u>                |
| Total assets                        | 144,264,199                  | 130,453,103                  |
| <b>Liabilities</b>                  |                              |                              |
| Accrued expenses                    | <u>131,101</u>               | <u>143,529</u>               |
| Total liabilities                   | <u>131,101</u>               | <u>143,529</u>               |
| Net assets available for benefits   | <u><u>\$ 144,133,098</u></u> | <u><u>\$ 130,309,574</u></u> |

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

**Henry Crown and Company Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2023 and 2022**

---

|                                                              | 2023                  | 2022                  |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions (reductions) to net assets attributed to</b>    |                       |                       |
| Interest income                                              | \$ 242,536            | \$ 91,996             |
| Investment income                                            | 42,737                | 42,477                |
| Dividend income                                              | 2,467,595             | 2,269,312             |
| Net appreciation (depreciation) in fair value of investments | 21,429,875            | (24,001,635)          |
| Total additions (reductions)                                 | 24,182,743            | (21,597,850)          |
| <b>Deductions from net assets attributed to</b>              |                       |                       |
| Annuity purchase                                             | 5,781,325             | -                     |
| Benefit payments to participants                             | 3,041,394             | 3,163,981             |
| Investment management fees                                   | 1,006,560             | 984,239               |
| Administrative expenses                                      | 529,940               | 346,815               |
| Total deductions                                             | 10,359,219            | 4,495,035             |
| Net increase (decrease)                                      | 13,823,524            | (26,092,885)          |
| <b>Net assets available for benefits</b>                     |                       |                       |
| Beginning of year                                            | 130,309,574           | 156,402,459           |
| End of year                                                  | <u>\$ 144,133,098</u> | <u>\$ 130,309,574</u> |

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

**Henry Crown and Company Pension Plan**  
**Statement of Accumulated Plan Benefits**  
**December 31, 2022**

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**Actuarial present value of accumulated plan benefits**

Vested benefits

Participants currently receiving benefits

\$ 26,836,151

Other participants

36,668,205

Total

63,504,356

Nonvested benefits

690,556

Total actuarial present value of accumulated plan benefits

\$ 64,194,912

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

**Henry Crown and Company Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended December 31, 2022**

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|                                                                |                             |
|----------------------------------------------------------------|-----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b>    |                             |
| December 31, 2021                                              | \$ 61,271,810               |
| <b>(Decrease) increase during the year</b>                     |                             |
| Benefits paid                                                  | (3,163,981)                 |
| Increase for interest due to a decrease in the discount period | 4,317,954                   |
| Benefits accumulated and losses                                | <u>1,769,129</u>            |
| Net increase                                                   | 2,923,102                   |
| <b>Actuarial present value of accumulated plan benefits</b>    |                             |
| December 31, 2022                                              | <u><u>\$ 64,194,912</u></u> |

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

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### 1. Description of the Plan

The following description provides general information on the provisions of the Henry Crown and Company Pension Plan (the “Plan”), a multiple-employer plan, sponsored by Henry Crown and Company S LLC, d/b/a CC Industries (the “Company”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

##### **General**

The Plan was adopted effective January 1, 1985, and was last amended and restated effective January 1, 2012, to comply with law changes.

The Plan is a noncontributory, defined benefit plan currently covering salaried employees of the Company and Longview Asset Management, LLC (each as “Employer”).

The Plan also provides benefits to participants of the Company’s discontinued or sold operations:

- Petroleum and marine operations
- CHF Industries, Inc. and its Aberdeen, Cameo and Joanna Divisions
- American Envelope Company and its various divisions
- Woodard, LLC

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Northern Trust Company is the trustee of the Plan.

##### **Participation**

Generally, employees are eligible to participate after attaining age 21 and completing 12 consecutive months of service.

##### **Funding Policy**

The Employers make annual contributions based on the funding recommendations of the Plan’s actuary to meet the minimum funding requirements under ERISA. The Plan is in compliance with applicable ERISA funding requirements for 2023 and 2022.

##### **Principal Benefit Provisions**

###### **Salaried Employees**

The monthly retirement benefit payable on a participant’s normal retirement date for all eligible participants of businesses currently participating in the Plan is one-twelfth (1/12) of the sum of the following amounts determined for each year of credited service:

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### Description of the Plan - Continued

| Plan Years<br>1985 Through 1988 |      | Plan Years<br>After 1988 |
|---------------------------------|------|--------------------------|
| (a)                             | (b)  | (c)                      |
| 1.5%                            | 2.5% | 1.5%                     |

- Percentage of the participant's compensation (as defined) that is not in excess of the Social Security taxable wage base for the year, plus
- Percentage of the participant's compensation (as defined) that is in excess of the Social Security taxable wage base for the year
- Percentage of the participant's compensation (as defined) for the year

#### Hourly Employees

The monthly retirement benefit payable on a participant's normal retirement date is one-twelfth (1/12) of the benefit level times the years of credited service earned in the following periods:

| Period     | Benefit<br>Level |
|------------|------------------|
| 1987-1999  | \$ 100           |
| 2000       | 120              |
| 2001       | 140              |
| After 2001 | 150              |

#### Vesting

Participants become fully vested upon the completion of five years of service.

#### Retirement Benefit Options

The Plan provides for normal retirement benefits to begin on the first day of the month on or after the participant's 65th birthday, with various options for early retirement or late retirement, death or long-term disability. The Plan's normal form of benefit for a single participant is a Straight Life Annuity, and for a married participant a 50% Joint and Survivor Annuity, which provides a lifetime benefit payable to the participant and, upon death, 50% of such benefit payable to the participant's surviving spouse.

Participants may also elect one of the following options:

**Straight Life Annuity** - Under this option, benefits are paid only during the life of the participant.

**Five- or Ten-Year Certain Life Annuity** - Under this option, benefits are paid in the form of a lifetime benefit; however, if the participant dies before 60 or 120 monthly payments have been made, depending on the term elected, payments will continue to a beneficiary until a total of 60 or 120 payments have been made.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### Description of the Plan - Continued

**Contingent Annuity** - This option is similar to the Joint and Survivor Annuity described above. However, the individual named as the contingent annuitant can be an individual other than the participant's spouse. The benefits payable to the contingent annuitant can be 100%, 75% or 50% of the benefits earned by the participant, depending upon the election made by the participant.

**Lump Sum** - Participants who were employed by the discontinued CHF Industries, Inc. - Aberdeen Division may elect a lump-sum distribution of their accrued benefits earned prior to January 1, 1985.

Selection of one of these options by a married participant is contingent upon spousal consent.

If a participant terminates their employment with the Company before completing the required years of vesting service, they do not receive Plan benefits. Participants who terminate with vested accumulated Plan benefits that are less than \$5,000 receive their accumulated benefits as a lump-sum distribution.

The plan was amended effective March 1, 2023, to direct the Trustee to purchase a group annuity contract for a certain group of participants. In March 2023, the Company entered into an agreement with Pacific Life Insurance Company ("Pacific Life") to purchase a group annuity contract for approximately 239 retirees and beneficiaries who satisfied certain conditions and were receiving a monthly benefit from the Plan. Benefit payments to these participants and beneficiaries beginning June 1, 2023 were taken over by Pacific Life. There was no change to the pension benefits for any Plan participants as a result of this transaction. The purchase of the group annuity was funded directly by Plan assets of approximately \$5,781,325. The impact to the actuarial present value of accumulated plan benefits approximated the amount paid to Pacific Life on the date of the transaction, and the affected individuals were removed from the Plan's obligation as of that date.

#### Administrative Expenses and Investment Management Fees

Expenses of administration such as legal, accounting, actuary, investment management fees, recordkeeping and trustee fees, are paid from the assets of the Plan.

#### Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions of ERISA. In the event the Plan terminates, the 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:

- a. Benefits for all participants or beneficiaries whose retirement benefits have been or could have been payable three years prior to termination of the Plan.
- b. Benefits guaranteed by and up to the insurance limitations of the Pension Benefit Guaranty Corporation ("PBGC").
- c. Benefits that are vested but not guaranteed by the termination insurance provisions of ERISA.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### **Description of the Plan – Continued**

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC (a U.S. Government agency). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. 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 those benefits, and may also depend on the level of benefits guaranteed by the PBGC.

## **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

#### **Summary of Significant Accounting Policies – Continued**

#### **Use of Estimates**

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, 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. Actual results could differ from those estimates.

#### **Subsequent Events**

Events or transactions occurring after the period end through September 23, 2024, the date that the financial statements were available to be issued, have been evaluated in the preparation of the financial statements.

#### **Valuation of Investments and Income Recognition**

Investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 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 (Depreciation) in Fair Value of Investments**

Net realized and unrealized appreciation (depreciation), which includes gains and losses on investments bought and sold, as well as held during the year, is recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

#### **Payment of Benefits**

Benefits are recorded when paid.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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### 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 services 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. Benefits payable under all circumstances (i.e., retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Mercer, 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, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of December 31 are as follows:

|                           | 2022                                                                                                                                 | 2021                                                                                                                                 |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate per ASC 960 | 7.25% per annum                                                                                                                      | 7.25% per annum                                                                                                                      |
| Mortality                 | Private Sector 2012 generational sex-distinct, separate employee/retiree tables and Mercer Modified MMP 2021 projection scale.       | Private Sector 2012 generational sex-distinct, separate employee/retiree tables and Mercer Modified MMP 2021 projection scale.       |
| Retirement age            | All participants are assumed to retire between the ages of 55 and 68, with varying rates of retirement to reflect current practices. | All participants are assumed to retire between the ages of 55 and 68, with varying rates of retirement to reflect current practices. |

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, 2022 there would be no material difference. The 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.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### 4. Investments

The Plan's investments are managed by the Company's investment managers together with The Northern Trust Company, in its role as trustee of the Plan.

The following table presents investments in common and collective trusts for which fair value is measured using the net asset value ("NAV") per share practical expedient.

| December 31, 2023   |     | Fair Value   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---------------------|-----|--------------|----------------------|----------------------|--------------------------|
| Northern Trust STIF | (a) | \$ 6,683,775 | \$ -                 | Daily                | None                     |
| Silchester          | (b) | 32,390,079   | -                    | 30 days              | 10 days                  |
| December 31, 2022   |     | Fair Value   | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| Northern Trust STIF | (a) | \$ 3,144,071 | \$ -                 | Daily                | None                     |
| Silchester          | (b) | 26,890,784   | -                    | 30 days              | 10 days                  |

(a) Northern Trust Collective Short Term Investment Fund ("Northern Trust STIF")

(b) Silchester International Investors International Value Equity Trust ("Silchester")

#### 5. Fair Value

The Plan follows guidance defined in Accounting Standards Codification, *Fair Value Measurement (Topic 820)*, which provides a framework for measuring fair value under GAAP. This framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

The asset's 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 techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments are valued at fair value using the following methodologies:

- **Common stocks** valued at the closing price of individual shares at year-end as traded in an active market.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### Fair Value – Continued

- **Common and collective trusts:** valued at the year-end NAV of the underlying investments comprising the common and collective trusts. The Plan holds investments in the Northern Trust STIF and Silchester. The Northern Trust STIF investment reflects high-grade money market instruments with short maturities. The Silchester investment reflects equity securities traded on international exchanges in developed markets.
- **Corporate bonds:** valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors.
- **Limited partnerships:** The limited partnership is publicly traded and the value is based on quoted market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents the Plan's investment assets measured at fair value as of December 31, 2023:

| Assets at Fair Value as of December 31, 2023    |                       |                   |             |                       |
|-------------------------------------------------|-----------------------|-------------------|-------------|-----------------------|
|                                                 | Level 1               | Level 2           | Level 3     | Total                 |
| Common stocks                                   | \$ 104,004,360        | \$ -              | \$ -        | \$ 104,004,360        |
| Limited partnerships                            | 278,687               | -                 | -           | 278,687               |
| Corporate bonds                                 | -                     | 802,892           | -           | 802,892               |
| Total investment assets in fair value hierarchy | 104,283,047           | 802,892           | -           | \$ 105,085,939        |
| Common and collective trusts (a)                | -                     | -                 | -           | 39,073,854            |
| Total investment assets                         | <u>\$ 104,283,047</u> | <u>\$ 802,892</u> | <u>\$ -</u> | <u>\$ 144,159,793</u> |

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

# Henry Crown and Company Pension Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

#### Fair Value – Continued

For comparative purposes, the following table presents the Plan's investment assets measured at fair value as of December 31, 2022:

| Assets at Fair Value as of December 31, 2022    |               |            |         |                |
|-------------------------------------------------|---------------|------------|---------|----------------|
|                                                 | Level 1       | Level 2    | Level 3 | Total          |
| Common stocks                                   | \$ 99,163,581 | \$ -       | \$ -    | \$ 99,163,581  |
| Limited partnerships                            | 274,262       | -          | -       | 274,262        |
| Corporate bonds                                 | -             | 895,915    | -       | 895,915        |
| Total investment assets in fair value hierarchy | 99,437,843    | 895,915    | -       | \$ 100,333,758 |
| Common and collective trusts (a)                | -             | -          | -       | 30,034,855     |
| Total investment assets                         | \$ 99,437,843 | \$ 895,915 | \$ -    | \$ 130,368,613 |

(a) Assets measured at NAV as a practical expedient are excluded from the fair value hierarchy.

#### 6. Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company has certified that the following data included in the financial statements, notes to the financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, at fair value, due from broker for securities sold, and investment income receivable as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022.
- Interest income, investment income, dividend income, net appreciation/(depreciation) in fair value of investments and investment management fees as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022.
- Schedule I: Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2023.
- Schedule II: Schedule H, Line 4j - Schedule of Reportable Transactions, for the year ended December 31, 2023.

#### 7. Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company in a letter dated February 12, 2014, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the determination letter was issued, the Plan's administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes the Plan remains qualified.

# **Henry Crown and Company Pension Plan**

## **Notes to Financial Statements**

### **December 31, 2023 and 2022**

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#### **Income Tax Status – Continued**

GAAP requires 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. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2023 and 2022. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2020.

#### **8. Risks and Uncertainties**

The determination of contributions to the Plan and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan also invests in securities that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in 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 and the Statements of Changes in Net Assets Available for Benefits.

#### **9. Party-in-Interest Transactions**

Certain Plan investments are managed by The Northern Trust Company. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions.

## **SUPPLEMENTAL SCHEDULES**

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Investments                                                       |                                                                                                                     |             |                         |
|     | Common stocks                                                     |                                                                                                                     |             |                         |
|     | Abbvie Inc                                                        | Common Stock                                                                                                        | \$ 385,536  | \$ 402,922              |
|     | Adient plc                                                        | Common Stock                                                                                                        | 161,051     | 94,209                  |
|     | Adobe Inc                                                         | Common Stock                                                                                                        | 193,311     | 372,875                 |
|     | AerCap Holdings, N.V.                                             | Common Stock                                                                                                        | 191,533     | 345,291                 |
|     | Affiliated Managers Group, Inc.                                   | Common Stock                                                                                                        | 203,169     | 210,928                 |
|     | Air Lease Corporation                                             | Common Stock                                                                                                        | 132,172     | 155,178                 |
|     | Alcon Inc                                                         | Common Stock                                                                                                        | 1,679,983   | 2,010,106               |
|     | Alphabet, Inc.                                                    | Common Stock                                                                                                        | 1,103,337   | 3,977,015               |
|     | Amazon.com Inc.                                                   | Common Stock                                                                                                        | 625,470     | 843,267                 |
|     | American International Group, Inc.                                | Common Stock                                                                                                        | 1,416,834   | 2,710,000               |
|     | Ameriprise Financial, Inc.                                        | Common Stock                                                                                                        | 211,966     | 749,025                 |
|     | Analog Devices Inc.                                               | Common Stock                                                                                                        | 347,445     | 382,228                 |
|     | API Group Corporation                                             | Common Stock                                                                                                        | 1,029,403   | 1,303,659               |
|     | Apollo Global Management, Inc.                                    | Common Stock                                                                                                        | 2,707,716   | 3,902,145               |
|     | Apple Inc.                                                        | Common Stock                                                                                                        | 232,936     | 902,003                 |
|     | Arrow Electronics, Inc.                                           | Common Stock                                                                                                        | 179,122     | 291,688                 |
|     | Ashland Global Holdings, Inc.                                     | Common Stock                                                                                                        | 304,806     | 373,493                 |
|     | Assurant, Inc.                                                    | Common Stock                                                                                                        | 141,142     | 261,833                 |
|     | Avery Dennison Corporation                                        | Common Stock                                                                                                        | 360,450     | 424,536                 |
|     | Berry Global Group Inc.                                           | Common Stock                                                                                                        | 164,147     | 311,746                 |
|     | BlackRock, Inc.                                                   | Common Stock                                                                                                        | 154,322     | 267,894                 |
|     | BorgWarner Inc.                                                   | Common Stock                                                                                                        | 1,504,678   | 1,602,495               |
|     | Boston Scientific Corp.                                           | Common Stock                                                                                                        | 286,825     | 393,108                 |
|     | Bread Financial Holdings Inc.                                     | Common Stock                                                                                                        | 191,333     | 56,196                  |
|     | Broadcom Inc.                                                     | Common Stock                                                                                                        | 112,836     | 588,264                 |
|     | Brookfield Asset Management Ltd.                                  | Common Stock                                                                                                        | 407,375     | 490,074                 |
|     | Burlington Stores Inc.                                            | Common Stock                                                                                                        | 564,733     | 638,089                 |
|     | CBRE Group, Inc.                                                  | Common Stock                                                                                                        | 888,532     | 3,118,515               |
|     | CDW Corporation                                                   | Common Stock                                                                                                        | 109,583     | 420,542                 |
|     | Celanese Corporation                                              | Common Stock                                                                                                        | 395,694     | 431,307                 |
|     | Centene Corporation                                               | Common Stock                                                                                                        | 2,454,154   | 2,529,002               |
|     | Charter Communications, Inc.                                      | Common Stock                                                                                                        | 1,317,976   | 1,865,664               |
|     | Cigna Corporation                                                 | Common Stock                                                                                                        | 426,702     | 497,386                 |
|     | CME Group Inc.                                                    | Common Stock                                                                                                        | 357,815     | 463,320                 |
|     | Concentrix Corp                                                   | Common Stock                                                                                                        | 189,654     | 146,627                 |
|     | Corebridge Financial Inc.                                         | Common Stock                                                                                                        | 1,985,877   | 2,166,000               |
|     | CVS Health Corporation                                            | Common Stock                                                                                                        | 1,610,349   | 2,060,856               |
|     | Danaher Corporation                                               | Common Stock                                                                                                        | 2,189,464   | 2,780,013               |
|     | Docusign Inc.                                                     | Common Stock                                                                                                        | 481,786     | 466,564                 |
|     | Dollar Tree Inc.                                                  | Common Stock                                                                                                        | 597,002     | 596,610                 |
|     | eBay Inc.                                                         | Common Stock                                                                                                        | 436,809     | 331,817                 |
|     | Equifax Inc.                                                      | Common Stock                                                                                                        | 387,318     | 655,318                 |
|     | Equinix Inc.                                                      | Common Stock                                                                                                        | 216,827     | 442,964                 |
|     | Expedia Group Inc.                                                | Common Stock                                                                                                        | 390,674     | 532,024                 |

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Common stocks - continued                                         |                                                                                                                     |             |                         |
|     | Fidelity Nat'l Information Services Inc.                          | Common Stock                                                                                                        | \$ 565,455  | \$ 580,817              |
|     | First Energy Corporation                                          | Common Stock                                                                                                        | 336,041     | 348,270                 |
|     | Fiserv Inc.                                                       | Common Stock                                                                                                        | 1,996,292   | 2,656,800               |
|     | Flex Ltd.                                                         | Common Stock                                                                                                        | 212,604     | 429,334                 |
|     | Fortive Corporation                                               | Common Stock                                                                                                        | 1,987,449   | 2,263,754               |
|     | F5 Networks Inc.                                                  | Common Stock                                                                                                        | 255,829     | 316,437                 |
|     | Gen Digital Inc.                                                  | Common Stock                                                                                                        | 417,829     | 359,050                 |
|     | General Motors Company                                            | Common Stock                                                                                                        | 1,438,488   | 1,724,160               |
|     | Global Payments Inc.                                              | Common Stock                                                                                                        | 526,994     | 491,490                 |
|     | HCA Healthcare, Inc.                                              | Common Stock                                                                                                        | 796,848     | 2,816,967               |
|     | Home Depot, Inc.                                                  | Common Stock                                                                                                        | 204,115     | 311,895                 |
|     | Illumina Inc.                                                     | Common Stock                                                                                                        | 6,887,788   | 3,620,518               |
|     | Interactive Brokers Group, Inc.                                   | Common Stock                                                                                                        | 175,090     | 254,586                 |
|     | Jacob Solutions Inc.                                              | Common Stock                                                                                                        | 314,220     | 350,460                 |
|     | Johnson & Johnson                                                 | Common Stock                                                                                                        | 321,073     | 294,828                 |
|     | J P Morgan Chase and Company                                      | Common Stock                                                                                                        | 295,924     | 442,260                 |
|     | Kenvue Inc.                                                       | Common Stock                                                                                                        | 316,766     | 313,692                 |
|     | Keurig Dr Pepper Inc.                                             | Common Stock                                                                                                        | 381,064     | 436,492                 |
|     | Lear Corporation                                                  | Common Stock                                                                                                        | 2,057,825   | 2,142,014               |
|     | Liberty Global plc                                                | Common Stock                                                                                                        | 281,628     | 244,165                 |
|     | Lithia Motors Inc.                                                | Common Stock                                                                                                        | 1,728,412   | 2,418,891               |
|     | Match Group Inc.                                                  | Common Stock                                                                                                        | 464,872     | 408,800                 |
|     | McDonald's Corporation                                            | Common Stock                                                                                                        | 368,619     | 607,845                 |
|     | Meta Platforms Inc                                                | Common Stock                                                                                                        | 449,981     | 766,677                 |
|     | Microsoft Corporation                                             | Common Stock                                                                                                        | 673,989     | 1,494,759               |
|     | Mondelez International, Inc.                                      | Common Stock                                                                                                        | 301,866     | 412,851                 |
|     | Moody's Corporation                                               | Common Stock                                                                                                        | 671,599     | 2,343,360               |
|     | Neogen Corp.                                                      | Common Stock                                                                                                        | 1,258,818   | 1,665,369               |
|     | NextEra Energy, Inc.                                              | Common Stock                                                                                                        | 384,457     | 537,549                 |
|     | NRG Energy, Inc.                                                  | Common Stock                                                                                                        | 227,813     | 358,126                 |
|     | Oracle Corporation                                                | Common Stock                                                                                                        | 1,607,202   | 2,003,170               |
|     | Paypal Holdings Inc.                                              | Common Stock                                                                                                        | 1,961,108   | 1,676,432               |
|     | Phillips 66                                                       | Common Stock                                                                                                        | 2,113,252   | 2,103,612               |
|     | Phinia Inc.                                                       | Common Stock                                                                                                        | 208,319     | 270,793                 |
|     | Primerica Inc.                                                    | Common Stock                                                                                                        | 184,912     | 219,340                 |
|     | Procter and Gamble                                                | Common Stock                                                                                                        | 405,146     | 424,966                 |
|     | Reinsurance Group of America, Inc.                                | Common Stock                                                                                                        | 1,212,625   | 2,394,344               |
|     | S&P Global Inc.                                                   | Common Stock                                                                                                        | 386,456     | 638,754                 |
|     | Salesforce.com, inc.                                              | Common Stock                                                                                                        | 453,041     | 677,585                 |
|     | SBA Communications Corporation                                    | Common Stock                                                                                                        | 338,742     | 348,824                 |
|     | Sealed Air Corporation                                            | Common Stock                                                                                                        | 1,776,838   | 1,826,000               |
|     | ServiceNow Inc.                                                   | Common Stock                                                                                                        | 147,521     | 406,232                 |
|     | Suncor Energy, Inc.                                               | Common Stock                                                                                                        | 340,931     | 387,524                 |
|     | TD Synnex Corporation                                             | Common Stock                                                                                                        | 89,053      | 169,593                 |
|     | TE Connectivity Ltd.                                              | Common Stock                                                                                                        | 339,395     | 368,813                 |
|     | The TJX Companies, Inc.                                           | Common Stock                                                                                                        | 442,796     | 605,075                 |
|     | Thermo Fisher Scientific, Inc.                                    | Common Stock                                                                                                        | 3,990,240   | 4,912,992               |

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d)           | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
|     | Common stocks - continued                                         |                                                                                                                     |                       |                         |
|     | Uber Technologies, Inc.                                           | Common Stock                                                                                                        | \$ 540,541            | \$ 773,873              |
|     | Union Pacific Corporation                                         | Common Stock                                                                                                        | 340,716               | 534,224                 |
|     | United Rentals, Inc.                                              | Common Stock                                                                                                        | 210,281               | 852,676                 |
|     | UnitedHealth Group Inc.                                           | Common Stock                                                                                                        | 244,485               | 565,955                 |
|     | Veralto Corporation                                               | Common Stock                                                                                                        | 1,229,038             | 1,385,341               |
|     | Visa Inc.                                                         | Common Stock                                                                                                        | 2,055,299             | 2,636,044               |
|     | Vontier Corporation                                               | Common Stock                                                                                                        | 295,845               | 396,219                 |
|     | Walmart Inc.                                                      | Common Stock                                                                                                        | 248,722               | 319,241                 |
|     | Waste Management, Inc.                                            | Common Stock                                                                                                        | 374,258               | 582,075                 |
|     | WEC Energy Group Inc.                                             | Common Stock                                                                                                        | 339,406               | 324,055                 |
|     | Westco International Inc.                                         | Common Stock                                                                                                        | 227,907               | 260,472                 |
|     | Whirlpool Corporation                                             | Common Stock                                                                                                        | 275,586               | 223,935                 |
|     | Workday, Inc.                                                     | Common Stock                                                                                                        | 463,174               | 662,544                 |
|     | Ziprecruiter Inc.                                                 | Common Stock                                                                                                        | 109,126               | 76,645                  |
|     | Total common stocks                                               |                                                                                                                     | 78,681,556            | 104,004,360             |
|     | Common and collective trusts                                      |                                                                                                                     |                       |                         |
| *   | Northern Trust STIF                                               | Common and Collective Trust                                                                                         | 6,683,774             | 6,683,775               |
|     | Silchester                                                        | Common and Collective Trust                                                                                         | 26,694,025            | 32,390,079              |
|     | Value Equity Trust                                                |                                                                                                                     |                       |                         |
|     | Total common and collective trusts                                |                                                                                                                     | 33,377,799            | 39,073,854              |
|     | Corporate bonds                                                   |                                                                                                                     |                       |                         |
|     | Live Nation Entertainment 4.75% Due 10-15-2027                    | Corporate Bond                                                                                                      | 245,413               | 254,091                 |
|     | Microsoft Corporation 144A 2.5% Due 09-15-2050                    | Corporate Bond                                                                                                      | 183,490               | 210,310                 |
|     | Mileage Plus Holdings LLC 6.5% Due 06-20-2027                     | Corporate Bond                                                                                                      | 174,860               | 175,505                 |
|     | Skymiles IP LTD & Delta Air Lines Inc 4.5% Due 10-20-2025         | Corporate Bond                                                                                                      | 168,907               | 162,986                 |
|     | Total corporate bonds                                             |                                                                                                                     | 772,670               | 802,892                 |
|     | Limited Partnerships                                              |                                                                                                                     |                       |                         |
|     | Brookfield Infrastructure Partners, L.P.                          | Limited Partnership                                                                                                 | 172,652               | 278,687                 |
|     | Total limited Partnership                                         |                                                                                                                     | 172,652               | 278,687                 |
|     | Total investments                                                 |                                                                                                                     | <u>\$ 113,004,677</u> | <u>\$ 144,159,793</u>   |

\* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2023**

**Schedule II**

**Series of transactions by issue**

| <b>Identity of party<br/>involved<br/>(a)</b> | <b>Description<br/>of investment<br/>(b)</b> | <b>Purchase<br/>price<br/>(c)</b> | <b>Selling<br/>price<br/>(d)</b> | <b>Lease<br/>rental<br/>(e)</b> | <b>Expense incurred<br/>with transaction<br/>(f)</b> | <b>Cost<br/>of asset<br/>(g)</b> | <b>Current<br/>value of<br/>asset on<br/>transaction<br/>date<br/>(h)</b> | <b>Net gain/<br/>(loss)<br/>(i)</b> |
|-----------------------------------------------|----------------------------------------------|-----------------------------------|----------------------------------|---------------------------------|------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------|-------------------------------------|
| Northern Trust                                | Collective Short Term                        | \$ 37,558,635                     |                                  | \$ -                            | \$ -                                                 | \$ 37,558,635                    | \$ 37,558,635                                                             | \$ -                                |
| Northern Trust                                | Collective Short Term                        |                                   | \$ 8,500,737                     | -                               | -                                                    | 34,025,918                       | 34,025,918                                                                | -                                   |

**Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.**

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2023**

**Schedule II**

**Single transaction**

| Identity of party<br>involved<br>(a) | Description<br>of investment<br>(b) | Purchase<br>price<br>(c) | Selling<br>price<br>(d) | Lease<br>rental<br>(e) | Expense incurred<br>with transaction<br>(f) | Cost<br>of asset<br>(g) | Current<br>value of<br>asset on<br>transaction<br>date<br>(h) | Net gain/<br>(loss)<br>(i) |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------|-------------------------|---------------------------------------------------------------|----------------------------|
| Northern Trust                       | Collective Short Term               | \$ 7,000,000             |                         | \$ -                   | \$ -                                        | \$ 7,000,000            | \$ 7,000,000                                                  | \$ -                       |

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company

**Schedule SB, line 26a — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25     | 1                         |     |     |       |       |       |       |       |       |         | 1     |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 25–29        | 10                        | 13  | 1   |       |       |       |       |       |       |         | 24    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 30–34        | 3                         | 12  | 19  | 3     |       |       |       |       |       |         | 37    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 35–39        | 3                         | 14  | 9   | 5     |       |       |       |       |       |         | 31    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 40–44        |                           | 9   | 9   | 6     | 5     | 5     |       |       |       |         | 34    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 45–49        | 1                         | 13  | 10  | 4     | 5     | 6     | 2     |       |       |         | 41    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 50–54        | 1                         | 9   | 3   | 2     | 5     | 7     | 3     | 1     |       |         | 31    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 55–59        | 1                         | 4   | 5   | 4     | 4     | 5     | 3     | 6     | 1     |         | 33    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 60–64        | 1                         | 5   | 3   | 3     | 2     | 1     | 5     | 3     | 1     |         | 24    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 65–69        |                           | 1   | 3   |       | 3     | 3     |       | 2     | 2     |         | 14    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 70 & up      |                           | 1   | 1   | 1     | 1     | 1     |       |       | 1     |         | 6     |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| Total        | 21                        | 81  | 63  | 28    | 25    | 28    | 13    | 12    | 5     |         | 276   |
|              |                           |     |     |       |       |       |       |       |       |         |       |

In each cell, the number shown is the count of active participants for each age/service combination.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2023 funding valuation**

| Discount rate sponsor elections |                                   |                                                                       |                          |                           |
|---------------------------------|-----------------------------------|-----------------------------------------------------------------------|--------------------------|---------------------------|
| •                               | Segment rates or full yield curve | Segment                                                               |                          |                           |
| •                               | Look-back months                  | 0                                                                     |                          |                           |
|                                 |                                   | Stabilized                                                            | Nonstabilized            |                           |
| •                               | First 5 years                     | 4.75%                                                                 | 2.13%                    |                           |
| •                               | Next 15 years                     | 5.00%                                                                 | 3.62%                    |                           |
| •                               | Over 20 years                     | 5.74%                                                                 | 3.93%                    |                           |
| Mortality sponsor elections     |                                   |                                                                       |                          |                           |
| •                               | Healthy and disabled participants | PPA separate generational annuitant and nonannuitant mortality tables |                          |                           |
| Other economic assumptions      |                                   |                                                                       |                          |                           |
| •                               | Salary increases                  | Attained age                                                          | Salary increases<br>2022 | Salary increases<br>2023+ |
|                                 |                                   | <26                                                                   | 15.70%                   | 10.00%                    |
|                                 |                                   | 26-40                                                                 | 11.80%                   | 7.50%                     |
|                                 |                                   | 41-50                                                                 | 7.90%                    | 5.00%                     |
|                                 |                                   | 51+                                                                   | 5.50%                    | 3.50%                     |
| •                               | Flat-dollar benefit increases     | N/A                                                                   |                          |                           |
| •                               | Social Security wage base         | N/A                                                                   |                          |                           |
| •                               | Inflation                         | 2.20% per year                                                        |                          |                           |
| •                               | Expenses                          | \$355,000 added to current year normal cost                           |                          |                           |

**Rationale for economic assumptions**

- Discount rate – The discount rate is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.
- Salary increases – The salary scale assumption is based on an experience study covering the period from January 1, 2013 to January 1, 2018, adjusted to reflect management's expectations for wage changes in the future. As directed by CC Industries, Inc., a one-year adjustment was made for anticipated salary increases for 2023.
- Expenses – Assumed plan-paid expenses for the upcoming year are based on prior year experience, adjusted (if material for the purpose) for expected changes in the upcoming year, rounded to the nearest \$1,000.

| Demographic assumptions        |                            |            |
|--------------------------------|----------------------------|------------|
| • Withdrawal                   | See table of sample rates. |            |
| • Retirement age               | Attained age               | Percentage |
|                                | 55-64                      | 8%         |
|                                | 65                         | 35%        |
|                                | 66-69                      | 20%        |
|                                | 70                         | 100%       |
| • Benefit commencement age for |                            |            |
| – Future vested deferred       | 65                         |            |
| – Current vested deferred      | 65                         |            |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

| • Spouse assumptions                       | Male participants                                                                                                                                                                                                                                                                                               | Female participants |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| – Percentage married                       | 100%                                                                                                                                                                                                                                                                                                            | 100%                |
| – Spouse age difference                    | 3 years younger                                                                                                                                                                                                                                                                                                 | 3 years older       |
| Form of payment                            | Single life                                                                                                                                                                                                                                                                                                     | 50% J&S             |
| • Active retirements                       | 0%                                                                                                                                                                                                                                                                                                              | 100%                |
| • Future vested deferred                   | 0%                                                                                                                                                                                                                                                                                                              | 100%                |
| • Future deaths                            | 0%                                                                                                                                                                                                                                                                                                              | 100%                |
| • Current vested deferred                  | 0%                                                                                                                                                                                                                                                                                                              | 100%                |
| Unpredictable contingent event assumptions | Not applicable                                                                                                                                                                                                                                                                                                  |                     |
| Valuation Pay                              | Valuation pay for 2023 is equal to [(a) + (b) + (c)] multiplied by the salary scale: (a) 2022 base compensation; (b) actual merit and holiday bonuses paid during 2022; and (c) an assumed incentive bonus equal to an individual's target incentive percentage multiplied by their base compensation for 2022. |                     |

**Table of sample rates**

| Attained age | Percentage                                        |                                            |
|--------------|---------------------------------------------------|--------------------------------------------|
|              | Withdrawal                                        |                                            |
|              | Less than or equal to 3 years of service (select) | Greater than 3 years of service (ultimate) |
| 20           | 17.00%                                            | 9.90%                                      |
| 25           | 17.00%                                            | 9.90%                                      |
| 30           | 17.00%                                            | 8.20%                                      |
| 35           | 17.00%                                            | 6.40%                                      |
| 40           | 17.00%                                            | 5.00%                                      |
| 45           | 17.00%                                            | 3.90%                                      |
| 50           | 17.00%                                            | 3.00%                                      |
| 55           | 17.00%                                            | 2.30%                                      |
| 60           | 17.00%                                            | 2.30%                                      |

**Rationale for demographic assumptions**

- Mortality – Prescribed assumption and based on plan sponsor's PPA election.
- Withdrawal – The withdrawal rates are based on an experience study covering the period from January 1, 2013 to January 1, 2018.
- Retirement age – The retirement rates are based on an experience study covering the period from January 1, 2013 to January 1, 2018.
- Benefit commencement age – The benefit commencement age is based on an experience study undertaken in 2010. An experience study in 2018 found that the benefit commencement age experience was in line with expectations so the commencement age was not changed.
- The percent married, spouse age difference, and form payment assumptions were also reviewed during the experience study in 2018 and it was found that experience was in line with expectations so the assumptions were not changed.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods*

## Actuarial methods for funding

### Asset methods

The asset valuation method is the fair market value.

### Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

### Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2023**

**Schedule II**

**Series of transactions by issue**

| <b>Identity of party<br/>involved<br/>(a)</b> | <b>Description<br/>of investment<br/>(b)</b> | <b>Purchase<br/>price<br/>(c)</b> | <b>Selling<br/>price<br/>(d)</b> | <b>Lease<br/>rental<br/>(e)</b> | <b>Expense incurred<br/>with transaction<br/>(f)</b> | <b>Cost<br/>of asset<br/>(g)</b> | <b>Current<br/>value of<br/>asset on<br/>transaction<br/>date<br/>(h)</b> | <b>Net gain/<br/>(loss)<br/>(i)</b> |
|-----------------------------------------------|----------------------------------------------|-----------------------------------|----------------------------------|---------------------------------|------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------|-------------------------------------|
| Northern Trust                                | Collective Short Term                        | \$ 37,558,635                     |                                  | \$ -                            | \$ -                                                 | \$ 37,558,635                    | \$ 37,558,635                                                             | \$ -                                |
| Northern Trust                                | Collective Short Term                        |                                   | \$ 8,500,737                     | -                               | -                                                    | 34,025,918                       | 34,025,918                                                                | -                                   |

**Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company.**

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2023**

**Schedule II**

**Single transaction**

| Identity of party<br>involved<br>(a) | Description<br>of investment<br>(b) | Purchase<br>price<br>(c) | Selling<br>price<br>(d) | Lease<br>rental<br>(e) | Expense incurred<br>with transaction<br>(f) | Cost<br>of asset<br>(g) | Current<br>value of<br>asset on<br>transaction<br>date<br>(h) | Net gain/<br>(loss)<br>(i) |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------|-------------------------|---------------------------------------------------------------|----------------------------|
| Northern Trust                       | Collective Short Term               | \$ 7,000,000             |                         | \$ -                   | \$ -                                        | \$ 7,000,000            | \$ 7,000,000                                                  | \$ -                       |

Information included in this schedule is agreed to or derived from information certified as complete and accurate by The Northern Trust Company

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

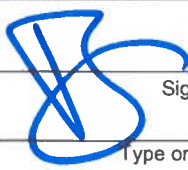
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>HENRY CROWN AND COMPANY PENSION PLAN                                                                             | <b>B</b> Three-digit plan number (PN) ▶ 101                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HENRY CROWN & COMPANY S LLC                                   | <b>D</b> Employer Identification Number (EIN)<br>36-2123962                                                                                             |
| <b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value.....                                                                                                                                                                                     | 2a                         | 130,309,574               |                          |
| b Actuarial value.....                                                                                                                                                                                  | 2b                         | 130,309,574               |                          |
| 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.....                                                                                                                                     | 406                        | 30,584,283                | 30,584,283               |
| b For terminated vested participants.....                                                                                                                                                               | 306                        | 16,648,840                | 16,648,840               |
| c For active participants.....                                                                                                                                                                          | 276                        | 30,375,801                | 31,130,390               |
| d Total.....                                                                                                                                                                                            | 988                        | 77,608,924                | 78,363,513               |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b                         |                           |                          |
| 5 Effective interest rate.....                                                                                                                                                                          | 5                          | 5.35%                     |                          |
| 6 Target normal cost                                                                                                                                                                                    |                            |                           |                          |
| a Present value of current plan year accruals.....                                                                                                                                                      | 6a                         | 3,034,581                 |                          |
| b Expected plan-related expenses.....                                                                                                                                                                   | 6b                         | 355,000                   |                          |
| c Target normal cost.....                                                                                                                                                                               | 6c                         | 3,389,581                 |                          |

**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.

|                          |                                                                                     |                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>         |  |  |
| Baron James              | Signature of actuary                                                                | Date                                                                                  |
| MERCER US LLC            | Type or print name of actuary                                                       | 2308664                                                                               |
|                          | Firm name                                                                           | Most recent enrollment number                                                         |
| 4400 Comerica Bank Tower |                                                                                     | 214-220-3563                                                                          |
| 1717 Main Street         |                                                                                     | Telephone number (including area code)                                                |
| Dallas TX 75201          | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-14.60</u> %.....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                  |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 166.28 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 166.28 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 214.07 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %        |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. .... | <b>19c</b> | 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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 3,389,581          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 3,389,581          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number of employees expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|------------------------------------------------------------|------------------|
| 55                    | 8.00%                     | 10,000    | 800                                                        | 44,000           |
| 56                    | 8.00%                     | 9,200     | 736                                                        | 41,216           |
| 57                    | 8.00%                     | 8,464     | 677                                                        | 38,589           |
| 58                    | 8.00%                     | 7,787     | 623                                                        | 36,134           |
| 59                    | 8.00%                     | 7,164     | 573                                                        | 33,807           |
| 60                    | 8.00%                     | 6,591     | 527                                                        | 31,620           |
| 61                    | 8.00%                     | 6,064     | 485                                                        | 29,585           |
| 62                    | 8.00%                     | 5,579     | 446                                                        | 27,652           |
| 63                    | 8.00%                     | 5,133     | 411                                                        | 25,893           |
| 64                    | 8.00%                     | 4,722     | 378                                                        | 24,192           |
| 65                    | 35.00%                    | 4,344     | 1,520                                                      | 98,800           |
| 66                    | 20.00%                    | 2,824     | 565                                                        | 37,290           |
| 67                    | 20.00%                    | 2,259     | 452                                                        | 30,284           |
| 68                    | 20.00%                    | 1,807     | 361                                                        | 24,548           |
| 69                    | 20.00%                    | 1,446     | 289                                                        | 19,941           |
| 70                    | 100.00%                   | 1,157     | 1,157                                                      | 80,990           |
| Total                 |                           |           | 10,000                                                     | 624,541          |
| Average               |                           |           |                                                            | 62.45            |

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions****A. Salaried employees – see section B for plan provisions for hourly employees**

| Effective date and plan year                     | Original plan: January 1, 1985<br>Plan year: The calendar year<br>The Plan was amended and restated effective January 1, 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|---------------------|--------|-------------------------|--------|---------|--------|----------------|--------|-------------------|--------|
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Covered employees                              | The plan covers the salaried employees of the participating Employing Units.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Participation                                  | Employees begin participation on the January 1 or July 1 following the completion of one year of service and the attainment of age 21. Employees who satisfied these requirements on January 1, 1985 participated as of that date. Employees eligible to participate on January 1, 1985 who had at least 25 years of service as of that date could irrevocably elect not to participate by filing such an election with the Plan Administrator on or before March 1, 1985. Aurora Venture became an Employing Unit of the plan during 1988, and employees satisfying the eligibility requirements on January 1, 1986 receive benefit accruals starting on that date. The Salisbury North Carolina plant of Woodard became an Employing Unit of the plan during 1997. |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Year of participation with an employing unit   | A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows: <table> <tr> <th>Employing units</th><th>Effective date</th></tr> <tr> <td>CC Industries, Inc.</td><td>1/1/85</td></tr> <tr> <td>Henry Crown and Company</td><td>1/1/85</td></tr> <tr> <td>Woodard</td><td>1/1/85</td></tr> <tr> <td>Aurora Venture</td><td>1/1/85</td></tr> <tr> <td>Woodard Salisbury</td><td>1/1/99</td></tr> </table>                               | Employing units | Effective date | CC Industries, Inc. | 1/1/85 | Henry Crown and Company | 1/1/85 | Woodard | 1/1/85 | Aurora Venture | 1/1/85 | Woodard Salisbury | 1/1/99 |
| Employing units                                  | Effective date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| CC Industries, Inc.                              | 1/1/85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| Henry Crown and Company                          | 1/1/85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| Woodard                                          | 1/1/85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| Aurora Venture                                   | 1/1/85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| Woodard Salisbury                                | 1/1/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Pensionable earnings                           | Earnings for actual hours worked while an active participant (including bonuses) plus elective, pre tax contributions to a 401(k) plan and short term disability payments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Hours of service                               | An employee who renders 500 or fewer hours of service with a member of the Affiliated Group in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes.                                                                                                                                                                                                  |                 |                |                     |        |                         |        |         |        |                |        |                   |        |
| • Employee contributions                         | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                     |        |                         |        |         |        |                |        |                   |        |

**Schedule SB, Part V — Summary of Plan Provisions****Normal retirement**

- Eligibility The first day of the month coincident with or next following the employee's 65th birthday.

- Benefit **Amount of monthly life only pension**

**For service prior to January 1, 1989**

For each year of participation with an Employing Unit an employee is credited with one twelfth of the sum of (i) 1.50% of earnings not in excess of the taxable wage base for such year and (ii) 2.50% of any excess of such earnings over the taxable wage base for such year.

**For service after December 31, 1988**

For each year of participation with an Employing Unit an employee will be credited with one twelfth of 1.50% of his earnings during such year.

**Early retirement**

- Eligibility Completion of 5 years of service and attainment of age 55.

- Benefit An employee who retires early may elect either 1. or 2.

1. A deferred retirement income to begin at Normal Retirement Date equal to the total benefits accrued to actual retirement date, or

2. An immediate retirement income to begin at Early Retirement Date equal to total accrued benefits, reduced by 1/2% for each month that payment commencement date precedes Normal Retirement Date.

**Late retirement**

- Eligibility First of month coinciding with or next following separation from service after the Normal Retirement date.

- Benefit Benefits continue to accrue until the date of actual retirement.

**Deferred vested**

- Eligibility Completion of 5 years of service or attainment of age 65.

- Benefit Pension commencing on the Normal Retirement Date: An amount computed in the same manner as for early retirement.

Early commencement: A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.

**Disability**

- Eligibility Termination of active employment on or after January 1, 2003 by a Salaried Employee who is eligible for benefits under a long term disability program established by the employer.

- Benefit The period of time that an eligible disabled participant is receiving long term disability benefits is included in determining vesting service and for a participant who becomes disabled after January 1, 2003, in credited service.

**Schedule SB, Part V — Summary of Plan Provisions**

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**Death**

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- Pre-retirement surviving spouse's benefit

**Eligibility**

Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants.

**Amount**

The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of \$5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable.

If the spouse of a participant receiving or entitled to a benefit under this provision dies, and there are children of the participant under the age of 18, the benefit shall continue (or commence, if the spouse was not receiving a benefit on the date of her death) to each such child for a period of 5 years or, if the child was under the age of 16 on the spouse's date of death, until the attainment of age 21. Each child shall receive an equal share of the actuarial value of the benefit the spouse was receiving or entitled to receive. The benefit payable to each child shall be the actuarial equivalent of his share.

- Death benefits for unmarried participants with dependents

**Eligibility**

Vested, unmarried at the date of death, and having children under age 18 or other dependents so designated by the participant to receive this benefit on a form provided by the Plan Administrator.

**Amount**

Each dependent shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For the purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each child for a period of 5 years or, if the dependent was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each dependent's share.

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**Schedule SB, Part V — Summary of Plan Provisions**

- |                                                                                                                |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Death benefits for unmarried participants without dependents</li> </ul> | <p><b>Eligibility</b></p> <p>Vested, attainment of age 55 but not age 65, unmarried at the date of death and having no dependents on the date of death.</p> |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Amount**

Each parent or lineal descendent so designated by the participant on a form provided by the Plan Administrator shall receive an equal share, or share designated by the participant, of the actuarial value of the benefit that would have been payable to the spouse, if there was such a spouse. For purposes of determining the actuarial value of this benefit the spouse's age is assumed to be the same as the participant's. The benefit shall be payable to each designated beneficiary for a period of 5 years or, if the designated beneficiary was under the age of 16 on the participant's date of death, until the attainment of age 21. The benefit payable shall be the actuarial equivalent of each designated beneficiary's share.

**Form of benefits**

- |                                                                                             |                                                                                                                                           |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul> | Life Only Annuity                                                                                                                         |
| <ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>   | 50% Contingent Annuity, actuarially equivalent to the Life Only Annuity which would have been payable had the participant been unmarried. |
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                            | 100%, 75% or 50% Contingent Annuity.                                                                                                      |

Life Only Annuity (optional for married participants).

5 or 10 years Certain and Life Annuity.

- |                                                                                    |                                                                                                                                              |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul> | <p><b>Lump-Sum Payouts for Small Benefits</b></p> <p>Lump-sum payout for small benefits consist of lump-sum payout amounts under \$5,000</p> |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

**Interest**

Applicable interest rate as published by the IRS for the fourth calendar month preceding the plan year.

**Mortality**

Applicable mortality table as published by the IRS for the plan year.

**All Other Benefit Forms****Interest**

7%

**Mortality**

RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses.

**Miscellaneous**

- |                                                                        |                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Maximum compensation</li> </ul> | <p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2023, the limit is \$330,000.</p> |
| <ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>     | <p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000.</p>                                                                                                                          |

**Schedule SB, Part V — Summary of Plan Provisions****B. Hourly employees – see section A for plan provisions for salaried employees**

| Effective date and plan year                                                                                                   | Original plan: January 1, 1976<br>Plan year: The calendar year<br>The Plan was amended and restated effective January 1, 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|----------|
| Status of the plan                                                                                                             | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| Significant events that occurred during the year                                                                               | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| <b>Definitions</b>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| • Covered employees                                                                                                            | The plan covers the hourly employees of the participating Employing Units.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| • Participation                                                                                                                | Employees begin participation on the first day of the calendar month following the completion of one year of service and the attainment of age 21. Each participant in the Joanna Plan on March 26, 1987 became participants in this plan on March 27, 1987. Employees of Woodard Maxton and Salisbury became participants in this plan effective January 1, 2000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| • Year of participation with an employing unit                                                                                 | <p>A year of participation with an Employing Unit is a plan year during which the employee has at least 1,000 hours of service (870 hours of service for the Joanna division). Appropriate adjustments are made if a Company becomes an Employing Unit during the plan year. The current Employing Units and the date they became Employing Units for benefit accrual purposes, are as follows:</p> <table> <tr> <th>Employing units</th><th>Effective date</th></tr> <tr> <td>Aberdeen Manufacturing Corporation<br/>Kaufman, Texas Plant<br/>Conway, South Carolina Plant<br/>Tabor City, North Carolina Plant</td><td>1/1/1987</td></tr> <tr> <td>Woodard<br/>Lee L. Woodard Division<br/>Owosso, Michigan Plant</td><td>1/1/1987</td></tr> <tr> <td>CHF Industries, Inc. - Joanna Division<br/>Clinton, South Carolina Plant<br/>Joanna, South Carolina Plant</td><td>3/27/1987</td></tr> <tr> <td>Woodard<br/>Maxton, North Carolina Plant<br/>Salisbury, North Carolina Plant</td><td>1/1/2000</td></tr> </table> | Employing units | Effective date | Aberdeen Manufacturing Corporation<br>Kaufman, Texas Plant<br>Conway, South Carolina Plant<br>Tabor City, North Carolina Plant | 1/1/1987 | Woodard<br>Lee L. Woodard Division<br>Owosso, Michigan Plant | 1/1/1987 | CHF Industries, Inc. - Joanna Division<br>Clinton, South Carolina Plant<br>Joanna, South Carolina Plant | 3/27/1987 | Woodard<br>Maxton, North Carolina Plant<br>Salisbury, North Carolina Plant | 1/1/2000 |
| Employing units                                                                                                                | Effective date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| Aberdeen Manufacturing Corporation<br>Kaufman, Texas Plant<br>Conway, South Carolina Plant<br>Tabor City, North Carolina Plant | 1/1/1987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| Woodard<br>Lee L. Woodard Division<br>Owosso, Michigan Plant                                                                   | 1/1/1987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| CHF Industries, Inc. - Joanna Division<br>Clinton, South Carolina Plant<br>Joanna, South Carolina Plant                        | 3/27/1987                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| Woodard<br>Maxton, North Carolina Plant<br>Salisbury, North Carolina Plant                                                     | 1/1/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| • Hours of service                                                                                                             | An employee who renders 500 or fewer hours of service in a calendar year will have a "break in service." If he renders more than 500 but less than 1,000 hours of service in a year, he will not have a break in service, but the year will not count for eligibility or vesting purposes. If he renders 1,000 or more hours of service in a year, such year will be credited for eligibility and vesting purposes. Service while receiving long term disability payments will be considered as service for vesting purposes. A participant will be credited for credited service if he renders 1,000 or more hours of service in a year.                                                                                                                                                                                                                                                                                                                                                                               |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |
| • Employee contributions                                                                                                       | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                                                                                                                                |          |                                                              |          |                                                                                                         |           |                                                                            |          |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility                               | The attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Benefit                                   | <ol style="list-style-type: none"> <li>1. \$10.00 times Years of Credited Service prior to January 1, 2000.</li> <li>2. \$12.00 times Years of Credited Service after January 1, 2000 and prior to January 1, 2001.</li> <li>3. \$14.00 times Years of Credited Service after January 1, 2001 and prior to January 1, 2002.</li> <li>4. \$15.00 times Years of Credited Service after January 1, 2002.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Early retirement</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility                               | Completion of 5 years of service and attainment of age 55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                                   | <p>An employee who retires early may elect either 1) or 2):</p> <ol style="list-style-type: none"> <li>1) A deferred retirement income to begin at Normal Retirement Date equal to the total benefits accrued to actual retirement date, or</li> <li>2) An immediate retirement income to begin at Early Retirement Date equal to total accrued benefits, reduced by 1/2% for each month that payment commencement date precedes Normal Retirement Date.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Late retirement</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility                               | First of month coinciding with or next following separation from service after the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                                   | Benefits continue to accrue until the date of actual retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Deferred vested</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Eligibility                               | Completion of 5 Years of Service or attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Benefit                                   | <p>Pension commencing on the Normal Retirement Date: An amount computed in the same manner as for early retirement.</p> <p>Early commencement: A participant with a right to a deferred vested pension commencing on his Normal Retirement Date may elect early commencement of a pension on the first day of any month following attainment of age 55. The pension will be equal to his vested benefit, reduced by 1/2% for each month that his payment commencement date precedes his Normal Retirement Date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Death</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Pre-retirement Surviving Spouse's Benefit | <p><b>Eligibility</b></p> <p>Vested and married on the date of death. This provision is applicable to vested active, transferred, and terminated participants.</p> <p><b>Amount</b></p> <p>The benefit payable to the spouse at the death of the participant is a lifetime annuity commencing at the time the participant would have attained age 55 had he survived (or immediately, if he is at least age 55 at the time of his death). The monthly amount so payable is equal to 50% of the monthly retirement income which the participant would have received had he separated from service on the date of his death, survived to age 55 (if then under age 55), and commenced receiving benefits under the 50% Contingent Annuity Option. The spouse may elect immediate commencement of the benefit, if deferred, or elect deferral of its commencement, if the benefit is payable immediately and has a lump sum value of \$5,000 or more. In such event the benefit payable will be the actuarial equivalent of the benefit otherwise payable.</p> |

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>Form of benefits</b>                                                                                                                                                              |                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants                                                                                                                                          | Life Only Annuity.                                                                                                                                                                                              |
| • Automatic form for married participants                                                                                                                                            | 50% Contingent Annuity, actuarially equivalent to the Life Only annuity which would have been payable and the participant been unmarried.                                                                       |
| • Optional forms                                                                                                                                                                     | 100%, 75% or 50% Contingent Annuity.<br>Life Only annuity (optional for married participants).<br>5 or 10 years Certain and Life Annuity.                                                                       |
| • Optional form conversion factors                                                                                                                                                   | <b>Lump-Sum Payouts for Small Benefits</b><br>Lump-sum payouts for small benefits consist of lump-sum payout amounts under \$5,000.                                                                             |
| <b>Interest</b><br>Applicable interest rate as published by the IRS for the fourth calendar month preceding the plan year.                                                           |                                                                                                                                                                                                                 |
| <b>Mortality</b><br>Applicable mortality table as published by the IRS for the plan year.                                                                                            |                                                                                                                                                                                                                 |
| The lump-sum payout amount is determined assuming the commencement of the benefit at age 65, or, if older, upon immediate commencement.                                              |                                                                                                                                                                                                                 |
| <b>All Other Benefit Forms</b>                                                                                                                                                       |                                                                                                                                                                                                                 |
| <b>Interest</b><br>7%                                                                                                                                                                |                                                                                                                                                                                                                 |
| <b>Mortality</b><br>RP 2000 (unisex) projected to 2015 with white collar adjustment Mortality Table with no age adjustment for employees and a three year age reduction for spouses. |                                                                                                                                                                                                                 |
| <b>Miscellaneous</b>                                                                                                                                                                 |                                                                                                                                                                                                                 |
| • Sale of Division                                                                                                                                                                   | CHF Industries was sold February 25, 1995. All CHF employees were vested in their accrued benefits at that time. Service after the sale date does not count as plan participation for benefit accrual purposes. |
| • Maximum benefits                                                                                                                                                                   | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000.                                                                                 |

**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2022 are included in this valuation:

- **Most recent plan amendments included:** None.
- **Plan amendments excluded:** None.

**Schedule SB, Part V — Summary of Plan Provisions****• Late retirement increases:**

- *Active participants:* Current active participants over normal retirement age are valued using their accrued benefit at the valuation date. The plan sponsor issues suspension of benefit notices to participants who work beyond normal retirement date, so actuarial increases do not apply.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including a late retirement actuarial increase using the plan's definition of actuarial equivalence. The age 75 late retirement actuarial increase factor is applied to deferred vested participants who are over age 75 as of the valuation date.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.

**Plan provisions specific to funding****Additional Benefits Included or Excluded****IRC Section 436 benefit restrictions:**

- **Plan amendments:** See above.
- **Prohibited payments:** Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Benefit accruals:** The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2022 to 2023.

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Investments                                                       |                                                                                                                     |             |                         |
|     | Common stocks                                                     |                                                                                                                     |             |                         |
|     | Abbvie Inc                                                        | Common Stock                                                                                                        | \$ 385,536  | \$ 402,922              |
|     | Adient plc                                                        | Common Stock                                                                                                        | 161,051     | 94,209                  |
|     | Adobe Inc                                                         | Common Stock                                                                                                        | 193,311     | 372,875                 |
|     | AerCap Holdings, N.V.                                             | Common Stock                                                                                                        | 191,533     | 345,291                 |
|     | Affiliated Managers Group, Inc.                                   | Common Stock                                                                                                        | 203,169     | 210,928                 |
|     | Air Lease Corporation                                             | Common Stock                                                                                                        | 132,172     | 155,178                 |
|     | Alcon Inc                                                         | Common Stock                                                                                                        | 1,679,983   | 2,010,106               |
|     | Alphabet, Inc.                                                    | Common Stock                                                                                                        | 1,103,337   | 3,977,015               |
|     | Amazon.com Inc.                                                   | Common Stock                                                                                                        | 625,470     | 843,267                 |
|     | American International Group, Inc.                                | Common Stock                                                                                                        | 1,416,834   | 2,710,000               |
|     | Ameriprise Financial, Inc.                                        | Common Stock                                                                                                        | 211,966     | 749,025                 |
|     | Analog Devices Inc.                                               | Common Stock                                                                                                        | 347,445     | 382,228                 |
|     | API Group Corporation                                             | Common Stock                                                                                                        | 1,029,403   | 1,303,659               |
|     | Apollo Global Management, Inc.                                    | Common Stock                                                                                                        | 2,707,716   | 3,902,145               |
|     | Apple Inc.                                                        | Common Stock                                                                                                        | 232,936     | 902,003                 |
|     | Arrow Electronics, Inc.                                           | Common Stock                                                                                                        | 179,122     | 291,688                 |
|     | Ashland Global Holdings, Inc.                                     | Common Stock                                                                                                        | 304,806     | 373,493                 |
|     | Assurant, Inc.                                                    | Common Stock                                                                                                        | 141,142     | 261,833                 |
|     | Avery Dennison Corporation                                        | Common Stock                                                                                                        | 360,450     | 424,536                 |
|     | Berry Global Group Inc.                                           | Common Stock                                                                                                        | 164,147     | 311,746                 |
|     | BlackRock, Inc.                                                   | Common Stock                                                                                                        | 154,322     | 267,894                 |
|     | BorgWarner Inc.                                                   | Common Stock                                                                                                        | 1,504,678   | 1,602,495               |
|     | Boston Scientific Corp.                                           | Common Stock                                                                                                        | 286,825     | 393,108                 |
|     | Bread Financial Holdings Inc.                                     | Common Stock                                                                                                        | 191,333     | 56,196                  |
|     | Broadcom Inc.                                                     | Common Stock                                                                                                        | 112,836     | 588,264                 |
|     | Brookfield Asset Management Ltd.                                  | Common Stock                                                                                                        | 407,375     | 490,074                 |
|     | Burlington Stores Inc.                                            | Common Stock                                                                                                        | 564,733     | 638,089                 |
|     | CBRE Group, Inc.                                                  | Common Stock                                                                                                        | 888,532     | 3,118,515               |
|     | CDW Corporation                                                   | Common Stock                                                                                                        | 109,583     | 420,542                 |
|     | Celanese Corporation                                              | Common Stock                                                                                                        | 395,694     | 431,307                 |
|     | Centene Corporation                                               | Common Stock                                                                                                        | 2,454,154   | 2,529,002               |
|     | Charter Communications, Inc.                                      | Common Stock                                                                                                        | 1,317,976   | 1,865,664               |
|     | Cigna Corporation                                                 | Common Stock                                                                                                        | 426,702     | 497,386                 |
|     | CME Group Inc.                                                    | Common Stock                                                                                                        | 357,815     | 463,320                 |
|     | Concentrix Corp                                                   | Common Stock                                                                                                        | 189,654     | 146,627                 |
|     | Corebridge Financial Inc.                                         | Common Stock                                                                                                        | 1,985,877   | 2,166,000               |
|     | CVS Health Corporation                                            | Common Stock                                                                                                        | 1,610,349   | 2,060,856               |
|     | Danaher Corporation                                               | Common Stock                                                                                                        | 2,189,464   | 2,780,013               |
|     | Docusign Inc.                                                     | Common Stock                                                                                                        | 481,786     | 466,564                 |
|     | Dollar Tree Inc.                                                  | Common Stock                                                                                                        | 597,002     | 596,610                 |
|     | eBay Inc.                                                         | Common Stock                                                                                                        | 436,809     | 331,817                 |
|     | Equifax Inc.                                                      | Common Stock                                                                                                        | 387,318     | 655,318                 |
|     | Equinix Inc.                                                      | Common Stock                                                                                                        | 216,827     | 442,964                 |
|     | Expedia Group Inc.                                                | Common Stock                                                                                                        | 390,674     | 532,024                 |

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d) | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Common stocks - continued                                         |                                                                                                                     |             |                         |
|     | Fidelity Nat'l Information Services Inc.                          | Common Stock                                                                                                        | \$ 565,455  | \$ 580,817              |
|     | First Energy Corporation                                          | Common Stock                                                                                                        | 336,041     | 348,270                 |
|     | Fiserv Inc.                                                       | Common Stock                                                                                                        | 1,996,292   | 2,656,800               |
|     | Flex Ltd.                                                         | Common Stock                                                                                                        | 212,604     | 429,334                 |
|     | Fortive Corporation                                               | Common Stock                                                                                                        | 1,987,449   | 2,263,754               |
|     | F5 Networks Inc.                                                  | Common Stock                                                                                                        | 255,829     | 316,437                 |
|     | Gen Digital Inc.                                                  | Common Stock                                                                                                        | 417,829     | 359,050                 |
|     | General Motors Company                                            | Common Stock                                                                                                        | 1,438,488   | 1,724,160               |
|     | Global Payments Inc.                                              | Common Stock                                                                                                        | 526,994     | 491,490                 |
|     | HCA Healthcare, Inc.                                              | Common Stock                                                                                                        | 796,848     | 2,816,967               |
|     | Home Depot, Inc                                                   | Common Stock                                                                                                        | 204,115     | 311,895                 |
|     | Illumina Inc.                                                     | Common Stock                                                                                                        | 6,887,788   | 3,620,518               |
|     | Interactive Brokers Group, Inc.                                   | Common Stock                                                                                                        | 175,090     | 254,586                 |
|     | Jacob Solutions Inc.                                              | Common Stock                                                                                                        | 314,220     | 350,460                 |
|     | Johnson & Johnson                                                 | Common Stock                                                                                                        | 321,073     | 294,828                 |
|     | J P Morgan Chase and Company                                      | Common Stock                                                                                                        | 295,924     | 442,260                 |
|     | Kenvue Inc.                                                       | Common Stock                                                                                                        | 316,766     | 313,692                 |
|     | Keurig Dr Pepper Inc.                                             | Common Stock                                                                                                        | 381,064     | 436,492                 |
|     | Lear Corporation                                                  | Common Stock                                                                                                        | 2,057,825   | 2,142,014               |
|     | Liberty Global plc                                                | Common Stock                                                                                                        | 281,628     | 244,165                 |
|     | Lithia Motors Inc.                                                | Common Stock                                                                                                        | 1,728,412   | 2,418,891               |
|     | Match Group Inc.                                                  | Common Stock                                                                                                        | 464,872     | 408,800                 |
|     | McDonald's Corporation                                            | Common Stock                                                                                                        | 368,619     | 607,845                 |
|     | Meta Platforms Inc                                                | Common Stock                                                                                                        | 449,981     | 766,677                 |
|     | Microsoft Corporation                                             | Common Stock                                                                                                        | 673,989     | 1,494,759               |
|     | Mondelez International, Inc.                                      | Common Stock                                                                                                        | 301,866     | 412,851                 |
|     | Moody's Corporation                                               | Common Stock                                                                                                        | 671,599     | 2,343,360               |
|     | Neogen Corp.                                                      | Common Stock                                                                                                        | 1,258,818   | 1,665,369               |
|     | NextEra Energy, Inc.                                              | Common Stock                                                                                                        | 384,457     | 537,549                 |
|     | NRG Energy, Inc.                                                  | Common Stock                                                                                                        | 227,813     | 358,126                 |
|     | Oracle Corporation                                                | Common Stock                                                                                                        | 1,607,202   | 2,003,170               |
|     | Paypal Holdings Inc.                                              | Common Stock                                                                                                        | 1,961,108   | 1,676,432               |
|     | Phillips 66                                                       | Common Stock                                                                                                        | 2,113,252   | 2,103,612               |
|     | Phinia Inc.                                                       | Common Stock                                                                                                        | 208,319     | 270,793                 |
|     | Primerica Inc.                                                    | Common Stock                                                                                                        | 184,912     | 219,340                 |
|     | Procter and Gamble                                                | Common Stock                                                                                                        | 405,146     | 424,966                 |
|     | Reinsurance Group of America, Inc.                                | Common Stock                                                                                                        | 1,212,625   | 2,394,344               |
|     | S&P Global Inc.                                                   | Common Stock                                                                                                        | 386,456     | 638,754                 |
|     | Salesforce.com, inc.                                              | Common Stock                                                                                                        | 453,041     | 677,585                 |
|     | SBA Communications Corporation                                    | Common Stock                                                                                                        | 338,742     | 348,824                 |
|     | Sealed Air Corporation                                            | Common Stock                                                                                                        | 1,776,838   | 1,826,000               |
|     | ServiceNow Inc.                                                   | Common Stock                                                                                                        | 147,521     | 406,232                 |
|     | Suncor Energy, Inc.                                               | Common Stock                                                                                                        | 340,931     | 387,524                 |
|     | TD Synnex Corporation                                             | Common Stock                                                                                                        | 89,053      | 169,593                 |
|     | TE Connectivity Ltd.                                              | Common Stock                                                                                                        | 339,395     | 368,813                 |
|     | The TJX Companies, Inc.                                           | Common Stock                                                                                                        | 442,796     | 605,075                 |
|     | Thermo Fisher Scientific, Inc.                                    | Common Stock                                                                                                        | 3,990,240   | 4,912,992               |

**Henry Crown and Company Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

**Schedule I**

| (a) | Identity of issue,<br>borrower, lessor<br>or similar party<br>(b) | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value<br>(c) | Cost<br>(d)           | Current<br>value<br>(e) |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
|     | Common stocks - continued                                         |                                                                                                                     |                       |                         |
|     | Uber Technologies, Inc.                                           | Common Stock                                                                                                        | \$ 540,541            | \$ 773,873              |
|     | Union Pacific Corporation                                         | Common Stock                                                                                                        | 340,716               | 534,224                 |
|     | United Rentals, Inc.                                              | Common Stock                                                                                                        | 210,281               | 852,676                 |
|     | UnitedHealth Group Inc.                                           | Common Stock                                                                                                        | 244,485               | 565,955                 |
|     | Veralto Corporation                                               | Common Stock                                                                                                        | 1,229,038             | 1,385,341               |
|     | Visa Inc.                                                         | Common Stock                                                                                                        | 2,055,299             | 2,636,044               |
|     | Vontier Corporation                                               | Common Stock                                                                                                        | 295,845               | 396,219                 |
|     | Walmart Inc.                                                      | Common Stock                                                                                                        | 248,722               | 319,241                 |
|     | Waste Management, Inc.                                            | Common Stock                                                                                                        | 374,258               | 582,075                 |
|     | WEC Energy Group Inc.                                             | Common Stock                                                                                                        | 339,406               | 324,055                 |
|     | Westco International Inc.                                         | Common Stock                                                                                                        | 227,907               | 260,472                 |
|     | Whirlpool Corporation                                             | Common Stock                                                                                                        | 275,586               | 223,935                 |
|     | Workday, Inc.                                                     | Common Stock                                                                                                        | 463,174               | 662,544                 |
|     | Ziprecruiter Inc.                                                 | Common Stock                                                                                                        | 109,126               | 76,645                  |
|     | Total common stocks                                               |                                                                                                                     | 78,681,556            | 104,004,360             |
|     | Common and collective trusts                                      |                                                                                                                     |                       |                         |
| *   | Northern Trust STIF                                               | Common and Collective Trust                                                                                         | 6,683,774             | 6,683,775               |
|     | Silchester                                                        | Common and Collective Trust                                                                                         | 26,694,025            | 32,390,079              |
|     | Value Equity Trust                                                |                                                                                                                     |                       |                         |
|     | Total common and collective trusts                                |                                                                                                                     | 33,377,799            | 39,073,854              |
|     | Corporate bonds                                                   |                                                                                                                     |                       |                         |
|     | Live Nation Entertainment 4.75% Due 10-15-2027                    | Corporate Bond                                                                                                      | 245,413               | 254,091                 |
|     | Microsoft Corporation 144A 2.5% Due 09-15-2050                    | Corporate Bond                                                                                                      | 183,490               | 210,310                 |
|     | Mileage Plus Holdings LLC 6.5% Due 06-20-2027                     | Corporate Bond                                                                                                      | 174,860               | 175,505                 |
|     | Skymiles IP LTD & Delta Air Lines Inc 4.5%<br>Due 10-20-2025      | Corporate Bond                                                                                                      | 168,907               | 162,986                 |
|     | Total corporate bonds                                             |                                                                                                                     | 772,670               | 802,892                 |
|     | Limited Partnerships                                              |                                                                                                                     |                       |                         |
|     | Brookfield Infrastructure Partners, L.P.                          | Limited Partnership                                                                                                 | 172,652               | 278,687                 |
|     | Total limited Partnership                                         |                                                                                                                     | 172,652               | 278,687                 |
|     | Total investments                                                 |                                                                                                                     | <u>\$ 113,004,677</u> | <u>\$ 144,159,793</u>   |

\* Represents a party-in-interest to the Plan.

Information included in this schedule is certified as complete and accurate by The Northern Trust Company.

***Schedule SB, line 24 — Change in Actuarial Assumptions***

**Actuarial assumption changes since prior valuation**

- A one-year adjustment was made to the salary increase assumption for anticipated salary increases for 2023.
- The expense assumption decreased from \$497,000 to \$355,000.