

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

**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 <u>MCCORMICK DISABILITY PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCCORMICK &amp; COMPANY, INC</u></p> <p><u>24 SCHILLING ROAD, SUITE 1</u> <u>HUNT VALLEY, MD 21031</u></p>	<p><b>1c</b> Effective date of plan <u>10/01/1963</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>52-0408290</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>410-771-7301</u></p> <p><b>2d</b> Business code (see instructions) <u>311900</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.	09/11/2025	MICHELLE CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	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: <b>a</b> Sponsor's name <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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">3496</td> </tr> </table>	<b>5</b>	3496																															
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<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">3496</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">2932</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">2932</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td></td> </tr> </table>				<b>6a(1)</b>		3496	<b>6a(2)</b>		2932	<b>6b</b>			<b>6c</b>			<b>6d</b>		2932	<b>6e</b>			<b>6f</b>			<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		
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<b>6h</b>																																		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4F 4H

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

<b>A</b> Name of plan <b>MCCORMICK DISABILITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCCORMICK &amp; COMPANY, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>52-0408290</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

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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)

LIFE INS. CO. OF NORTH AMERICA

23-1503749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATOR	483948	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)

SB & COMPANY, LLC

20-2153727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	24505	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)

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

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<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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>12/01/2023</b> and ending <b>11/30/2024</b>	
<b>A</b> Name of plan <b>MCCORMICK DISABILITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCCORMICK &amp; COMPANY, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>52-0408290</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<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>	46582
<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>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<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>	
<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>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	154853	46582
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h	231396	116049
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	71442	26865
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	302838	142914
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	-147985	-96332

**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: (A) Employers .....	2a(1)(A)	1877652	
(B) Participants .....	2a(1)(B)	2693985	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		4571637
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	3398	
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		4575035

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	4014929	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		4014929
<b>f</b> Corrective distributions (see instructions).....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	483948	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	24505	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		508453
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		4523382

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		51653
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SB & COMPANY, LLC**

(2) EIN: **20-2153727**

**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.		X	

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

## REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants and Investment Committee of  
McCormick & Company, Inc

### *Opinion*

We have audited the financial statements of the Disability Benefit Plan for Employees of McCormick & Company, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of November 30, 2024 and 2023, and the related statement of changes in net assets available for benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of November 30, 2024 and 2023, and the changes in benefit obligations and net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *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 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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 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 controls. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls 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 controls. 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.

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 controls-related matters that we identified during the audits.

***Other Matter — Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of November 30, 2024, and supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended November 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Owings Mills, Maryland  
September 15, 2025



**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**EIN: 52-0408290**

**Plan Number: 501**

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

**As of November 30, 2024**

(a)	(b)	(c)	(d)	(e)
<b>Identity of issuer, borrower, lessor, or similar party</b>		<b>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</b>	<b>Cost</b>	<b>Current Value</b>
*	Merrill Lynch	BLF FedFund Cash Reserve	\$ 46,582	\$ 46,582

\* Party-in-interest as defined by ERISA

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF  
MCCORMICK & COMPANY, INC.**

**Financial Statements and Supplemental Schedules  
Together with Report of Independent Public Accountants**

**For the Years Ended November 30, 2024 and 2023**

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF  
MCCORMICK & COMPANY, INC.**

**Financial Statements and Supplemental Schedules  
Together with Report of Independent Public Accountants**

**NOVEMBER 30, 2024 AND 2023**

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## REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Participants and Investment Committee of  
McCormick & Company, Inc

### *Opinion*

We have audited the financial statements of the Disability Benefit Plan for Employees of McCormick & Company, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of November 30, 2024 and 2023, and the related statement of changes in net assets available for benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of November 30, 2024 and 2023, and the changes in benefit obligations and net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *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 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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 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 controls. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls 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 controls. 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.

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 controls-related matters that we identified during the audits.

***Other Matter — Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of November 30, 2024, and supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended November 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Owings Mills, Maryland  
September 15, 2025



**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**Statements of Benefit Obligations and Net Assets Available for Benefits  
As of November 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Benefit Obligations</b>		
Disability benefit obligation	<u>\$ 5,630,203</u>	<u>\$ 4,938,192</u>
<b>ASSETS</b>		
Investments, at fair value	<u>46,582</u>	<u>154,853</u>
Total assets	<u>46,582</u>	<u>154,853</u>
<b>LIABILITIES</b>		
Accrued liabilities	<u>116,049</u>	<u>231,396</u>
Due to McCormick & Company, Incorporated	<u>26,865</u>	<u>71,442</u>
Total liabilities	<u>142,914</u>	<u>302,838</u>
<b>Net Assets Available for Benefits</b>	<u>(96,332)</u>	<u>(147,985)</u>
Excess of benefit obligations over net assets available for benefits	<u>\$ 5,726,535</u>	<u>\$ 5,086,177</u>

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

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**Statement of Changes in Benefit Obligations and Net Assets Available for Benefits  
For the Year Ended November 30, 2024**

	<u>Short-Term Benefit Fund</u>	<u>Long-Term Benefit Fund</u>	<u>Long-Term Total and Permanent Fund</u>	<u>Voluntary Employee Benefit Trust</u>	<u>Total Plan</u>
<b>Net Increase (Decrease) in Benefit Obligations</b>					
Increase (Decrease) during the year attributable to:					
Benefits earned	\$ 81,036	\$ -	\$ 610,975	\$ -	\$ 692,011
<b>Net Increase (Decrease) in Net Assets Available for Benefits</b>					
<b>Additions</b>					
Contributions:					
Employee	2,640,105	53,880	-	-	2,693,985
Employer	-	1,441,043	436,609	-	1,877,652
	<u>2,640,105</u>	<u>1,494,923</u>	<u>436,609</u>	<u>-</u>	<u>4,571,637</u>
Investment income	2,235	1,163	-	-	3,398
<b>Total Additions</b>	<u>2,642,340</u>	<u>1,496,086</u>	<u>436,609</u>	<u>-</u>	<u>4,575,035</u>
<b>Deductions</b>					
Benefit payments-net	2,340,143	1,238,177	436,609	-	4,014,929
Administrative expenses	334,390	174,063	-	-	508,453
<b>Total Deductions</b>	<u>2,674,533</u>	<u>1,412,240</u>	<u>436,609</u>	<u>-</u>	<u>4,523,382</u>
Increase (decrease) in net assets available for benefits	<u>(32,193)</u>	<u>83,846</u>	<u>-</u>	<u>-</u>	<u>51,653</u>
Increase (decrease) in net assets available for benefits over benefit obligations (Deficit) excess of benefit obligations over net assets available for benefits:	(113,229)	83,846	(610,975)	-	(640,358)
Beginning of year	<u>(3,732,127)</u>	<u>4,633,066</u>	<u>4,192,719</u>	<u>(7,481)</u>	<u>5,086,177</u>
<b>End of Year</b>	<u>\$ (3,618,898)</u>	<u>\$ 4,549,220</u>	<u>\$ 4,803,694</u>	<u>\$ (7,481)</u>	<u>\$ 5,726,535</u>

The accompanying notes are an integral part of this financial statement.

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**Statement of Changes in Benefit Obligations and Net Assets Available for Benefits  
For the Year Ended November 30, 2023**

	<u>Short-Term Benefit Fund</u>	<u>Long-Term Benefit Fund</u>	<u>Long-Term Total and Permanent Fund</u>	<u>Voluntary Employee Benefit Trust</u>	<u>Total Plan</u>
<b>Net Increase (Decrease) in Benefit Obligations</b>					
Increase (Decrease) during the year attributable to:					
Benefits earned	\$ (98,023)	\$ -	\$ (17,634)	\$ -	\$ (115,657)
<b>Net Increase (Decrease) in Net Assets Available for Benefits</b>					
<b>Additions</b>					
Contributions:					
Employee	2,541,743	51,872	-	-	2,593,615
Employer	-	-	478,807	-	478,807
	<u>2,541,743</u>	<u>51,872</u>	<u>478,807</u>	<u>-</u>	<u>3,072,422</u>
Investment income	5,354	2,015	-	-	7,369
<b>Total Additions</b>	<u>2,547,097</u>	<u>53,887</u>	<u>478,807</u>	<u>-</u>	<u>3,079,791</u>
<b>Deductions</b>					
Benefit payments-net	1,847,013	701,115	478,807	-	3,026,935
Administrative expenses	387,705	145,949	-	-	533,654
<b>Total Deductions</b>	<u>2,234,718</u>	<u>847,064</u>	<u>478,807</u>	<u>-</u>	<u>3,560,589</u>
Increase (decrease) in net assets available for benefits	<u>312,379</u>	<u>(793,177)</u>	<u>-</u>	<u>-</u>	<u>(480,798)</u>
Increase (decrease) in net assets available for benefits over benefit obligations	410,402	(793,177)	17,634	-	(365,141)
(Deficit) excess of benefit obligations over net assets available for benefits:					
Beginning of year	(3,321,725)	3,839,889	4,210,353	(7,481)	4,721,036
<b>End of Year</b>	<u>\$ (3,732,127)</u>	<u>\$ 4,633,066</u>	<u>\$ 4,192,719</u>	<u>\$ (7,481)</u>	<u>\$ 5,086,177</u>

The accompanying notes are an integral part of this financial statement.

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN

The following description of the Disability Benefit Plan (the Plan) for employees of McCormick & Company, Inc. (the Company), provides only general information. Participants should refer to the appropriate Plan documents for a more complete description of the Plan's provisions. Copies of the Plan documents are available from the Company's Human Relations Department.

The Plan pays benefits for short-term, long-term temporary, and long-term total and permanent disabilities. The Plan's short-term and long-term temporary benefits are funded through employee contributions as described below. In the event the employees' contributions to the Plan should be insufficient to fund the short-term and long-term temporary benefits under the Plan, future benefits may be reduced, or the contribution level increased, or the Company may contribute to the funds. During the year ended November 30, 2024, the Company made contributions to the long-term temporary benefit fund. The Plan's long-term total and permanent benefits are funded by the Company.

Short-term and long-term temporary benefits are paid for periods of absence due to illness or injury in excess of five working days to employees who enroll and contribute to the Plan. Participation in this portion of the Plan is available to eligible employees (substantially all employees) of the Company and participating subsidiaries.

Participating employees contribute to the Plan through payroll deductions of 0.90% of their base pay, as defined by the Plan, less the amount of any required contributions made under state disability benefit laws to fund the short-term and long-term benefits under the Plan. 98% of employee contributions are allocated to short-term benefit payments and 2% of employee contributions are allocated to long-term temporary benefit payments.

Long-term temporary benefits are paid at a rate of 50% of base pay, less income received by a participant, or income that the participant is eligible to receive from certain sources, including the following: Federal Social Security Act, pursuant to any Workers' Compensation legislation; Unemployment Compensation disability benefits; any disability payment received from a third party on account of a total disability other than from an insurance policy that is owned by the participant and is not an auto insurance policy; any sources of income available as a result of a disability resulting from employment with the Company but excluding any benefits payable from the McCormick 401(k) Retirement Plan or any other 401(k) plan; and the McCormick Pension Plan or any other pension plan but only to the extent that the participant actually receives such income and is not merely eligible to receive such income. Benefits are payable for up to 26 weeks under the short-term provisions and thereafter under the long-term provisions to the extent provided by the Plan. If a participant is determined to be totally and permanently disabled, the Plan benefits are paid through Company contributions.

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN (continued)

Short-term benefits are paid on length of participation in the Plan. Participants with 12 months or less of participation receive 50% of base pay during the short-term benefit period. Participants with more than 12 months but less than 24 months receive 67% of base pay during the first 13 weeks followed by 50% of base pay for the remaining 13 weeks. Participants with 24 months or more of participation will continue to receive 67% of base pay for the full short-term benefit period.

The Voluntary Employees' Beneficiary Trust (the Trust) was established to hold the employee contributions to the Short-Term Benefit Program and the Long-Term Benefit Program.

The Company intends to contribute funds on a basis sufficient to meet the Plan's immediate total and permanent disability benefits.

The Board of Directors of the Company has the right at any time to amend the provisions of the Plan or to terminate the Plan, provided that no such amendment or termination will affect the rights of any participant who is then receiving payments, to the extent funded, under the Plan.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Accounting**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting generally accepted in the United States of America.

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's valuation policies utilize information provided by the investment advisers and custodians. See Note 3 for discussion of fair value measurements.

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

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, incurred but not reported (IBNR) claims, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from these estimates.

#### Payment of Benefits

Benefit payments to participants are recorded when paid.

#### Risks and Uncertainties

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the accompanying financial statements.

#### Benefit Obligation

The Plan's obligations include both short-term benefits and long-term benefits (including total and permanent disability benefits).

The short-term disability benefit obligation represents the Plan's estimate of future benefits that are attributed to employee service rendered at the end of the Plan year. The Company estimates the benefit obligation based on the current disability status of participants. For those participants on disability at year end, benefits are included in the obligation for up to 26 weeks as provided for under the Plan provisions.

The long-term total and permanent disability benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered at the end of the applicable Plan year. The actuarial present value of the expected long-term disability benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Benefit Obligation (continued)

The following were significant assumptions used in the valuation as of November 30, 2024 and 2023:

Rate of Disability:	Headcount weighted industry-specific table, with generational projections based on Social Security Administration projected mortality improvements from the 2024 and 2023 Social Security Trustee Reports for the current and prior year valuations, respectively.
Discount rate:	Discount rates of 5.19% and 6.08% were used for the November 30, 2024, and 2023 valuations, respectively. These rates were based upon rates of return on high-quality, fixed income investments whose cash flows approximately match the timing and amount of expected benefit payments.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the long-term disability benefit obligation.

#### Administrative Expenses

Administrative services are provided by the Company without cost to the Plan; however, trustee fees and other direct expenses are paid by the Plan. At the Company's discretion, direct expenses paid by the Plan may be reimbursed by the Company.

### 3. INVESTMENTS

#### 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 classifies fair value in measurement as Level 1, Level 2 or Level 3 within that hierarchy and 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). Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 3. INVESTMENTS (continued)

#### Fair Value Measurements (continued)

The following is a description of the valuation methodologies used for investments measured at fair value. All investments held have been valued using the net asset value per share as a practical expedient and have not been classified in the previously described fair value hierarchy. There have been no changes in the methodologies used as of November 30, 2024 and 2023.

*BLF FedFund Cash Reserve*: Valued at the net asset value (NAV) of shares held by the Plan at year end as reported on the respective active market on which the funds are traded.

The following table presents the category, fair value, redemption frequency, and redemption notice period for the Plan investments, the fair value of which is estimated at NAV per share as of November 30, 2024 and 2023, respectively.

<b>Investment</b>	<b>2024</b>	<b>2023</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (if currently eligible)</b>	<b>Redemption Notice Period</b>
BLF FedFund Cash Reserve	\$ 46,582	\$ 154,853	None	Daily	None

The fund mostly invests in U.S. Treasury bills, notes and other obligations issued or guaranteed as to principal and interest by the U.S. Government, its agencies or instrumentalities, and repurchase agreements secured by such obligations or cash.

### 4. INCOME TAX STATUS

The Trust funding the Plan has received a determination letter from the Internal Revenue Service (IRS), dated February 6, 1995, stating that the Trust is tax-exempt under the applicable provisions of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan and its underlying Trust have subsequently been amended and restated. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization 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 November 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

# THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.

## Notes to the Financial Statements

November 30, 2024 and 2023

### 4. INCOME TAX STATUS (continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

### 5. BENEFIT OBLIGATIONS

As stated in Note 1, the Plan's benefit obligation is for short-term and long-term (including total and permanent disability) benefits. The disability benefit obligation was related to the following categories of participants:

	As of November 30,	
	2024	2023
<b>In Receipt of Benefits</b>		
Short-term	\$ 826,510	\$ 745,474
Long-term (including total and permanent disability)	4,803,693	4,192,718
<b>Plan's Total Benefit Obligations</b>	<b>\$ 5,630,203</b>	<b>\$ 4,938,192</b>

The changes in the actuarial present value of the Plan's long-term benefit obligations for the years ended November 30, 2024 and 2023, were as follows:

	For the Year Ended November 30,	
	2024	2023
<b>Actuarial present value of the Plan's long-term benefit obligations</b>		
Beginning of the year	\$ 4,192,718	\$ 4,210,352
Expected new disabled participants	589,349	680,028
Benefit payments	(436,609)	(493,992)
Interest adjustment	234,627	217,160
Demographic gain	(13,709)	(319,445)
Change in actuarial assumptions	237,317	(101,385)
<b>End of year</b>	<b>\$ 4,803,693</b>	<b>\$ 4,192,718</b>

### 6. RECONCILIATION TO FORM 5500

The long-term total and permanent disability benefit obligations and net increase in benefit obligations reported in the accompanying financial statements are not reflected in the Form 5500.

### 7. SUBSEQUENT EVENTS

Subsequent events and transactions were evaluated through September 15, 2025, the date these financial statements were available for issue. No material subsequent events have occurred that would affect the information presented in the accompanying financial statements or require additional disclosure.

**SUPPLEMENTAL SCHEDULES**

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**EIN: 52-0408290**

**Plan Number: 501**

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

**As of November 30, 2024**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
	<b>Identity of issuer, borrower, lessor, or similar party</b>	<b>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</b>	<b>Cost</b>	<b>Current Value</b>
*	Merrill Lynch	BLF FedFund Cash Reserve	\$ 46,582	\$ 46,582

\* Party-in-interest as defined by ERISA

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**EIN: 52-0408290**

**Plan Number: 501**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended November 30, 2024**

(a)	(b)	(c)	(d)	(e)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Assets on Transaction Date</u>	<u>Net Gain / (Loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the plan assets</b>						
* Merrill-Lynch	BLF FedFund Cash Reserve	\$ -	\$ 111,670	\$ 111,670	\$ 111,670	\$ -

(a)	(b)	(c)	(d)	(e)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Assets on Transaction Date</u>	<u>Net Gain / (Loss)</u>
<b>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</b>						
* Merrill-Lynch	BLF FedFund Cash Reserve	\$ -	\$ 111,670	\$ 111,670	\$ 111,670	\$ -
* Merrill-Lynch	BLF FedFund Cash Reserve	3,398	-	3,398	3,398	-

\* Party-in-interest as defined by ERISA

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

**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.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

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

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

<p><b>1a</b> Name of plan <b>MCCORMICK DISABILITY PLAN</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>501</b></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>MCCORMICK &amp; COMPANY, INC</b></p> <p><b>24 SCHILLING ROAD, SUITE 1</b></p> <p><b>HUNT VALLEY MD 21031</b></p>	<p><b>1c</b> Effective date of plan <b>10/01/1963</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>52-0408290</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>410-771-7301</b></p> <p><b>2d</b> Business code (see instructions) <b>311900</b></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>	<p>Signed by: <i>Michelle Carpenter</i> <b>Signature of plan administrator</b></p>	<p>9/11/2025   10:25 AM EDT <b>Date</b></p>	<p><b>MICHELLE CARPENTER</b> <b>Enter name of individual signing as plan administrator</b></p>
<b>SIGN HERE</b>	<p><b>Signature of employer/plan sponsor</b></p>	<p><b>Date</b></p>	<p><b>Enter name of individual signing as employer or plan sponsor</b></p>
<b>SIGN HERE</b>	<p><b>Signature of DFE</b></p>	<p><b>Date</b></p>	<p><b>Enter name of individual signing as DFE</b></p>

**THE DISABILITY BENEFIT PLAN FOR EMPLOYEES OF MCCORMICK & COMPANY, INC.**

**EIN: 52-0408290**

**Plan Number: 501**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended November 30, 2024**

(a)	(b)	(c)	(d)	(e)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Assets on Transaction Date</u>	<u>Net Gain / (Loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the plan assets</b>						
* Merrill-Lynch	BLF FedFund Cash Reserve	\$ -	\$ 111,670	\$ 111,670	\$ 111,670	\$ -

(a)	(b)	(c)	(d)	(e)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Assets on Transaction Date</u>	<u>Net Gain / (Loss)</u>
<b>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</b>						
* Merrill-Lynch	BLF FedFund Cash Reserve	\$ -	\$ 111,670	\$ 111,670	\$ 111,670	\$ -
* Merrill-Lynch	BLF FedFund Cash Reserve	3,398	-	3,398	3,398	-

\* Party-in-interest as defined by ERISA