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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> 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/><u>COPELAND, LP</u></p> <p><u>8100 W. FLORISSANT AVE</u><br/><u>ST. LOUIS, MO 63136</u></p> | <p><b>1c</b> Effective date of plan<br/><u>06/01/2023</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>34-4210902</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>314-553-5555</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>335900</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/05/2025 | LINDSEY LANZISERO  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/05/2025 | LINDSEY LANZISERO  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | 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              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <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                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 4908 |
| <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..... | <b>6a(1)</b>                               | 4165 |
|   | <b>6a(2)</b>                               | 4162 |
|   | <b>6b</b>                                  | 12   |
|   | <b>6c</b>                                  | 761  |
|   | <b>6d</b>                                  | 4935 |
|   | <b>6e</b>                                  | 7    |
|   | <b>6f</b>                                  | 4942 |
|   | <b>6g(1)</b>                               | 4851 |
| <b>6g(2)</b>  | 4844                                       |      |
| <b>6h</b>   | 153  |      |
| <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:  
2E 2F 2G 2J 2K 2S 2T

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|  |  |   |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COPELAND, LP</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-4210902</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**THE VANGUARD GROUP, INC.**

**23-1945930**

**(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)

THE VANGUARD GROUP, INC.

23-1945930

| (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? |
|----------------------------|---|--|--|--|---|--|
| 15 16 25<br>37 38 52<br>99 | NONE  | 85814  | 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 type="checkbox"/>                                     |

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

CAPTRUST

26-0058143

| (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                     | NONE  | 20000  | 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)

GRANT THORNTON

36-6055558

| (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? |
|------------------------|---|--|--|--|---|--|
| 99                     | NONE  | 5000   | 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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</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 | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
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|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>10/01/2024</u> and ending <u>12/31/2024</u> |  |
| <b>A</b> Name of plan<br><u>COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COPELAND, LP</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>34-4210902</u> |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LS CORE PL FIXED INCOME TRUST CL C</u>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS, SAYLES &amp; COMPANY, L.P.</u> |                               |   |
| <b>c</b> EIN-PN <u>84-6391546-101</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7618662</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2020 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083982-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11744688</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2025 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083980-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31454668</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2030 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083978-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63665184</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2035 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083976-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41580237</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2040 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083974-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52691128</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIREMENT 2045 TR II</u>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>   |                               |   |
| <b>c</b> EIN-PN <u>90-6083972-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25189669</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2050 TR II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <b>90-6083970-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28608801</b> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2055 TR II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <b>27-6715091-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>19004066</b> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2060 TR II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <b>45-3799419-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14357496</b> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2065 TR II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>82-6194314-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5385337</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT 2070 TR II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <b>87-7039453-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>859459</b> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VFTC TARGET RETIREMENT INC TRUST II**

**b** Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>90-6083967-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6281993</b> |
|---------------------------------------|-------------------------------|--|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN</b>                                | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COPELAND, LP</b>                     | <b>D</b> Employer Identification Number (EIN)<br><b>34-4210902</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.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <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>    | 4088612               | 4322122         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 845944                |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <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> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <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>    | 6242914               | 5925534         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 310105613             | 308441388       |
| <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>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 248602176             | 251495895       |
| <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>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (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>    | 569885259             | 570184939       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 569885259             | 570184939       |

**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>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 6641610    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 6825988    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 3367156    |           |
| (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>    |            | 16834754  |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 123821     |           |
| <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> |            | 123821    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 7360837    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 7360837   |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <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 .....                              | <b>2b(6)</b>  |            | -5115235  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | -3175498  |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 6890      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 16035569  |

**Expenses**

|  |               |          |          |
|--|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 15462674 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |          |          |
| (3) Other.....   | <b>2e(3)</b>  | 163      |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |          | 15462837 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |          | 167538   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense.....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:  |               |          |          |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....   | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |          |          |
| (11) Other expenses.....   | <b>2i(11)</b> | 105514   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |          | 105514   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |          | 15735889 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 299680 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**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: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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.)                 |     | X  |          |
| <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.) |     | X  |          |
| <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.)   |     | X  |          |
| <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.)  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 10000000 |
| <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?  |     | X  |          |
| <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?   |     | X  |          |
| <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?   |     | X  |          |
| <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.)   | X   |    |          |
| <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.)   |     | X  |          |
| <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?  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |          |
| <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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COPELAND, LP</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-4210902</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|  |          |  |
|--|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> |  |
| <b>2</b> 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><br>EIN(s): <u>23-2186884</u> |          |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | <b>3</b> |  |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|---|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....   | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703218A.

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator and Plan Participants  
Copeland Employee Savings Investment Plan

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Copeland Employee Savings Investment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period from October 1, 2024 through December 31, 2024 for the year ended September 30, 2024, and for the period from inception, June 1, 2023 through September 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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, 2024, September 30, 2024 and 2023, and for the period from October 1, 2024 through December 31, 2024, for the year ended September 30, 2024, and for the period from June 1, 2023 through September 30, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

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

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

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

**Other matter – supplemental schedules required by ERISA**

The supplemental schedules of assets (held at end of year) as of December 31, 2024, September 30, 2024 and 2023 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 supplementary 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 audits of the financial statements and certain additional procedures. These additional procedures included 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).

*Grant Thornton LLP*

Chicago, Illinois  
July 15, 2025

# Report of Independent Certified Public Accountants and Financial Statements

## **Copeland Employee Savings Investment Plan**

December 31, 2024, September 30, 2024, and  
September 30, 2023

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator and Plan Participants  
Copeland Employee Savings Investment Plan

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Copeland Employee Savings Investment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period from October 1, 2024 through December 31, 2024 for the year ended September 30, 2024, and for the period from inception, June 1, 2023 through September 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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, 2024, September 30, 2024 and 2023, and for the period from October 1, 2024 through December 31, 2024, for the year ended September 30, 2024, and for the period from June 1, 2023 through September 30, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

**Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

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

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

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

**Other matter – supplemental schedules required by ERISA**

The supplemental schedules of assets (held at end of year) as of December 31, 2024, September 30, 2024 and 2023 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 supplementary 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 audits of the financial statements and certain additional procedures. These additional procedures included 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).

*Grant Thornton LLP*

Chicago, Illinois  
July 15, 2025

**Copeland Employee Savings Investment Plan**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**As of December 31, 2024, September 30, 2024 and 2023**

|  | <b>December 31,<br/>2024</b> | <b>September 30,<br/>2024</b> | <b>2023</b>           |
|--|------------------------------|-------------------------------|-----------------------|
| <b>ASSETS</b>                            |                              |                               |                       |
| Investments, at fair value               | \$ 559,937,283               | \$ 558,707,789                | \$ 445,235,639        |
| Receivables                              |                              |                               |                       |
| Employee contributions receivable        | -                            | 845,944                       | 954,901               |
| Employer contributions receivable        | 4,322,122                    | 4,088,612                     | 4,345,768             |
| Notes receivable from participants       | 5,925,534                    | 6,242,914                     | 5,803,802             |
| Total receivables                        | 10,247,656                   | 11,177,470                    | 11,104,471            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 570,184,939</b>        | <b>\$ 569,885,259</b>         | <b>\$ 456,340,110</b> |

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

**Copeland Employee Savings Investment Plan**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Period ended December 31, 2024, Year ended September 30, 2024  
and Period ended September 30, 2023**

|   | <b>October 1, 2024<br/>through<br/>December 31,<br/>2024</b> | <b>Year ended<br/>September 30,<br/>2024</b> | <b>June 1, 2023<br/>through<br/>September 30,<br/>2023</b> |
|---|--|--|--|
| <b>Additions</b>  |  |  |  |
| Investment (loss) income  |  |  |  |
| Net (depreciation) appreciation in fair value of investments              | \$ (8,290,733)   | \$ 105,507,765                               | \$ 6,937,387   |
| Dividends and interest  | 7,360,837  | 7,336,136                                    | 1,237,311  |
| Net investment (loss) income  | <u>(929,896)</u>   | <u>112,843,901</u>                           | <u>8,174,698</u>   |
| Interest income on notes receivable from participants                     | 123,821  | 430,033                                      | 100,036  |
| Contributions   |  |  |  |
| Participant contributions   | 6,641,610  | 29,827,349                                   | 9,057,324  |
| Employer contributions  | 6,825,988  | 26,406,421                                   | 8,517,843  |
| Rollovers   | 3,367,156  | 9,798,999                                    | 586,304  |
| Total contributions   | <u>16,834,754</u>  | <u>66,032,769</u>                            | <u>18,161,471</u>  |
| Other Income  | 6,890  | 68,672                                       | 8,389  |
| Total additions   | <u>16,035,569</u>  | <u>179,375,375</u>                           | <u>26,444,594</u>  |
| <b>Deductions</b>   |  |  |  |
| Benefits paid to participants   | 15,630,375   | 65,525,268                                   | 8,808,332  |
| Administrative expenses   | 105,514  | 359,613                                      | 96,687   |
| Total deductions  | <u>15,735,889</u>  | <u>65,884,881</u>                            | <u>8,905,019</u>   |
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFERS</b> | 299,680  | 113,490,494                                  | 17,539,575   |
| <b>TRANSFERS INTO THE PLAN</b>  | -  | 54,655                                       | 438,800,535  |
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b>                  | 299,680  | 113,545,149                                  | 456,340,110  |
| <b>Net assets available for benefits at beginning of period or year</b>   | <u>569,885,259</u>   | <u>456,340,110</u>                           | <u>-</u>   |
| <b>Net assets available for benefits at end of period or year</b>         | <u>\$ 570,184,939</u>  | <u>\$ 569,885,259</u>                        | <u>\$ 456,340,110</u>                                      |

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

## Copeland Employee Savings Investment Plan

### NOTES TO FINANCIAL STATEMENTS

December 31, 2024, September 30, 2024, and September 30, 2023

#### NOTE A - DESCRIPTION OF PLAN

The following description of the Copeland Employee Savings Investment Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document, which is available from the plan administrator, for a more complete description of the Plan’s provisions.

##### ***General and Creation of the Plan***

In connection to the former plan sponsor Emerson Electric Co.’s divestiture of Climate Technologies, the Plan was created June 1, 2023. Applicable and eligible participant balances from the Emerson Electric Co. Employee Savings Investment Plan, Emerson Electric Co. Retirement Savings Plan, and Emerson Profit Sharing Retirement Plan were transferred into the Plan on or around June 16, 2023.

The Plan is a defined contribution plan covering substantially all employees of Copeland, LP (the “Company” or “Plan Sponsor”). Vanguard Fiduciary Trust Company (“Trustee”) is the trustee, recordkeeper and third-party administrator of the Plan.

The Plan was established effective June 1, 2023, in accordance with the provisions of Section 401(a) of the Internal Revenue Code (the “Code”), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the Code, for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

In accordance with the Plan documents, the Plan’s year end is September 30<sup>th</sup>, therefore the statements of net assets available for benefits are as of September 30, 2024 and 2023, and the statements of changes in net assets available for benefits for the year ended September 30, 2024 and the period from inception, June 1, 2023 through September 30, 2023. Effective January 1, 2025 the Plan was amended to update the year end to a calendar year. Accordingly, the financial statements also include a short plan year as of December 31, 2024 and the related statement of changes in net assets available for benefits for the period from October 1, 2024 through December 31, 2024.

##### ***Eligibility***

All employees of the Company who are not a leased employee or a nonresident alien, are immediately eligible to participate in the Plan through deferred contributions.

##### ***Contributions***

Eligible participants may generally elect to have up to 40% of compensation, while highly compensated employees may be subject to further limits. Contributions may be made on a pre-tax, after-tax, or Roth basis, as elected by the participant and subject to certain ERISA and Plan limitations. All employees who are eligible to make elective deferrals under this Plan and who have attained age 50 before the close of the calendar year shall be eligible to make catch-up contributions in accordance with, and subject to the limitations of the Code.

All Participants on June 1, 2023, will be enrolled at 6% unless there was a prior deferral agreement in place of 1% or more under the Emerson Electric Co. Employee Savings Investment Plan or the Emerson Electric Co. Retirement Savings Plan, in which case, such arrangement will continue under this Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation.

Eligible participants may receive Company matching contributions equal to a percentage of a portion of each participant’s contribution. For eligible salaried employees, the matching contribution is 75% of the amount contributed by each employee but no match will be made on deferred amounts exceeding 5% of

## **Copeland Employee Savings Investment Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024, September 30, 2024, and September 30, 2023**

the employee's compensation. For eligible non-union hourly employees, the matching contribution is 50% of the amount contributed by each employee but no match will be made on deferred amounts exceeding 5% of the employee's compensation. Hourly employees under the Copeland Scroll Compressors LP Union are not eligible for matching contributions.

Additionally, certain participants are eligible to receive a nonelective Company contribution in accordance with Plan Documents. For eligible salaried employees, the nonelective Company contribution is an additional 2.5% of eligible compensation, paid out quarterly. For eligible hourly non-union employees, the nonelective Company contribution is an additional 2.5% of eligible compensation, paid out quarterly.

Lastly, certain participants who were formally part of the Emerson Electric Co. Employee Savings Investment Plan, Emerson Electric Co. Retirement Savings Plan, and Emerson Profit Sharing Retirement Plan, are eligible to receive transitional credits for the period beginning June 1, 2023 and ending May 31, 2029, in accordance with Plan Documents.

#### ***Rollover Contributions***

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

#### ***Asset Transfers***

As noted above, applicable and eligible participant balances from the Emerson Electric Co. Employee Savings Investment Plan, Emerson Electric Co. Retirement Savings Plan, and Emerson Profit Sharing Retirement Plan were transferred into the Plan, in total approximately \$438,800,000, as shown in the statement of net assets available for benefits for the period ended September 30, 2023.

#### ***Investment Options***

Participants may select one or more predetermined investment options for the investing of contributions and allocated earnings. Contributions are deposited directly into the participant-elected investment vehicles. Participant investment balances in the Emerson Common Stock was transferred to the Plan, however it will be closed to new contributions and exchanges into the Plan. Effective January 10, 2024 any participants with remaining Emerson Stock investment balances were sold and the proceeds were transferred to the Vanguard age-targeted investment options, as applicable.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings, and charged with an allocation of administrative expenses and Plan losses. Allocations are based on participant compensation or account balance as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participant contributions and any related dividends, earnings and losses are always 100% vested. Company matching contributions, and any related dividends, earnings or losses generally vest at the rate of 20% per year of service for the first 5 years for most employees. Thereafter, any matching contributions are fully vested. The nonelective Company contributions and transitional credits cliff vest after 3 years. All amounts fully vest upon attaining retirement age (age 55), or due to death, total and permanent disability, or termination of the Plan.

## Copeland Employee Savings Investment Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024, September 30, 2024, and September 30, 2023

#### ***Benefits and Withdrawals***

Upon a participant's retirement after age 55, death, disability or other termination of employment with the Company, the entire vested balance in the participant's account is available for distribution. Each participant's distribution under the Plan is payable as a lump sum, installments or other forms of payment retained from prior plans. Partial distributions (up to one per month) are permitted with a minimum amount of \$100. Distribution of vested account balances of at least \$5,000 may be deferred by separated employees until age 72 or 73, dependent on the date in which a participant reaches such age as is more fully described in the Setting Every Community Up for Retirement Enhancement ("SECURE") 2.0 Act of 2022, at which time required minimum distributions under ERISA must begin.

Participants who are actively employed by the Company may withdraw all or a portion of their after-tax contributions, vested matching contributions that have been in the Plan at least two years, and amounts transferred or rolled-over from another plan qualified under Section 401 of the Code. If a participant is at least age 59½, all contributions in the Plan can be withdrawn.

Actively employed participants may request, subject to approval, a withdrawal of all or a portion of their pre-tax contributions subject to demonstration of substantial financial hardship.

#### ***Notes Receivable from Participants***

Participants are allowed to borrow against their Plan account. The maximum allowable borrowing for each participant is 50% of the vested portion of the participant's account up to a maximum of \$50,000. Repayment terms may not exceed five years for a general purpose note or 10 years for a principal residence note. Principal and interest is paid ratably through periodic payroll deductions. A participant can have no more than one loan outstanding at a time. The interest rates on the notes were fixed equal to the Prime Rate, published by Reuters, plus 1% at the date of note origination.

#### ***Forfeited Accounts***

Unvested Company contributions forfeited by terminated employees may be allocated to reduce future Company contributions or pay Plan expenses. As of December 31, 2024, forfeited non-vested accounts totaled approximately \$395,000. During the period ended December 31, 2024, no forfeitures were used to reduce Company contributions or pay Plan expenses. As of September 30, 2024, forfeited non-vested accounts totaled approximately \$117,000. During the year ended September 30, 2024, approximately \$432,000 of forfeitures were used to reduce Company contributions and none were used to pay Plan expenses. As of September 30, 2023, forfeited non-vested accounts totaled approximately \$23,000. During the period ended September 30, 2023, no forfeitures were used to reduce Company contributions or pay Plan expenses.

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### ***Basis of Accounting***

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

#### ***Use of Estimates***

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

## **Copeland Employee Savings Investment Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024, September 30, 2024, and September 30, 2023**

#### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G 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 (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments and therefore, reported in net appreciation in fair value of investments on the accompanying Statements of changes in net assets available for benefits.

#### ***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### ***Risks and Uncertainties***

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

#### ***Benefit Payments***

Benefits are recorded when paid.

#### ***Administrative Expenses***

Certain management, legal, and administrative expenses of the Plan, including management fees incurred in administering the Plan, are paid by the Company. Administrative expenses are charged to participants that elect to obtain a loan from the Plan and are included in administrative expenses, unless paid by the Plan. Expenses are deducted from the participant's account balance at the loan date.

#### **NOTE C - INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments and notes receivable from participants, as reflected in the statements of net assets available for benefits as of December 31, 2024, September 30, 2024, and September 30, 2023.

## Copeland Employee Savings Investment Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024, September 30, 2024, and September 30, 2023

- Investment income and interest income on notes receivable from participants, as reflected in the statements of changes in net assets available for benefits for the period ended December 31, 2024, for the year ended September 30, 2024, and for the period ended September 30, 2023.
- Investments and notes receivable from participants, as reflected in the supplemental schedule, Schedule H, line 4 (i) - schedule of assets (held at end of year) as of December 31, 2024, September 30, 2024, and September 30, 2023.

#### NOTE D - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain investments of the Plan are shares of funds managed by Vanguard or an affiliate thereof. Vanguard is the Plan's Trustee; therefore, these transactions qualify as party-in-interest transactions. In addition, administrative expenses paid by the Plan and participant loans qualify as party-in-interest transactions. Fees have been paid to Vanguard by the plan for recordkeeping and investment management services. Additionally, as the former plan sponsor is Emerson Electric Co., the Emerson Common Stock represents as party-in-interest transactions.

#### NOTE E - PLAN TERMINATION

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

#### NOTE F - TAX STATUS

The Plan is a non-standardized pre-approved defined contribution plan (Pre-Approved Plan) sponsored by The Vanguard Group and adopted by the Company. The Pre-Approved Plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service ("IRS") stated that the Pre-Approved Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US 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. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, September 30, 2024 and September 30, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in these financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### NOTE G - FAIR VALUE MEASUREMENTS

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

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

## Copeland Employee Savings Investment Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024, September 30, 2024, and September 30, 2023

Level 2 - Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset'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 maximize the use of observable inputs and minimize the use of unobservable inputs. The determination of what constitutes observable requires judgment by the Plan's management. Plan management considers observable data to be market data which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by multiple independent sources that are actively involved in the relevant market. The categorization of an investment within the fair value hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to Plan management's perceived risk of that investment.

Following is a description of the valuation methodologies used for assets measured at fair value.

#### Mutual funds and Common stock

Valued at quoted market prices, of shares held by the Plan at yearend.

#### Collective trust funds

Valued at net asset value ("NAV") per unit is based on the fair value of the underlying investments held by the fund less its liabilities. The NAV, as provided by the Trustee, is used as practical expedient to estimate fair value. The redemption notice period could be up to 12 months when the entire trust is redeemed. The collective trusts have a daily redemption frequency for participant-directed transactions.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**Copeland Employee Savings Investment Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024, September 30, 2024, and September 30, 2023**

Investments measured at fair value consisted of the following types of instruments, classified according to US GAAP fair value hierarchy:

Investments at Fair Value as of December 31, 2024:

|   | Level 1       | Level 2 | Level 3 | Total         |
|---|---------------|---------|---------|---------------|
| Mutual funds  | \$251,495,895 | \$ -    | \$ -    | \$251,495,895 |
| Total investments in the fair value hierarchy             | \$251,495,895 | \$ -    | \$ -    | 251,495,895   |
| Collective trust measured at NAV as a practical expedient |               |         |         | 308,441,388   |
| Total investments at fair value                           |               |         |         | \$559,937,283 |

Investments at Fair Value as of September 30, 2024:

|   | Level 1       | Level 2 | Level 3 | Total         |
|---|---------------|---------|---------|---------------|
| Mutual funds and common stock                             | \$248,602,175 | \$ -    | \$ -    | \$248,602,175 |
| Total investments in the fair value hierarchy             | \$248,602,175 | \$ -    | \$ -    | 248,602,175   |
| Collective trust measured at NAV as a practical expedient |               |         |         | 310,105,614   |
| Total investments at fair value                           |               |         |         | \$558,707,789 |

Investments at Fair Value as of September 30, 2023:

|   | Level 1       | Level 2 | Level 3 | Total         |
|---|---------------|---------|---------|---------------|
| Mutual funds and common stock                             | \$234,641,549 | \$ -    | \$ -    | \$234,641,549 |
| Total investments in the fair value hierarchy             | \$234,641,549 | \$ -    | \$ -    | 234,641,549   |
| Collective trust measured at NAV as a practical expedient |               |         |         | 210,594,090   |
| Total investments at fair value                           |               |         |         | \$445,235,639 |

**Copeland Employee Savings Investment Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2024, September 30, 2024, and September 30, 2023**

**NOTE - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits before transfers per the financial statements to the Form 5500:

|  | June 1, 2023<br>Through<br>September 30,<br>2023 |
|--|--|
|  |  |
| Net assets available for benefits per the financial statements | \$ 456,340,110                                   |
| Less: Employee contribution receivable                         | (954,901)  |
| Less: Employer contribution receivable                         | <u>(4,345,768)</u>                               |
| Net assets available for benefits per the form 5500            | <u>\$ 451,039,441</u>                            |

The following is a reconciliation of the net increase in the statements of changes in net assets available for benefits before transfers per the financial statements to the Form 5500:

|  | Year Ended<br>September 30,<br>2024 | June 1, 2023<br>Through<br>September 30,<br>2023 |
|--|-------------------------------------|--|
|  |                                     |  |
| Net increase in assets available for benefits transfers per the financial statements | \$ 113,490,494                      | \$ 17,539,575                                    |
| Employee contribution receivable at September 30, 2023                               | 954,901                             | (954,901)  |
| Employer contribution receivable at September 30, 2023                               | <u>4,345,768</u>                    | <u>(4,345,768)</u>                               |
| Net assets available for benefits per the form 5500                                  | <u>\$ 118,791,163</u>               | <u>\$ 12,238,906</u>                             |

**NOTE I - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, July 15, 2025. There have been no significant events that would require adjustment to or disclosure in the Plan's financial statements, except as follows:

- Effective January 1, 2025 the Plan was amended to update the Plan's year end to a calendar year (see note A).
- Effective January 1, 2025, the Plan was amended to included auto-escalation provisions to automatically increase participant's deferral amount by 1% each plan year not to exceed 10%.

SUPPLEMENTAL INFORMATION

Copeland Employee Savings Investment Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 34-4210902, Plan #: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party  | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of interest, Collateral,<br>Par. of Maturity Value | (d)<br>Cost | (e)<br>Current Value  |
|-----|--|---|-------------|-----------------------|
|     | Dodge & Cox Stock Fund; Class X                                  | Mutual Fund   | **          | \$ 23,244,690         |
|     | JPMorgan 100% U.S. Treasury Securities MM Fnd; Cap Shr           | Mutual Fund   | **          | 14,910,789            |
|     | Primecap Odyssey Aggressive Growth Fund                          | Mutual Fund   | **          | 21,623,101            |
| *   | Vanguard Cash Reserves Federal MM Fund Admiral Shares            | Mutual Fund   | **          | 412,881               |
| *   | Vanguard Emerging Markets Stock Index Fund Admiral Shr           | Mutual Fund   | **          | 2,190,373             |
| *   | Vanguard Extended Market Index Fund: Inst'l Shares               | Mutual Fund   | **          | 15,055,474            |
| *   | Vanguard Growth Index Fund Inst                                  | Mutual Fund   | **          | 32,868,124            |
| *   | Vanguard Institutional Index Fund Inst'l Shares                  | Mutual Fund   | **          | 69,650,773            |
| *   | Vanguard Selected Value Fund                                     | Mutual Fund   | **          | 13,096,955            |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares               | Mutual Fund   | **          | 5,419,528             |
| *   | Vanguard Total Bond Market Index Fund: Inst'l Shr                | Mutual Fund   | **          | 12,991,183            |
| *   | Vanguard Total International Stock Index Fund: Inst'l Shr        | Mutual Fund   | **          | 7,747,390             |
| *   | Vanguard U.S. Growth Fund Admiral Shares                         | Mutual Fund   | **          | 21,630,242            |
| *   | Vanguard Value Index Fund Institutional Shares                   | Mutual Fund   | **          | 10,654,392            |
|     | Loomis Sayles Core Plus Fixed Income Trust; Class C              | Collective Trust Fund   | **          | 7,618,662             |
| *   | Vanguard Target Retirement 2020 Trust II                         | Collective Trust Fund   | **          | 11,744,688            |
| *   | Vanguard Target Retirement 2025 Trust II                         | Collective Trust Fund   | **          | 31,454,668            |
| *   | Vanguard Target Retirement 2030 Trust II                         | Collective Trust Fund   | **          | 63,665,184            |
| *   | Vanguard Target Retirement 2035 Trust II                         | Collective Trust Fund   | **          | 41,580,237            |
| *   | Vanguard Target Retirement 2040 Trust II                         | Collective Trust Fund   | **          | 52,691,128            |
| *   | Vanguard Target Retirement 2045 Trust II                         | Collective Trust Fund   | **          | 25,189,669            |
| *   | Vanguard Target Retirement 2050 Trust II                         | Collective Trust Fund   | **          | 28,608,801            |
| *   | Vanguard Target Retirement 2055 Trust II                         | Collective Trust Fund   | **          | 19,004,066            |
| *   | Vanguard Target Retirement 2060 Trust II                         | Collective Trust Fund   | **          | 14,357,496            |
| *   | Vanguard Target Retirement 2065 Trust II                         | Collective Trust Fund   | **          | 5,385,337             |
| *   | Vanguard Target Retirement 2070 Trust II                         | Collective Trust Fund   | **          | 859,459               |
| *   | Vanguard Target Retirement Income Trust II                       | Collective Trust Fund   | **          | 6,281,993             |
|     |  |   |             | 559,937,283           |
| *   | Participant loans  | Interest rates from 4.25% to 9.50%<br>with maturities through July 2031   |             | 5,925,534             |
|     |  | Total assets (held at end of year)  |             | <u>\$ 565,862,817</u> |
| *   | Party-in-interest  |   |             |                       |
| **  | Information not required as investments are participant-directed |   |             |                       |

Copeland Employee Savings Investment Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2024

EIN: 34-4210902, Plan #: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party  | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of interest, Collateral,<br>Par. of Maturity Value | (d)<br>Cost | (e)<br>Current Value  |
|-----|--|---|-------------|-----------------------|
|     | Dodge & Cox Stock Fund; Class X                                  | Mutual Fund   | **          | \$ 24,289,418         |
|     | JPMorgan 100% U.S. Treasury Securities MM Fnd; Cap Shr           | Mutual Fund   | **          | 14,673,092            |
|     | Primecap Odyssey Aggressive Growth Fund                          | Mutual Fund   | **          | 22,758,321            |
| *   | Vanguard Cash Reserves Federal MM Fund Admiral Shares            | Mutual Fund   | **          | 128,835               |
| *   | Vanguard Emerging Markets Stock Index Fund Admiral Shr           | Mutual Fund   | **          | 2,311,609             |
| *   | Vanguard Extended Market Index Fund: Inst'l Shares               | Mutual Fund   | **          | 14,393,636            |
| *   | Vanguard Growth Index Fund Inst                                  | Mutual Fund   | **          | 29,444,273            |
| *   | Vanguard Institutional Index Fund Inst'l Shares                  | Mutual Fund   | **          | 68,589,805            |
| *   | Vanguard Selected Value Fund                                     | Mutual Fund   | **          | 13,995,406            |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares               | Mutual Fund   | **          | 5,148,112             |
| *   | Vanguard Total Bond Market Index Fund: Inst'l Shr                | Mutual Fund   | **          | 12,661,410            |
| *   | Vanguard Total International Stock Index Fund: Inst'l Shr        | Mutual Fund   | **          | 8,417,765             |
| *   | Vanguard U.S. Growth Fund Admiral Shares                         | Mutual Fund   | **          | 21,594,468            |
| *   | Vanguard Value Index Fund Institutional Shares                   | Mutual Fund   | **          | 10,196,025            |
|     | Loomis Sayles Core Plus Fixed Income Trust; Class C              | Collective Trust Fund   | **          | 7,601,186             |
| *   | Vanguard Target Retirement 2020 Trust II                         | Collective Trust Fund   | **          | 12,650,139            |
| *   | Vanguard Target Retirement 2025 Trust II                         | Collective Trust Fund   | **          | 32,249,291            |
| *   | Vanguard Target Retirement 2030 Trust II                         | Collective Trust Fund   | **          | 66,308,317            |
| *   | Vanguard Target Retirement 2035 Trust II                         | Collective Trust Fund   | **          | 41,948,445            |
| *   | Vanguard Target Retirement 2040 Trust II                         | Collective Trust Fund   | **          | 52,039,182            |
| *   | Vanguard Target Retirement 2045 Trust II                         | Collective Trust Fund   | **          | 25,818,605            |
| *   | Vanguard Target Retirement 2050 Trust II                         | Collective Trust Fund   | **          | 28,155,789            |
| *   | Vanguard Target Retirement 2055 Trust II                         | Collective Trust Fund   | **          | 18,772,953            |
| *   | Vanguard Target Retirement 2060 Trust II                         | Collective Trust Fund   | **          | 14,191,755            |
| *   | Vanguard Target Retirement 2065 Trust II                         | Collective Trust Fund   | **          | 5,121,616             |
| *   | Vanguard Target Retirement 2070 Trust II                         | Collective Trust Fund   | **          | 773,422               |
| *   | Vanguard Target Retirement Income Trust II                       | Collective Trust Fund   | **          | 4,474,914             |
|     |  |   |             | <u>558,707,789</u>    |
| *   | Participant loans  | Interest rates from 4.25% to 9.50%<br>with maturities through July 2031   |             | <u>6,242,914</u>      |
|     |  | Total assets (held at end of year)  |             | <u>\$ 564,950,703</u> |
| *   | Party-in-interest  |   |             |                       |
| **  | Information not required as investments are participant-directed |   |             |                       |

Copeland Employee Savings Investment Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2023

EIN: 34-4210902, Plan #: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party  | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of interest, Collateral,<br>Par. of Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|--|---|-------------|----------------------|
|     | Dodge & Cox Stock Fund; Class X                                  | Mutual Fund   | **          | \$ 18,705,206        |
|     | JPMorgan 100% U.S. Treasury Securities MM Fnd; Cap Shr           | Mutual Fund   | **          | 15,597,704           |
|     | Primecap Odyssey Aggressive Growth Fund                          | Mutual Fund   | **          | 19,429,007           |
| *   | Vanguard Cash Reserves Federal MM Fund Admiral Shares            | Mutual Fund   | **          | 23,356               |
| *   | Vanguard Emerging Markets Stock Index Fund Admiral Shr           | Mutual Fund   | **          | 2,257,220            |
| *   | Vanguard Extended Market Index Fund: Inst'l Shares               | Mutual Fund   | **          | 11,195,765           |
| *   | Vanguard Growth Index Fund Inst                                  | Mutual Fund   | **          | 16,055,109           |
| *   | Vanguard Institutional Index Fund Inst'l Shares                  | Mutual Fund   | **          | 48,759,671           |
| *   | Vanguard Selected Value Fund                                     | Mutual Fund   | **          | 10,204,359           |
| *   | Vanguard Short-Term Bond Index Fund Institutional                | Mutual Fund   | **          | 4,242,622            |
| *   | Vanguard Total Bond Market Index Fund: Inst'l Shr                | Mutual Fund   | **          | 9,572,612            |
| *   | Vanguard Total International Stock Index Fund: Inst'l Shr        | Mutual Fund   | **          | 6,120,069            |
| *   | Vanguard U.S. Growth Fund Admiral Shares                         | Mutual Fund   | **          | 14,845,249           |
| *   | Vanguard Value Index Fund Institutional Shares                   | Mutual Fund   | **          | 6,838,127            |
| *   | Emerson Common Stock   | Common Stock  | **          | 50,795,473           |
|     | Loomis Sayles Core Plus Fixed Income Trust; Class C              | Collective Trust Fund   | **          | 6,924,761            |
| *   | Vanguard Target Retirement 2020 Trust II                         | Collective Trust Fund   | **          | 9,660,523            |
| *   | Vanguard Target Retirement 2025 Trust II                         | Collective Trust Fund   | **          | 24,937,437           |
| *   | Vanguard Target Retirement 2030 Trust II                         | Collective Trust Fund   | **          | 42,287,503           |
| *   | Vanguard Target Retirement 2035 Trust II                         | Collective Trust Fund   | **          | 27,926,844           |
| *   | Vanguard Target Retirement 2040 Trust II                         | Collective Trust Fund   | **          | 34,014,832           |
| *   | Vanguard Target Retirement 2045 Trust II                         | Collective Trust Fund   | **          | 16,643,012           |
| *   | Vanguard Target Retirement 2050 Trust II                         | Collective Trust Fund   | **          | 18,716,753           |
| *   | Vanguard Target Retirement 2055 Trust II                         | Collective Trust Fund   | **          | 12,339,204           |
| *   | Vanguard Target Retirement 2060 Trust II                         | Collective Trust Fund   | **          | 8,949,003            |
| *   | Vanguard Target Retirement 2065 Trust II                         | Collective Trust Fund   | **          | 2,611,959            |
| *   | Vanguard Target Retirement 2070 Trust II                         | Collective Trust Fund   | **          | 167,376              |
| *   | Vanguard Target Retirement Income Trust II                       | Collective Trust Fund   | **          | 5,414,883            |
|     |  |   |             | 445,235,639          |
| *   | Participant loans  | Interest rates from 4.25% to 9.50% with maturities through September 2033   |             | 5,803,802            |
|     |  | Total assets (held at end of year)  |             | \$ 451,039,441       |
| *   | Party-in-interest  |   |             |                      |
| **  | Information not required as investments are participant-directed |   |             |                      |

Copeland Employee Savings Investment Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 34-4210902, Plan #: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party  | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of interest, Collateral,<br>Par. of Maturity Value | (d)<br>Cost | (e)<br>Current Value  |
|-----|--|---|-------------|-----------------------|
|     | Dodge & Cox Stock Fund; Class X                                  | Mutual Fund   | **          | \$ 23,244,690         |
|     | JPMorgan 100% U.S. Treasury Securities MM Fnd; Cap Shr           | Mutual Fund   | **          | 14,910,789            |
|     | Primecap Odyssey Aggressive Growth Fund                          | Mutual Fund   | **          | 21,623,101            |
| *   | Vanguard Cash Reserves Federal MM Fund Admiral Shares            | Mutual Fund   | **          | 412,881               |
| *   | Vanguard Emerging Markets Stock Index Fund Admiral Shr           | Mutual Fund   | **          | 2,190,373             |
| *   | Vanguard Extended Market Index Fund: Inst'l Shares               | Mutual Fund   | **          | 15,055,474            |
| *   | Vanguard Growth Index Fund Inst                                  | Mutual Fund   | **          | 32,868,124            |
| *   | Vanguard Institutional Index Fund Inst'l Shares                  | Mutual Fund   | **          | 69,650,773            |
| *   | Vanguard Selected Value Fund                                     | Mutual Fund   | **          | 13,096,955            |
| *   | Vanguard Short-Term Bond Index Fund Admiral Shares               | Mutual Fund   | **          | 5,419,528             |
| *   | Vanguard Total Bond Market Index Fund: Inst'l Shr                | Mutual Fund   | **          | 12,991,183            |
| *   | Vanguard Total International Stock Index Fund: Inst'l Shr        | Mutual Fund   | **          | 7,747,390             |
| *   | Vanguard U.S. Growth Fund Admiral Shares                         | Mutual Fund   | **          | 21,630,242            |
| *   | Vanguard Value Index Fund Institutional Shares                   | Mutual Fund   | **          | 10,654,392            |
|     | Loomis Sayles Core Plus Fixed Income Trust; Class C              | Collective Trust Fund   | **          | 7,618,662             |
| *   | Vanguard Target Retirement 2020 Trust II                         | Collective Trust Fund   | **          | 11,744,688            |
| *   | Vanguard Target Retirement 2025 Trust II                         | Collective Trust Fund   | **          | 31,454,668            |
| *   | Vanguard Target Retirement 2030 Trust II                         | Collective Trust Fund   | **          | 63,665,184            |
| *   | Vanguard Target Retirement 2035 Trust II                         | Collective Trust Fund   | **          | 41,580,237            |
| *   | Vanguard Target Retirement 2040 Trust II                         | Collective Trust Fund   | **          | 52,691,128            |
| *   | Vanguard Target Retirement 2045 Trust II                         | Collective Trust Fund   | **          | 25,189,669            |
| *   | Vanguard Target Retirement 2050 Trust II                         | Collective Trust Fund   | **          | 28,608,801            |
| *   | Vanguard Target Retirement 2055 Trust II                         | Collective Trust Fund   | **          | 19,004,066            |
| *   | Vanguard Target Retirement 2060 Trust II                         | Collective Trust Fund   | **          | 14,357,496            |
| *   | Vanguard Target Retirement 2065 Trust II                         | Collective Trust Fund   | **          | 5,385,337             |
| *   | Vanguard Target Retirement 2070 Trust II                         | Collective Trust Fund   | **          | 859,459               |
| *   | Vanguard Target Retirement Income Trust II                       | Collective Trust Fund   | **          | 6,281,993             |
|     |  |   |             | <u>559,937,283</u>    |
| *   | Participant loans  | Interest rates from 4.25% to 9.50%<br>with maturities through July 2031   |             | <u>5,925,534</u>      |
|     |  | Total assets (held at end of year)  |             | <u>\$ 565,862,817</u> |
| *   | Party-in-interest  |   |             |                       |
| **  | Information not required as investments are participant-directed |   |             |                       |