

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [X] 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: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES
1b Three-digit plan number (PN) 007
1c Effective date of plan 10/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC. 222 N LASALLE ST STE 1000 CHICAGO, IL 60601-1007
2b Employer Identification Number (EIN) 36-2123962
2c Plan Sponsor's telephone number 312-855-4000
2d Business code (see instructions) 541990

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/06/2025, CHRISTOPHER LAWRENCE (plan administrator); 2. Filed with authorized/valid electronic signature, 10/06/2025, CHRISTOPHER LAWRENCE (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	438
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	335
	6a(2)	316
	6b	0
	6c	86
	6d	402
	6e	6
	6f	408
	6g(1)	381
	6g(2)	403
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2U 3H

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

9a Plan funding arrangement (check all that apply)	9b 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC.	D Employer Identification Number (EIN) 36-2123962	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

LYRICAL ASSET MANAGEMENT

37-1572793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	114374	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)

NEUBERGER & BERMAN

13-5521910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	158347	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)

HARRIS ASSOCIATES LP

36-3484078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	661429	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	93004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

SELECT EQUITY GROUP, LP

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	391853	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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC.	D Employer Identification Number (EIN) 36-2123962

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4956953	4405430
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	294797	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24711238	11010752
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	962905	774834
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	201474077	87288970
(5) Partnership/joint venture interests	1c(5)	325921	233657
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		37553942
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		73037211

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	232725891	214304796
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	90075	97149
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	90075	97149
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	232635816	214207647

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4405430	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4405430
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	849469	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		849469
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1807980	
(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)		1807980
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	168446252	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	147885364	
(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)	13200713	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		40824480

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57926646	
(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)		57926646
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1326003	
(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)		1326003
j Total expenses. Add all expense amounts in column (b) and enter total	2j		59252649

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-18428169
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>36-2123962</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan CC INDUSTRIES AND AFFILIATES PROFIT SHARING PLAN FOR SALARIED EMPLOYEES</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>007</p>
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<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF HENRY CROWN AND COMPANY S LLC D/B/A CC INDUSTRIES, INC.</p>	<p>D Administrator's EIN 36-2123962</p>
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Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer HENRY CROWN AND COMPANY	2b EIN 36-2123962	2c Percentage of Total Contributions for the Plan Year 89.87	2d Aggregate Account Balances Attributable to Participating Employer 203081730
2a Name of Participating Employer LONGVIEW ASSET MANAGEMENT	2b EIN 36-4245844	2c Percentage of Total Contributions for the Plan Year 10.13	2d Aggregate Account Balances Attributable to Participating Employer 6680077

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

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

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

**Schedule MEP (2024)
v. 240311**

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

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

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

ACK ID _____

**CC Industries and Affiliates
Profit Sharing Plan for
Salaried Employees**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

**CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Index**

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



Report of Independent Auditors

To the Administrator of
CC Industries and Affiliates Profit Sharing Plan for Salaried Employees

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

We have performed an audit of the accompanying financial statements of CC Industries and Affiliates Profit Sharing Plan for Salaried Employees (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 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PriceWaterhouseCoopers LLP

Chicago, Illinois
October 3, 2025

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value		
Common and preferred stocks	\$ 87,288,970	\$ 201,474,077
Limited partnership	233,657	325,921
Corporate bonds	774,834	962,905
Mutual funds	37,553,942	-
Pooled investment funds	72,934,295	-
Money market fund	11,010,752	24,711,238
Non interest-bearing cash	102,916	-
Total investments	<u>209,899,366</u>	<u>227,474,141</u>
Employers' contributions receivables	4,405,430	4,956,953
Other receivables	-	294,797
Total assets	<u>214,304,796</u>	<u>232,725,891</u>
Liabilities		
Accrued expenses	97,149	90,075
Total liabilities	<u>97,149</u>	<u>90,075</u>
Net assets available for benefits	<u>\$ 214,207,647</u>	<u>\$ 232,635,816</u>

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

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Statement of Changes in Net Assets Available for Benefits
December 31, 2024

	2024
Additions to the net assets attributed to	
Employers' contributions	\$ 4,405,430
Investment income	
Net appreciation in fair value of investments	33,761,601
Interest and dividend income	2,657,449
Total investment income	<u>36,419,050</u>
Total additions	40,824,480
Deductions from the net assets attributed to	
Benefit payments to participants	57,926,646
Investment management fees	1,326,003
Total deductions	<u>59,252,649</u>
Net decrease	(18,428,169)
Net assets available for benefits	
Beginning of period	<u>232,635,816</u>
End of period	<u><u>\$ 214,207,647</u></u>

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

CC Industries and Affiliates Profit Sharing Plan for Salaried Employees Notes to Financial Statements December 31, 2024 and 2023

1. Description of the Plan

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

General

The Plan, a profit sharing plan, was established effective October 1, 2012. On this date, the Plan accepted the transfer of the profit sharing contributions of each employee who was a participant in the CC Industries and Affiliates Retirement Savings Plan for Salaried Employees.

The Plan currently covers all salaried employees of the Company and Longview Asset Management, LLC (each as “Employer”) who have completed 30 days of service with no minimum age requirement.

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

Contributions

The annual profit sharing contribution is determined by each participating Employer that has adopted the Plan. The contribution made by each Employer is allocated among the participants employed by that Employer based on the ratio of the participant’s eligible compensation (as defined) to the total eligible compensation of all participants employed by that Employer.

Vesting

A participant becomes 20% vested in their profit sharing account after completion of two years of service (as defined) and continues to vest annually until 100% vesting is attained after six years of service.

Participant Accounts

Each participant’s account is credited with the Employer’s profit sharing contribution and an allocation of (1) investment earnings and losses after allocation of investment management fees and (2) forfeitures of terminated participants’ nonvested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Participants are only eligible to share in the profit sharing contribution for a plan year if they are an active participant on the last day of the plan year or they die, retire or become totally and permanently disabled during the plan year.

Forfeitures

Forfeited nonvested accounts are reallocated to current participants in the same manner as the Employers’ contributions. The forfeiture balance as of December 31, 2024 and 2023 amounted to \$137,561 and \$23,600, respectively. Forfeitures in the amount of \$24,457 were reallocated to participants during 2024.

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Notes to Financial Statements
December 31, 2024 and 2023

Description of the Plan - Continued

Investment Options

The Company administers the Plan. Principal Trust Company (“Principal”) is the trustee of the Plan. Principal Financial Group is the recordkeeper of the Plan.

The Plan’s investments are nonparticipant-directed and invested at the discretion of the Company’s investment managers primarily in a portfolio of publicly traded equity securities, corporate bonds, a publicly traded limited partnership and a money market fund.

Payment of Benefits

On termination of service, retirement or total and permanent disability, a participant may elect to receive payment in the form of either a lump-sum distribution, annual installments or a direct rollover to an Individual Retirement Account (“IRA”) or another Internal Revenue Service (“IRS”) qualified plan equal to the value of the participant’s vested account. Participants with vested account balances of \$7,000 or more can take a distribution or defer the distribution. Participants with a vested account balance greater than \$1,000 but less than \$7,000 must make a distribution election within 60 days otherwise the balance is automatically rolled to an IRA. Balances of \$1,000 or less but greater than \$100 require a distribution election within 60 days otherwise a check is issued for the balance. Balances less than \$100 are issued a check. Under Federal law, benefit payments must begin on the April 1st following the later of the calendar year in which the participant reaches age 73 or is not a 5% owner and stops working for the Company.

Benefit payments received before age 59 ½ may be subject to a 10% tax penalty unless the amount is rolled over. Participants who are age 59 ½ and 100% vested are permitted to make an in-service withdrawal which can be rolled over to an IRA or another IRS qualified plan, such as the CC Industries and Affiliates Retirement Savings Plan for Salaried Employees. In the event of death, the participant’s beneficiary will receive a lump-sum distribution.

Administrative Expenses

Expenses of administration, such as legal, accounting, recordkeeping and trustee fees, are paid entirely by each Employer. Investment management fees are paid from the assets of the Plan.

Plan Termination

Although they have not expressed any intent to do so, each Employer has the right under the Plan to discontinue their contributions at any time and the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be fully vested in their accounts and the trustee will distribute Plan assets to participants or their beneficiaries in accordance with the Plan agreement.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Notes to Financial Statements
December 31, 2024 and 2023

Summary of Significant Accounting Policies – Continued

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Value of Investments

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

Payment of Benefits

Benefits are recorded when paid.

Evaluation of Subsequent Events

The Plan evaluated the impact of events that have occurred subsequent to December 31, 2024 through October 3, 2025, the date the financial statements were available to be issued, for possible recognition or disclosure in those financial statements. There were no events identified.

3. Investments

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

4. Fair Value

The Plan follows guidance defined in Accounting Standards Codification, *Fair Value Measurement (Topic 820)*, which provides a framework for measuring fair value under GAAP. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

CC Industries and Affiliates

Profit Sharing Plan for Salaried Employees

Notes to Financial Statements

December 31, 2024 and 2023

Fair Value - Continued

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

- **Common stocks:** valued at the closing price of individual shares at year-end as traded in an active market.
- **Corporate bonds:** valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors.
- **Limited partnership:** The limited partnership is publicly traded and the value is based on quoted market prices.
- **Mutual funds:** Valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end funds that are registered with the Securities and Exchange commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- **Pooled investment funds:** Valued at year-end utilizing NAV as a practical expedient as provided by the underlying fund.
- **Money market fund:** valued at cost, which reflects fair value.
- **Non interest-bearing cash:** valued at cost, which reflects fair value.

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Notes to Financial Statements
December 31, 2024 and 2023

Fair Value - Continued

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

The following table presents the Plan's investment assets measured at fair value as of December 31, 2024:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 87,288,970	\$ -	\$ -	\$ 87,288,970
Limited partnership	233,657	-	-	233,657
Corporate bonds	-	774,834	-	774,834
Mutual funds	37,553,942	-	-	37,553,942
Pooled investment funds				72,934,295
Money market fund	11,010,752	-	-	11,010,752
Non interest-bearing cash	102,916	-	-	102,916
Total investment assets in fair value hierarchy	<u>\$ 136,190,237</u>	<u>\$ 774,834</u>	<u>\$ -</u>	<u>\$ 209,899,366</u>

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

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 46,573,677	\$ -	\$ -	\$ 46,573,677
Limited partnership	233,657	-	-	233,657
Corporate bonds	-	774,834	-	774,834
Money market fund	12,937,716	-	-	12,937,716
Total investment assets in fair value hierarchy	<u>\$ 59,745,049</u>	<u>\$ 774,834</u>	<u>\$ -</u>	<u>\$ 60,519,883</u>

The following table presents investments for which fair value is measured using the NAV per share practical expedient.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AKO Global Long, L.P.	\$ 19,331,401	\$ -	Quarterly	30 days
Eminence Partners Long, L.P.	\$ 38,279,003	\$ -	Monthly	30 days
Reade Street Partners, L.P. (a)	15,323,891	-	Quarterly	60 days

(a) A penalty is incurred if any withdrawals occur within the first three years

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Notes to Financial Statements
December 31, 2024 and 2023

5. Income Tax Status

The IRS has determined and informed the Company in a letter dated February 12, 2014 that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since the date of the letter, the Company and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2024 and 2023. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress. The Plan is no longer subject to income tax examinations for years prior to 2021.

6. Information Certified by the Plan’s Trustee

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

- Investments, at fair value, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, excluding investments in Reade Street LP, Eminence Partners Long LP, and AKO Global LP of \$15,323,891, \$38,279,003, and \$19,331,401, respectively, as of December 31, 2024.
- Interest and dividend income as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- Net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year), excluding investments in Reade Street LP, Eminence Partners Long LP, and AKO Global LP of \$15,323,891, \$38,279,003 and \$19,331,401, as of December 31, 2024.
- Schedule H, Line 4j – Schedule of Reportable Transactions, excluding transactions related to Reade Street LP, Eminence Partners Long LP, and AKO Global LP, for the year ended December 31, 2024.

SUPPLEMENTAL SCHEDULES

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Investments			
	Money market fund			
	ALLSPRING SHORT-TERM INVESTMENT S1 FUND	Money Market Fund	\$ 10,962,601	\$ 11,010,752
	Common stocks			
	ABBVIE INC	Common Stock	318,752	382,054
	AIRBNB INC	Common Stock	2,209,247	2,221,486
	ALPHABET INC	Common Stock	1,103,679	5,319,703
	AMAZON COM INC	Common Stock	506,462	896,208
	AMERICAN INTL GROUP INC	Common Stock	1,029,840	2,012,192
	AMPHENOL CORP	Common Stock	431,184	501,228
	ANALOG DEVICES INC	Common Stock	243,662	286,821
	APPLE INC	Common Stock	207,579	1,045,504
	AVERY DENNISON CORP	Common Stock	308,957	336,834
	BLACKROCK INC	Common Stock	132,083	297,282
	BOSTON SCIENTIFIC CORP	Common Stock	219,337	464,464
	BROADCOM INC	Common Stock	351,334	336,168
	BROOKFIELD ASSET MANAGEMENT IN	Common Stock	345,816	543,255
	CAPITAL ONE FINANCIAL CORP	Common Stock	2,564,509	3,358,657
	CBRE GROUP INC	Common Stock	1,057,032	3,338,048
	CDW CORP/DE	Common Stock	96,376	274,113
	CENTENE CORP	Common Stock	2,945,322	2,440,465
	CENTERPOINT ENERGY INC	Common Stock	516,070	598,111
	CHARTER COMMUNICATIONS INC	Common Stock	1,605,859	1,907,515
	CME GROUP INC	Common Stock	230,081	323,721
	CONOCOPHILLIPS	Common Stock	2,320,782	2,085,049
	DEERE & CO	Common Stock	3,621,491	4,100,085
	EQUIFAX INC	Common Stock	2,373,428	2,477,142
	EQUINIX INC	Common Stock	197,116	471,445
	FIRST CITIZENS BANCSHARES INC	Common Stock	3,887,445	4,511,298
	FIRSTENERGY CORP	Common Stock	334,482	373,932
	FISERV INC	Common Stock	1,313,767	2,710,517
	GE AEROSPACE	Common Stock	353,113	350,847
	HOME DEPOT INC	Common Stock	224,212	223,669
	INTERCONTINENTAL EXCHANGE, INC	Common Stock	3,860,421	4,187,181
	IQVIA HOLDINGS INC	Common Stock	5,575,670	4,767,333
	JACOBS SOLUTIONS INC	Common Stock	251,586	337,391
	JOHNSON & JOHNSON	Common Stock	513,562	444,851
	JP MORGAN CHASE & CO	Common Stock	329,934	551,333
	KEURIG DR PEPPER INC	Common Stock	2,694,920	2,690,050
	LITHIA MOTORS INC	Common Stock	3,181,814	4,569,743
	MATCH GROUP INC	Common Stock	350,466	274,764
	MCDONALD'S CORP	Common Stock	352,229	560,937
	META PLATFORMS INC	Common Stock	368,064	868,897
	MICROSOFT CORP	Common Stock	577,268	1,433,100
	NETFLIX	Common Stock	409,436	445,660
	NEXTERA ENERGY INC	Common Stock	221,551	349,489

Information included in this schedule is agreed to or derived from information certified as complete and accurate by Principal Trust Company, except for any exclusions noted in Note 6.

CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Schedule I

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost (d)	Current value (e)
	Common stocks - continued			
	NIKE INC CL B	Common Stock	\$ 259,800	\$ 229,750
	NVENT ELECTRIC PLC	Common Stock	373,902	402,144
	PAYCOM SOFTWARE INC	Common Stock	3,234,104	3,418,900
	PHILLIPS 66	Common Stock	2,264,273	1,756,801
	PROCTER & GAMBLE CO	Common Stock	335,293	402,360
	S&P GLOBAL INC	Common Stock	244,608	435,776
	SALESFORCE.COM INC	Common Stock	2,352,297	2,971,787
	SERVICENOW INC	Common Stock	118,045	429,349
	SUNOPSYS INC	Common Stock	399,264	339,751
	THERMO FISHER SCIENTIFIC INC	Common Stock	334,505	377,450
	TJX COS INC	Common Stock	317,729	561,767
	UNION PACIFIC CORP	Common Stock	287,176	423,014
	UNITEDHEALTH GROUP INC	Common Stock	154,374	336,397
	VISA INC	Common Stock	252,958	560,971
	WALMART INC	Common Stock	304,085	581,832
	WARNER BROS DISCOVERY INC	Common Stock	1,942,156	2,057,926
	WASTE MANAGEMENT INC	Common Stock	241,828	423,759
	WELLS FARGO & CO	Common Stock	1,972,830	2,473,150
	WILLIS TOWERS WATSON PUB LTD	Common Stock	2,569,170	2,915,034
	WORKDAY INC A	Common Stock	371,097	522,510
		Total common stocks	68,065,432	87,288,970
	Corporate bonds			
	DELTA AIR LINES SKYMILES SERIES 144A	Corporate Bond	94,397	100,259
	LIVE NATION ENTERTAINMEN SERIES 144A	Corporate Bond	293,301	302,814
	MICROSOFT CORPORATION	Corporate Bond	218,772	220,518
	MILEAGE PLUS HLDINGS LLC SERIES 144A	Corporate Bond	157,449	151,243
		Total corporate bonds	763,919	774,834
	Pooled investment funds			
	AKO GLOBAL LONG, L.P.	Pooled investment funds	19,331,400	19,331,401
	EMINENCE PARTNERS LONG, L.P.	Pooled investment funds	38,279,003	38,279,003
	READE STREET PARTNERS, L.P.	Pooled investment funds	15,323,891	15,323,891
		Total pooled investment funds	72,934,294	72,934,295
	Mutual funds			
	FIDELITY 500 INDEX FUND	Mutual fund	38,215,414	37,553,942
		Total mutual funds	38,215,414	37,553,942
	Limited Partnerships			
	BROOKFIELD INFRASTRUCTURE PART	Limited Partnerships	141,900	233,657
		Total limited partnerships	141,900	233,657
	Non interest-bearing cash			
	CASH	Cash	102,916	102,916
		Total cash	102,916	102,916
		Total investments	\$191,186,476	\$209,899,366

Information included in this schedule is agreed to or derived from information certified as complete and accurate by Principal Trust Company, except for any exclusions noted in Note 6.

**CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024**

Schedule II

Series of transactions by issue

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/ (loss) (i)
AKO Global	AKO Global Long, L.P.	\$19,331,400	\$ -	\$ -	\$ -	\$19,331,400	\$ 19,331,400	\$ -
Eminence Partners	Eminence Partners Long, L.P.	38,279,003	-	-	-	38,279,003	38,279,003	-
Reade Street Partners	Read Street Partners, L.P.	15,323,891	-	-	-	15,323,891	15,323,891	-
Fidelity	Fidelity 500 Index	38,215,414	-	-	-	38,215,414	38,215,414	-
Lyrical	Lyrical	-	18,844,129	-	-	18,844,129	16,051,931	2,792,198
Harris	Harris	-	99,172,351	-	-	99,172,351	156,347,336	(57,174,985)
Select Equity	Select Equity	-	41,842,578	-	-	41,842,578	35,440,385	6,402,193

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**CC Industries and Affiliates
Profit Sharing Plan for Salaried Employees
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024**

Schedule II

Single Transaction

Identity of party involved (a)	Description of investment (b)	Purchase price (c)	Selling price (d)	Lease rental (e)	Expense incurred with transaction (f)	Cost of asset (g)	Current value of asset on transaction date (h)	Net gain/(loss) (i)
AKO Global	AKO Global Long, L.P.	\$19,331,400	\$ -	\$ -	\$ -	\$19,331,400	\$ 19,331,400	\$ -
Eminence Partners	Eminence Partners Long, L.P.	38,279,003	-	-	-	38,279,003	38,279,003	-
Reade Street Partners	Reade Street Partners, L.P.	15,323,891	-	-	-	15,323,891	15,323,891	-
Fidelity	Fidelity 500 Index	25,456,937	-	-	-	25,456,937	25,456,937	-
Lyrical	Lyrical	-	15,281,098	-	-	15,281,098	13,037,629	2,243,469
Harris	Harris	-	31,230,443	-	-	31,230,443	55,384,977	(24,154,534)
Harris	Harris	-	58,000,000	-	-	58,000,000	87,002,034	(29,002,034)
Select Equity	Select Equity	-	25,879,829	-	-	25,879,829	21,894,087	3,985,742

Information included in this schedule is agreed to or derived from information certified as complete and accurate by Principal Trust Company except for any exclusions noted in Note 6.

SCHEDULE H, Line 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CC Industries and Affiliates Profit Sharing Plan

EIN 36 2123962

PLAN NUMBER 007

PLAN YEAR 01/01/20224 TO 12/31/2024

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Non-Interest Bearing Cash	Cash and Cash Overdraft	\$0.00	(\$1,457.10)
	AllSpring	Short-Term Investment Fund	\$12,790,914.51	\$12,790,914.15
	Fidelity 500 Index Fund	Registered Investment	\$38,215,413.82	\$37,553,941.99
	Live Nation Entertainment	Corporate Bond	\$293,300.63	\$299,704.90
	Delta Air Lines Skymiles	Corporate Bond	\$94,396.99	\$99,371.48
	Mileage Plus Holdings LLC	Corporate Bond	\$157,448.60	\$150,945.00
	Microsoft Corp	Corporate Bond	\$218,771.90	\$217,868.40
	Brookfield Asset Management	Common Stock	\$345,816.41	\$543,254.75
	Brookfield Infrastructure Prtner	Common Stock	\$141,899.63	\$233,656.50
	Nvent Electric PLC	Common Stock	\$373,902.05	\$402,144.00
	Avery Dennison Corp	Common Stock	\$308,956.86	\$336,834.00

Jacobs Solutions Inc	Common Stock	\$251,586.44	\$337,390.50
Union Pacific Corp	Common Stock	\$287,176.01	\$423,014.20
Waste Management Inc	Common Stock	\$241,828.44	\$423,759.00
Amazon Com Inc Com	Common Stock	\$506,462.00	\$896,208.15
Home Depot Inc	Common Stock	\$224,212.11	\$223,669.25
McDonalds Corp	Common Stock	\$352,229.20	\$560,937.15
Netflix Inc	Common Stock	\$409,435.80	\$445,660.00
Nike Inc	Common Stock	\$259,800.44	\$227,010.00
TJX Companies Inc	Common Stock	\$317,729.47	\$561,766.50
Keurig Dr Pepper Inc	Common Stock	\$2,694,919.88	\$2,690,050.00
Procter & Gamble Co	Common Stock	\$335,293.20	\$402,360.00
Walmart Inc	Common Stock	\$304,085.11	\$580,498.75
Blackrock Inc	Common Stock	\$132,082.75	\$297,281.90
CME Group Ince	Common Stock	\$230,080.53	\$315,832.80
Equifax Inc	Common Stock	\$2,373,427.95	\$2,477,142.00
Equinix Inc	Common Stock	\$197,115.55	\$471,445.00
JPMorgan Chase & Co	Common Stock	\$329,934.28	\$551,333.00

S&P Global Inc	Common Stock	\$244,607.86	\$435,776.25
Wells Fargo & Co	Common Stock	\$1,972,930.08	\$2,473,150.40
Alphabet Inc	Common Stock	\$1,103,678.64	\$5,319,703.20
Amphenol Corp	Common Stock	\$431,183.52	\$500,040.00
Analog Devices	Common Stock	\$243,662.45	\$286,821.00
Apple Inc	Common Stock	\$207,579.43	\$1,045,503.50
Broadcom Inc	Common Stock	\$351,334.13	\$336,168.00
CDW Corp/DE	Common Stock	\$96,375.75	\$274,113.00
Match Group Inc New	Common Stock	\$350,465.90	\$274,764.00
Meta Platforms Inc CL	Common Stock	\$368,064.27	\$868,896.84
Microsoft Corp	Common Stock	\$577,267.67	\$1,433,100.00
Salesforce Inc	Common Stock	\$2,352,297.08	\$2,963,835.45
Synopsys Inc Com	Common Stock	\$399,263.53	\$339,752.00
Visa Inc Class A	Common Stock	\$252,957.60	\$560,971.00
Workday Inc	Common Stock	\$371,096.97	\$522,510.75
Centerpoint Energy Inc	Common Stock	\$516,069.99	\$598,110.50
Firstenergy Corp	Common Stock	\$334,482.18	\$373,932.00

GE Aerospace	Common Stock	\$353,113.11	\$350,259.00
Nextera Energy, Inc	Common Stock	\$221,551.42	\$349,488.75
Abbvie Inc	Common Stock	\$318,751.76	\$382,055.00
Boston Scientific Corp Com	Common Stock	\$219,336.52	\$464,464.00
Johnson & Johnson	Common Stock	\$513,561.66	\$444,851.12
Thermo Fisher Scientific Inc	Common Stock	\$334,504.88	\$377,166.75
UnitedHealth Group Inc	Common Stock	\$154,373.85	\$336,396.90
Servicenow Inc	Common Stock	\$118,044.52	\$429,348.60
Willis Towers Watson Pub LTDCO	Common Stock	\$2,569,169.61	\$2,906,867.20
Deere & Co	Common Stock	\$3,621,491.39	\$4,084,468.00
Airbnb Inc	Common Stock	\$2,209,246.83	\$2,221,486.05
Charter Communications	Common Stock	\$1,605,859.48	\$1,907,515.05
Lithia Motors Inc CL A Com	Common Stock	\$3,181,814.08	\$4,569,742.55
Conocophillips	Common Stock	\$2,320,781.91	\$2,085,049.25
Phillips 66	Common Stock	\$2,264,272.80	\$1,756,800.60
American International Group, Inc	Common Stock	\$1,029,839.82	\$2,012,192.00
Capital One Financial Corp	Common Stock	\$2,564,508.85	\$3,358,657.20

CRBE Group Inc	Common Stock	\$1,057,032.42	\$3,338,048.25
First Ctzns Bancshares Inc	Common Stock	\$3,887,445.48	\$4,511,297.70
Intercontinental Exchange, Inc	Common Stock	\$3,860,420.54	\$4,187,181.00
Fiserv Inc	Common Stock	\$1,313,766.59	\$2,710,516.90
Paycom Software Inc	Common Stock	\$3,234,104.43	\$3,418,899.60
Centene Corp Del	Common Stock	\$2,945,321.73	\$2,440,465.30
IQVIA Holdings Inc	Common Stock	\$5,575,670.43	\$4,767,332.60
Warner Bros Discovery Inc	Common Stock	\$1,942,156.00	\$2,057,926.15
AKO Global Long, L.P.	Limited Partnerships	\$19,331,400.00	\$19,331,400.00
Eminence Partners Long, L.P.	Limited Partnerships	\$38,279,003.34	\$38,279,003.34
Reade Street Partners, L.P.	Limited Parnerships	\$15,323,891.20	\$15,323,891.20