

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SHAKLEE CORPORATION PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>SHAKLEE CORPORATION</u></p> <p><u>4040 NE 2ND AVENUE, SUITE 321</u> <u>MIAMI, FL 33137</u></p>	<p>1c Effective date of plan <u>05/27/2004</u></p> <p>2b Employer Identification Number (EIN) <u>94-3389365</u></p> <p>2c Plan Sponsor's telephone number <u>925-924-2248</u></p> <p>2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	KELLEY MORAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	222
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)	38
	6a(2)	34
	6b	79
	6c	101
	6d	214
	6e	8
	6f	222
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 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 checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SHAKLEE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHAKLEE CORPORATION</u>	D Employer Identification Number (EIN) <u>94-3389365</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>13397736</u>	
b Actuarial value	2b	<u>14225505</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>84</u>	<u>13013889</u>	<u>13013889</u>
b For terminated vested participants	<u>108</u>	<u>4251511</u>	<u>4251511</u>
c For active participants	<u>34</u>	<u>2162664</u>	<u>2167177</u>
d Total	<u>226</u>	<u>19428064</u>	<u>19432577</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.07 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>310000</u>	
c Target normal cost	6c	<u>310000</u>	

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

SIGN HERE	
Signature of actuary	<u>09/08/2025</u>
<u>STEPHEN J. DRAKE, ASA,EA,FCA,MAAA</u>	Date
Type or print name of actuary	<u>23-06421</u>
<u>GALLAGHER BENEFIT SERVICES, INC.</u>	Most recent enrollment number
Firm name	<u>415-395-9300</u>
<u>595 MARKET STREET, SUITE 2100</u> <u>SAN FRANCISCO, CA 94105</u>	Telephone number (including area code)
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.06</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		785
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		41
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		826
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	73.20 %
15	Adjusted funding target attainment percentage	15	73.20 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.32 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	68.94 %

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	199000	0					
07/11/2024	199000	0					
10/11/2024	194000	0					
01/14/2025	194000	0					
07/30/2025	106078	0					
			Totals ▶	18(b)	892078	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	859352
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 310000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5207072	548594	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 858594
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 858594
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 859352
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 758
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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 SHAKLEE CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SHAKLEE CORPORATION	D Employer Identification Number (EIN) 94-3389365	

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)

GALLAGHER BENEFIT SERVICES

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	123240	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)

MORGAN STANLEY

200 WESTCHESTER AVE
PURCHASE, NY 10577

(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	NONE	73183	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)

WITHUM SMITH BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19095	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"/>

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)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15300	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)

FIRST STATE TRUST COMPAN

13-3124172

(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?
12 21 50 62 63 72	NONE	11388	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.

(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: MOSS ADAMS LLP	b EIN: 91-0189318
c Position: AUDITOR	
d Address: 101 SECOND ST #900 SAN FRANCISCO, CA 94105	e Telephone: 415-956-1500

Explanation: CHANGE IN AUDITOR

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.	OMB No. 1210-0110 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 SHAKLEE CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SHAKLEE CORPORATION	D Employer Identification Number (EIN) 94-3389365

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	331510	300078
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35963	14502
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	305712	622718
(2) U.S. Government securities	1c(2)	4500853	763825
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	8239456	12105049
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	13413494	13806172
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10405	13038
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10405	13038
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13403089	13793134

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)	892078	
(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)		892078
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6668	
(B) U.S. Government securities.....	2b(1)(B)	91354	
(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)		98022
(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)	335890	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		335890
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	23510991	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	23493336	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		17655
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4283	
(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)		686585
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2034513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1227548	
(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)		1227548
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)	34395	
(5) Investment advisory and investment management fees	2i(5)	73183	
(6) Bank or trust company trustee/custodial fees	2i(6)	11388	
(7) Actuarial fees	2i(7)	123240	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	174714	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		416920
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1644468

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		390045
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: PENSION ASSURANCE LLP

(2) EIN: 30-0840934

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		25000000
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.)			
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 545784.

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.
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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 <u>SHAKLEE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHAKLEE CORPORATION</u>	D Employer Identification Number (EIN) <u>94-3389365</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	<u>0</u>
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): <u>13-3124172</u>		
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	<u>0</u>

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.)
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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
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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.
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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>Structured Attachment</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>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	SHAKLEE CORPORATION PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-3389365	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44			1			
45 to 49			1			
50 to 54			2			
55 to 59			1			
60 to 64			1			
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3					
45 to 49	5					
50 to 54			1			
55 to 59	7		3			
60 to 64	4		1			
65 to 69			1			
70 & Up						

Name of Plan	SHAKLEE CORPORATION PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-3389365	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64	2					
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64	1					
65 to 69						
70 & Up						

Name of Plan	SHAKLEE CORPORATION PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	94-3389365	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						



Pension Assurance



INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
Shaklee Corporation Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of Shaklee Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statement of Net Assets Available for Benefits as of December 31, 2024, the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024, the Statement of Accumulated Benefits as of December 31, 2023, the Statement of Changes in Accumulated Benefits for the Year Ended December 31, 2023, and the related notes to the financial statements (2024 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 a certification from a qualified institution as of 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 on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the 2024 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 2024 financial statements related to benefits provided under the plan and certified to by a qualified institution or 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 on the 2024 Financial Statements

We conducted our audit 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 2024 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 103(a)(3)(C) audit opinion.

Emphasis of Matter—Plan Freeze

As disclosed in Note 1a, effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Our report is not modified with respect to this matter.

Responsibilities of Management for the 2024 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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—2024 Supplemental Schedules Required by ERISA

The supplemental schedules of 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, are presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 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 GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to benefits provided under the plan and certified to by a qualified institution or 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).

Other Matter—Auditor's Report on the 2023 Financial Statement

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 8, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America; and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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).

PENSION ASSURANCE LLP

Agoura Hills, California
October 14, 2025

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Shaklee Corporation Pension Plan
Plan Sponsor: Shaklee Corporation
EIN / PN: 94-3389365 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Actuarial Basis

Overview

This 2024 Form 5500 Schedule SB for the Shaklee Corporation Pension Plan (“Plan”) has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2024 Schedule SB is to provide reporting of the Plan’s minimum funding and other Plan information as requested to the Department of Labor’s Employee Benefits Security Administration (the “EBSA”), as stated in the instructions to the 2024 Form 5500. This 2024 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2024 Schedule SB is signed and dated by Stephen Drake. Mr. Drake is the responsible actuary for this 2024 Schedule SB for the Plan, and as an Associate of the Society of Actuaries, an Enrolled Actuary, a Fellow in the Conference of Consulting Actuaries, and a Member of the American Academy of Actuaries, is qualified to issue this 2024 Schedule SB. Mr. Drake is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2024 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2024 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the January 1, 2024 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Liability Methods

For minimum funding purposes, liabilities shown in this report have been computed using the Unit Credit method. This method is mandated by statute.

Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and thus result in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- Past service: the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Target Liability**.
- Current service: the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Normal Cost**.
- Future service: the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Asset Valuation Method

The actuarial value of assets is equal to the two-year average of Plan asset values as of the valuation date. The two-year average is the average of the two prior years' adjusted market value of assets and the current year's market value of assets. For this purpose, the prior years' market values of assets are adjusted to reflect contributions, benefit payments, administrative expenses and expected earnings for the prior years.

Receivable contributions for the prior plan year that are made after the valuation date are included. These receivable contributions are discounted back to the valuation date using the Effective Interest Rate before adding to the actuarial value of assets.

Contributions made for the current plan year, whether made before or after the valuation date, are excluded from the actuarial value of assets.

The resulting actuarial value of assets is adjusted to be within 10% of the market value of assets as of the valuation date, as required by law.

Valuation Data

The valuation date for the 2024 actuarial valuation is January 1, 2024. Except as discussed below, the January 1, 2024 valuation date is also the information date for this report.

The Plan sponsor provided data on all relevant employees and participants as of the January 1, 2024 valuation date. Employee and participant data was reviewed for reasonableness and consistency, but was otherwise relied upon for accuracy and completeness. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

Any changes in participant data effective after the January 1, 2024 valuation date were not considered in this report.

Participants who terminated without any vested Plan benefit prior to the January 1, 2024 valuation date are excluded from this valuation.

All financial data was provided by the Plan's asset custodian, First State Trust Company. With the exception of the dates and amounts of subsequent Plan contributions as fully noted in this report, changes in financial data after the January 1, 2024 valuation date were not considered. The financial data received was reviewed for consistency with the Plan's published funding recommendations, but was otherwise not analyzed.

The limitations of Code section 415(b) have been incorporated into our calculations.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Actuarial Assumptions

PPA Segment Rates

Yield Curve Election: The Plan sponsor did not elect to use the full yield curve.

Applicable Month: The Plan sponsor elected to base Segment Rates on the September immediately preceding the valuation year.

MAP-21 Adjusted Segment Rates reflect ARPA Provisions:

First Segment:	4.75% compounded annually.
Second Segment:	4.87% compounded annually.
Third Segment:	5.59% compounded annually.

Unadjusted Segment Rates:

First Segment:	3.62% compounded annually.
Second Segment:	4.46% compounded annually.
Third Segment:	4.52% compounded annually.

Economic

Assumed return for asset averaging purposes: 6.25% compounded annually.

Lump Sum Interest Rates: Based on unrounded November 2023 PPA segment rates:

First segment rate:	5.50%
Second segment rate:	5.76%
Third segment rate:	5.83%

Under the Plan provisions, the lump sum for pre-2002 accrued benefits is based on 80% of the segment rates listed above.

As required under annuity substitution rule in IRS Section 430 regulation, these rates are replaced by the PPA Segment Rates shown above for IRS and PBGC purposes where benefits are paid under the term of IRC Section 417(e).

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Actuarial Assumptions

Other

Mortality: IRS 2024 Generational Mortality Table. This mortality table is stipulated under IRS Notice 2023-73. The “small plan” option is not reflected in this valuation.

For lump sum payments, the mortality used is as prescribed under Section 417(e) for the 2024 plan year.

Retirement: The assumed rates of retirement are shown in the following table.

Percentage retiring during the year

<u>Age</u>	<u>Rate</u>
55 to 59	4.0%
60	10.0%
61	10.0%
62	30.0%
63	10.0%
64	10.0%
65	100.0%

These rates represent our best estimate of anticipated future experience under the Plan.

Disability: None.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Actuarial Assumptions

Withdrawal: Annual rate per 1,000 employees (not due to disability retirement or mortality).

Samples rates are shown below:

<u>Age</u>	<u>Male Rates</u>	<u>Female Rates</u>
20	152	178
25	148	172
30	126	140
35	104	112
40	88	90
45	78	74
50	64	64
55	48	50
60	34	34

Form of Payment: As mandated by IRS regulations, no benefit restrictions under IRC section 436 or under the Top 25 rules may be assumed on and after the valuation date. Accordingly, 85% of benefits for future terminated participants eligible for lump sum are assumed to be paid as a lump sum and 15% as a 50% joint and survivor annuity. 5% of current terminated vested participants' benefits eligible for lump sum are assumed to be paid as lump sum immediately and the remaining benefits are assumed to be paid as an annuity at normal retirement date.

Percentage Married: All active and terminated vested participants are assumed to be married.

Age Difference: Husbands are assumed to be three years older than their wives.

Employees: It is assumed that there will be no new or rehired employees since this is a frozen plan.

Administrative Expenses: Expenses paid from the trust (trustee, actuarial, and record keeping fees, and PBGC premiums) are estimated to be \$310,000 for the 2024 plan year. This assumption is set based on actual administrative expenses incurred for the prior plan year with an adjustment for the expected PBGC premium for the current plan year.

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Changes in Assumptions and Methods since the Last Actuarial Valuation

The Segment Rates and Mortality assumptions were updated for the 2024 plan year, as required for minimum funding calculations by IRS regulations under IRC section 430 and 417(e). These updates resulted in an increase in the Target Liability, as disclosed in Section 4.3.

Assumed administrative expenses were decreased from \$280,000 to \$310,000 to reflect expected expenses for the 2024 plan year.

The assumed lump sum interest rates were changed from November 2022 segment rates of 5.09%, 5.60% and 5.41% in 2023 to the November 2023 segment rates of 5.50%, 5.76% and 5.83% in 2024.

The assumed asset return rate has been updated from 7.00% for 2023 to 6.25% for 2024 to reflect current asset allocations for investments.

Nature of Assumptions

The Segment Rates, the Lump Sum Interest Rates and the Mortality assumptions for funding purposes are dictated by the provisions of the Pension Protection Act of 2006. These three assumptions were determined by IRC section 430 and the associated IRS regulations (including MAP-21/HATFA/BBA/ARPA), and are based on the Plan sponsor method elections previously made.

The administrative expenses assumption represent an estimate of future experience based on actual experience in the prior plan year, with an adjustment for expected PBGC premium for the current plan year.

In the opinion of the responsible actuary, except as dictated by IRC section 430 and the associated IRS regulations, each of the actuarial assumptions is reasonable, taking into account the experience of the Plan and reasonable expectations, and, in combination, represent a reasonable estimate of the anticipated experience under the Plan.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

Consolidation: Shaklee - Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue	Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
	<i>Delaware Group Income Fds Inc</i>						
	264.941 Units Bought On 12/29/2023	15.46000800	0.00	4,095.99	4,095.99		0.03%
	279.313 Units Bought On 01/31/2024	15.41997600	0.00	4,307.00	4,307.00		0.03%
	265.671 Units Bought On 02/29/2024	15.14000300	0.00	4,022.26	4,022.26		0.03%
	289.526 Units Bought On 03/28/2024	15.28000900	0.00	4,423.96	4,423.96		0.03%
	294.597 Units Bought On 04/30/2024	14.84000100	0.00	4,371.82	4,371.82		0.03%
	304.547 Units Bought On 05/31/2024	15.06998900	0.00	4,589.52	4,589.52		0.04%
	300.858 Units Bought On 06/28/2024	15.11001800	0.00	4,545.97	4,545.97		0.03%
	299.569 Units Bought On 07/31/2024	15.38997600	0.00	4,610.36	4,610.36		0.04%
	76,945.443 Units Sold On 08/27/2024	15.66999900	0.00	465,234.50	1,205,735.09	740,500.59	9.25%
	455.429 Units Sold On 03/05/2024	15.22999100	0.00	2,559.51	6,936.18	4,376.67	0.05%
					1,247,638.15	744,877.26	9.57%
	<i>FDIC Bank Deposit Fund</i>						
	1,399,772.28 Units Bought In 26 Transactions	100.00000000	0.00	1,399,772.28	1,399,772.28		10.74%
	1,396,083.8 Units Sold In 27 Transactions	100.00000000	0.00	1,396,083.80	1,396,083.80	0.00	10.71%
					2,795,856.08	0.00	21.45%
	<i>Ishares Barclays Aggregate Bond Fund ETF</i>						
	123 Units Sold On 03/05/2024	97.71065000	0.00	11,652.49	12,018.41	365.92	0.09%
	20,381 Units Sold On 11/06/2024	97.61748500	0.00	1,928,617.08	1,989,541.98	60,924.90	15.26%
					2,001,560.39	61,290.82	15.35%
	<i>Ishares Bitcoin Shs Ben Int</i>						
	91,000 Units Bought On 11/07/2024	43.80210000	0.00	3,985,991.10	3,985,991.10		30.58%
	81,000 Units Bought On 12/17/2024	61.47091100	9,000.00	4,979,143.80	4,979,143.80		38.20%
	91,000 Units Sold On 11/21/2024	56.04963900	6,370.00	3,985,991.10	5,100,517.22	1,114,526.12	39.13%
					14,065,652.12	1,114,526.12	107.90%
	<i>iShares MSCI Japan ETF</i>						

See independent auditor's report and accompanying notes.

Consolidation: Shaklee - Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue	Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
	2,951 Units Bought On 03/27/2024	71.38909800	0.00	210,669.23	210,669.23		1.62%
	26 Units Sold On 03/05/2024	70.37615300	0.00	1,420.15	1,829.78	409.63	0.01%
	7,282 Units Sold On 12/02/2024	70.42814100	0.00	461,453.40	512,857.73	51,404.33	3.93%
				725,356.74	725,356.74	51,813.96	5.56%
	<i>Lord Abbett Short Duration Income C/I</i>						
	756.84 Units Bought On 11/29/2024	3.86999800	0.00	2,928.97	2,928.97		0.02%
	915.32 Units Bought On 08/30/2024	3.87999800	0.00	3,551.44	3,551.44		0.03%
	912.149 Units Bought On 09/30/2024	3.89999800	0.00	3,557.38	3,557.38		0.03%
	922.096 Units Bought On 10/31/2024	3.86999800	0.00	3,568.51	3,568.51		0.03%
	914.566 Units Bought On 07/31/2024	3.86999900	0.00	3,539.37	3,539.37		0.03%
	914.047 Units Bought On 06/28/2024	3.83999900	0.00	3,509.94	3,509.94		0.03%
	901.513 Units Bought On 03/28/2024	3.84000000	0.00	3,461.81	3,461.81		0.03%
	910.977 Units Bought On 05/31/2024	3.83999800	0.00	3,498.15	3,498.15		0.03%
	898.812 Units Bought On 04/30/2024	3.81999700	0.00	3,433.46	3,433.46		0.03%
	207,253.886 Units Bought On 01/11/2024	3.86000000	0.00	800,000.00	800,000.00		6.14%
	586.22 Units Bought On 01/31/2024	3.86000100	0.00	2,262.81	2,262.81		0.02%
	837.74 Units Bought On 02/29/2024	3.83999800	0.00	3,216.92	3,216.92		0.02%
	1,258.135 Units Sold On 03/05/2024	3.84000100	0.00	4,856.40	4,831.24	-25.16	0.04%
	51,813.472 Units Sold On 11/06/2024	3.85999900	0.00	200,000.00	200,000.00	0.00	1.53%
				1,041,360.00	1,041,360.00	-25.16	7.99%
	<i>Lord Abbett Total Return I</i>						
	1,168.393 Units Bought On 11/29/2024	8.82999900	0.00	10,316.91	10,316.91		0.08%
	736.932 Units Bought On 06/28/2024	8.64999700	0.00	6,374.46	6,374.46		0.05%
	739.115 Units Bought On 07/31/2024	8.80999500	0.00	6,511.60	6,511.60		0.05%
	744.267 Units Bought On 05/31/2024	8.60000500	0.00	6,400.70	6,400.70		0.05%
	134,804.978 Units Bought On 08/27/2024	8.94999900	0.00	1,206,504.55	1,206,504.55		9.26%

See independent auditor's report and accompanying notes.

Consolidation: Shaklee - Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue	Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
	1,278.138 Units Bought On 10/31/2024	8.76000000	0.00	11,196.49	11,196.49		0.09%
	1,241.772 Units Bought On 09/30/2024	9.00000100	0.00	11,175.95	11,175.95		0.09%
	799.629 Units Bought On 08/30/2024	8.90999400	0.00	7,124.69	7,124.69		0.05%
	708.412 Units Bought On 02/29/2024	8.68000500	0.00	6,149.02	6,149.02		0.05%
	706.863 Units Bought On 01/31/2024	8.80999500	0.00	6,227.46	6,227.46		0.05%
	713.654 Units Bought On 12/29/2023	8.83999800	0.00	6,308.70	6,308.70		0.05%
	722.21 Units Bought On 03/28/2024	8.71999800	0.00	6,297.67	6,297.67		0.05%
	743.742 Units Bought On 04/30/2024	8.50000400	0.00	6,321.81	6,321.81		0.05%
	1,046.512 Units Sold On 03/05/2024	8.73000000	0.00	9,481.40	9,136.05	-345.35	0.07%
	28,702.641 Units Sold On 11/06/2024	8.70999900	0.00	260,045.93	250,000.00	-10,045.93	1.92%
					1,556,046.06	-10,391.28	11.94%
	Morgan Stanley Bank Deposit						
	10,912,082.86 Units Bought In 70 Transactions	100.00000000	0.00	10,912,082.86	10,912,082.86		83.71%
	10,598,765.55 Units Sold In 15 Transactions	100.00000000	0.00	10,598,765.55	10,598,765.55	0.00	81.31%
					21,510,848.41	0.00	165.02%
	United States Treas Nts 2.5000% 05/31/24						
	1,700,000 Units Bought On 01/11/2024	98.96870000	0.00	1,682,468.75	1,682,468.75		12.91%
	500,000 Units Sold On 03/27/2024	99.50000000	0.00	494,843.75	497,500.00	2,656.25	3.82%
	70,000 Units Sold On 03/25/2024	99.48430000	0.00	69,278.13	69,639.06	360.93	0.53%
	480,000 Units Sold On 05/13/2024	99.87100000	0.00	475,050.00	479,381.25	4,331.25	3.68%
	75,000 Units Sold On 05/29/2024	99.98820000	0.00	74,226.56	74,991.21	764.65	0.58%
	575,000 Units Sold On 06/06/2024	100.00000000	0.00	569,070.31	575,000.00	5,929.69	4.41%
					3,378,980.27	14,042.77	25.92%
	United States Treas Nts 4.2500% 12/31/24						
	5,500,000 Units Bought On 12/02/2024	99.98040000	0.00	5,498,925.74	5,498,925.74		42.18%
	4,930,000 Units Sold On 12/17/2024	99.99210000	0.00	4,929,037.07	4,929,614.82	577.75	37.82%

See independent auditor's report and accompanying notes.

01/01/2024-12/31/2024

Consolidation: Shaklee - Statement Cons

United States Treas Nts	4.5000% 11/30/24								
900,000 Units Sold On 03/27/2024		99,53120000	0.00	891,457.03	895,781.25	4,324.22	4,324.22	577.75	80.00%
					895,781.25	4,324.22			6.87%
United States Treas Nts	4.0000% 12/15/25								
583,000 Units Bought On 06/12/2024		98,76170000	0.00	575,780.82	575,780.82				4.42%
52,000 Units Sold On 06/20/2024		98,69920000	0.00	51,014.84	51,323.59	308.75			0.39%
49,800 Units Sold On 09/25/2024		100,26950000	0.00	48,856.52	49,934.23	1,077.71			0.38%
60,000 Units Sold On 08/30/2024		99,75780000	0.00	58,863.28	59,854.69	991.41			0.46%
1,003,000 Units Sold On 11/06/2024		99,61320000	0.00	983,997.85	999,121.21	15,123.36			7.66%
					1,736,014.54	17,501.23			13.32%

NOTE : TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,035,615.97

(5 % = 651,780.80)

See independent auditor's report and accompanying notes.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

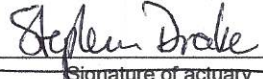
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SHAKLEE CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHAKLEE CORPORATION		D Employer Identification Number (EIN) 94-3389365	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	13,397,736	
b Actuarial value	2b	14,225,505	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	84	13,013,889	13,013,889
b For terminated vested participants	108	4,251,511	4,251,511
c For active participants	34	2,162,664	2,167,177
d Total	226	19,428,064	19,432,577
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.07%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	310,000	
c Target normal cost	6c	310,000	

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

SIGN HERE		<u>09/08/2025</u>
	Signature of actuary	Date
<u>STEPHEN J. DRAKE, ASA, EA, FCA, MAAA</u>		<u>2306421</u>
Type or print name of actuary		Most recent enrollment number
<u>GALLAGHER BENEFIT SERVICES, INC.</u>		<u>415-395-9300</u>
Firm name		Telephone number (including area code)
<u>595 MARKET STREET, SUITE 2100</u>		
<u>SAN FRANCISCO CA 94105</u>		
Address of the firm		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	310,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,207,072	548,594	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	858,594	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	858,594	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	859,352	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	758	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Shaklee Corporation Pension Plan
Plan Sponsor: Shaklee Corporation
EIN / PN: 94-3389365 / 002

Schedule SB, line 19 – Discounted Employer Contributions

**(c) Contributions Allocated toward Minimum Required Contribution for the 2024
Plan Year Adjusted to Valuation Date**

Applicable effective interest rate: 5.07%

Date	Amount	Interest Adjustment	Interest-Adjusted §430 Contribution
04/11/2024	\$199,000	(\$2,697)	\$196,303
07/11/2024	\$199,000	(\$5,097)	\$193,903
10/11/2024	\$194,000	(\$7,304)	\$186,696
01/14/2025	\$194,000	(\$9,685)	\$184,315
07/30/2025	\$106,078	(\$7,943)	\$98,135
Total	\$892,078	(\$32,726)	\$859,352

Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Shaklee Corporation Pension Plan
 Plan Sponsor: Shaklee Corporation
 EIN / PN: 94-3389365 / 002

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25																					
25 – 29																					
30 – 34																					
35 – 39																					
40 – 44			1		3																
45 – 49			1		5																
50 – 54			2				1														
55 – 59			1		7		3														
60 – 64			1		4		1		2				1								
65 – 69							1														
70 & Over																					

Credited service and benefit accruals under the plan were frozen as of May 27, 2007.
 Average compensation for active participants is not shown here because plan benefits were frozen as of May 27, 2007.
 The participant count was determined as of the January 1, 2024 funding valuation date.

Shaklee Corporation Pension Plan

Financial Statements with Auditor's Report
As of December 31, 2024 and 2023

Index

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Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 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



INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
Shaklee Corporation Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of Shaklee Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statement of Net Assets Available for Benefits as of December 31, 2024, the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024, the Statement of Accumulated Benefits as of December 31, 2023, the Statement of Changes in Accumulated Benefits for the Year Ended December 31, 2023, and the related notes to the financial statements (2024 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 a certification from a qualified institution as of 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 on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the 2024 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 2024 financial statements related to benefits provided under the plan and certified to by a qualified institution or 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 on the 2024 Financial Statements

We conducted our audit 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 2024 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 103(a)(3)(C) audit opinion.

Emphasis of Matter—Plan Freeze

As disclosed in Note 1a, effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Our report is not modified with respect to this matter.

Responsibilities of Management for the 2024 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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—2024 Supplemental Schedules Required by ERISA

The supplemental schedules of 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, are presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 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 GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to benefits provided under the plan and certified to by a qualified institution or 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).

Other Matter—Auditor's Report on the 2023 Financial Statement

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 8, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America; and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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).

PENSION ASSURANCE LLP

Agoura Hills, California

October 14, 2025

Shaklee Corporation Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 3,135,798	\$ 2,694,544
Exchange-traded funds	8,969,251	5,544,912
U.S. Treasury security	763,825	4,500,853
	12,868,874	12,740,309
Investments, other:		
Interest-bearing cash	622,718	305,712
Receivables:		
Company contributions	300,078	331,510
Accrued income	14,502	35,963
	314,580	367,473
Total assets	13,806,172	13,413,494
Liabilities:		
Due to broker	13,038	10,405
Net assets available for benefits	\$ 13,793,134	\$ 13,403,089

See accompanying notes.

Shaklee Corporation Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to:		
Contributions:		
Company	\$ 892,078	\$ 867,228
Investment income:		
Net realized and unrealized appreciation in fair value of investments	687,063	560,399
Interest and dividends	455,372	336,446
	1,142,435	896,845
Total additions	2,034,513	1,764,073
Deductions from net assets attributable to:		
Benefits paid to participants	1,227,548	1,402,213
Plan expenses	416,920	357,296
Total deductions	1,644,468	1,759,509
Net increase	390,045	4,564
Net assets available for benefits:		
Beginning of year	13,403,089	13,398,525
End of year	\$ 13,793,134	\$ 13,403,089

See accompanying notes.

**Shaklee Corporation Pension Plan
Statement of Accumulated Benefits
As of December 31, 2023**

Actuarial present value of accumulated benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 12,207,929
Other participants	<u>5,819,990</u>
	18,027,919
Non-vested benefits	<u>4,570</u>
Total actuarial present value of accumulated benefits	<u>\$ 18,032,489</u>

See accompanying notes.

**Shaklee Corporation Pension Plan
Statement of Changes in Accumulated Benefits
For the Year Ended December 31, 2023**

Actuarial present value of accumulated benefits as of the beginning of year		\$ 17,132,654
Increase (decrease) during the year attributable to:		
Net benefits accumulated and (gains) losses		86,175
Increase for interest due to decrease in discount period		1,151,038
Benefits paid		(1,402,213)
Change in actuarial assumptions		1,064,835
Net increase		<u>899,835</u>
Actuarial present value of accumulated benefits as of the end of year		<u>\$ 18,032,489</u>

See accompanying notes.

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

1. Plan Description

The following description of the Shaklee Corporation Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan, originally effective May 27, 2004, and restated January 1, 2008, is a noncontributory defined benefit plan covering all transferred members of Shaklee Corporation (the Company). Effective May 27, 2007, the Plan was amended to freeze all future benefit accruals. Prior to May 27, 2024, all employees of the Company who completed 1,000 hours or credited service within a plan year were eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet benefits to be paid to participants as they come due. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's services cost, the initial past service cost over a period of 30 years, the amortization of amendments and actuarial gains and losses over the appropriate periods, as well as interest on such items. For the years ended December 31, 2024 and 2023, the Company contributed \$892,078 and \$867,228 to the Plan, respectively.

c. Vesting

Vesting in the Company's contribution is based on years of credited service. Participants become fully vested after five years of credited service.

d. Plan Benefits

Participants' pension benefits are determined in accordance with the provisions of the Plan document. Benefits are generally based on credited service and final average compensation, subject to applicable benefit formulas. Participants may elect to receive their benefits in various forms, including joint and survivor annuities, single-life annuities, or lump-sum payments, as permitted under the Plan. The Plan also provides for early and late retirement benefits, as well as pre-retirement death benefits, in accordance with the terms of the Plan.

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

b. Use of Estimates

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

c. Investment Valuation and Income Recognition

Except as noted below, investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

The Plan's interest-bearing cash holdings consist of current deposit accounts with no specified maturity dates. These accounts are carried at the bank's stated balance plus or minus certain adjustments prescribed under the accounting standards. As a practical expedient, insignificant amounts of interest income on cash deposit accounts are recorded when received.

Purchases and sales of securities are generally recorded on a trade-date basis. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 960-325, *Plan Accounting—Defined Contribution Plans: Investments—Other*, settlement-date basis may be used when (a) the settlement date is after the financial statement date, (b) the fair value of the securities purchased or sold did not change significantly from the trade date to the financial statement date, and (c) the purchases or sales do not significantly affect the composition of the plan's net assets available for benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Payment of Benefits

Benefits are recorded when paid.

e. Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Plan expenses include fees for certain participant-initiated transactions that are charged directly to the account of the participant who incurred them. Investment-related expenses are included in net realized and unrealized appreciation in fair value of investments. For the year ended December 31, 2024, the Plan paid \$416,920 in administrative expenses, including approximately \$73,000 in asset management fees, \$123,000 in actuarial fees, \$34,000 in accounting fees, \$11,000 in commission fees, and \$175,000 in premiums to the Pension Benefit Guaranty Corporation (PBGC).

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

f. Subsequent Events

The Plan has evaluated the subsequent events through October 14, 2025, the date the financial statements were available to be issued.

g. Reclassifications

Certain reclassifications have been made to interest-bearing cash and investments at fair value within the statement of net assets available for benefits in the 2023 financial statements to conform to the 2024 financial statement presentation.

3. Risks and Uncertainties

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

4. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the traditional unit credit method. Under this actuarial method, the objective is to fund each participant's benefits under the plan as they accrue. It is the intention of the Company's funding policy, based on the actuarial assumptions referred to in Note 8, that all eligible participants' benefits will be fully provided for by the time they retire. During 2024 and 2023, the Plan exceeded the minimum funding requirements of ERISA. Plan participants may not make contributions to the Plan.

5. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Notes to Financial Statements
For the Year Ended December 31, 2024

5. Fair Value Measurement (Continued)

Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Exchange-traded funds and U.S Treasury securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,135,798	\$ -	\$ -	\$ 3,135,798
Exchange-traded funds	8,969,251	-	-	8,969,251
U.S. Treasury securities	763,825	-	-	763,825
Investments, at fair value	<u>\$ 12,868,874</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,868,874</u>

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

5. Fair Value Measurement (Continued)

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,694,544	\$ -	\$ -	\$ 2,694,544
Exchange-traded funds	5,544,912	-	-	5,544,912
U.S. Treasury securities	4,500,853	-	-	4,500,853
Investments, at fair value	<u>\$ 12,740,309</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,740,309</u>

6. Certified Investment Information

Management has elected to have the audit of the Plan 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. Accordingly, First State Trust Company, the Trustee of the Plan, has certified that the following investment information is complete and accurate:

- Fair value of investments and the carrying amount of interest-bearing cash as reflected in the Statement of Net Assets Available for Benefits as of December 31, 2024.
- Investment income as reflected in the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024.
- Investment information as reflected in Note 5 to these financial statements.
- Investment information reflected in the Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024.

As permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements or information related to the certified investment information.

7. Party-In-Interest Transactions

The following table presents exempt transactions with parties-in-interest, as defined by ERISA.

Party-in-interest	Relationship	ERISA Sec. 408(a) exemption
First State Trust Company	Trustee	Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services
First State Trust Company	Recordkeeper	Reasonable compensation for necessary services
Gallagher Benefit Services	Actuary	Reasonable compensation for necessary services
Withum Smith Brown PC	Auditor	Reasonable compensation for necessary services

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

7. Party-In-Interest Transactions (Continued)

Moss Adams LLP	Auditor	Reasonable compensation for necessary services
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In addition, the Plan compensates investment advisors for such qualified services as fiduciary advice and support, plan design, compliance support, and investment selection.

8. Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments, including lump sums, which are attributable under the Plan's provisions to the services employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated benefits for active employees are based on (a) the average of the participant's highest 5 years of annualized earnings during the participant's last 10 calendar years as an eligible employee, (b) the number of years of credited service, and (c) an average of the participant's most recent taxable wage base in effect for each calendar year, not to exceed 35 years.

The actuarial present value of accumulated benefits has been determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money and the probability of payment between the benefit information date and the expected payment dates. The effect of plan amendments on accumulated benefits is recognized during the year in which such amendments become effective. The actuarial valuation is as of January 1, 2024, which is the beginning of the plan year and is presented in the Statement of Accumulated Benefits as of December 31, 2023.

The significant actuarial assumptions used in determining accumulated benefits as of December 31, 2023, are as follows:

	<u>2023</u>
Investment return	6.25%
Mortality	Pri-2012 White Collar Mortality Table projected generationally With MP-2021 Projection Scale, Reflecting current industry Standard expectations.

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

Shaklee Corporation Pension Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

9. Tax Exempt Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 31, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since then, the plan administrator believes the Plan has been operated in accordance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, 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 plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Plan Termination

The Company has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed to the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, the ceiling is \$7,108 and \$6,750 per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the ceiling is actuarially adjusted downward.

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

11. Subsequent Events—Change in Trustee

Effective March 26, 2025, the Plan changed Trustees from First State Trust Company to Merrill Lynch.

Shaklee Corporation Pension Plan
EIN: 94-3389365 PLAN: 002
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
FDIC Bank Deposit Fund	Interest-bearing Cash	\$ 4,827	\$ 4,827	
Morgan Stanley Bank Deposit	Interest-bearing Cash	617,891	617,891	
Lord Abbett Short Duration Income CI I	Mutual Fund	634,372	634,399	
Lord Abbett Total Return I	Mutual Fund	2,591,162	2,501,399	
Consumer Staples SPDR	Exchange-Traded Fund	153,685	171,999	
Energy Select Sector SPDR	Exchange-Traded Fund	260,062	240,105	
Health Care Select Sector SPDR	Exchange-Traded Fund	271,115	355,481	
Industrial Select SPDR	Exchange-Traded Fund	259,889	273,797	
Invesco Aerospace & Defense	Exchange-Traded Fund	259,379	284,186	
Invesco S&P 500 Equal Weight ETF	Exchange-Traded Fund	649,861	679,367	
iShares Bitcoin Shs Ben Int	Exchange-Traded Fund	4,979,144	4,297,050	
iShares Core MSCI Emerging	Exchange-Traded Fund	327,129	336,506	
iShares Russell 2000 Growth ETF	Exchange-Traded Fund	109,449	138,154	
iShares Russell Midcap Grwth	Exchange-Traded Fund	73,336	105,202	
iShares Russell Midcap Value	Exchange-Traded Fund	209,120	340,164	
iShares S&P 500 Growth Index ETF	Exchange-Traded Fund	199,665	330,379	
iShares S&P 500 Value Index ETF	Exchange-Traded Fund	368,100	607,380	
iShares Tr Russell 2000 Value Indx Fd	Exchange-Traded Fund	169,494	269,895	
Utilities Select Sector	Exchange-Traded Fund	259,298	275,360	
Vanguard European ETF	Exchange-Traded Fund	225,528	264,226	
United States Treasury Nts	U.S. Treasury Security	754,529	763,825	
		<u>\$ 13,377,035</u>	<u>\$ 13,491,592</u>	

See independent auditor's report and accompanying notes.

Consolidation: Shaklee- Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
<i>Delaware Group Income Fds Inc</i>						
264.941 Units Bought On 12/29/2023	15.46000800	0.00	4,095.99	4,095.99		0.03%
279.313 Units Bought On 01/31/2024	15.41997600	0.00	4,307.00	4,307.00		0.03%
265.671 Units Bought On 02/29/2024	15.14000300	0.00	4,022.26	4,022.26		0.03%
289.526 Units Bought On 03/28/2024	15.28000900	0.00	4,423.96	4,423.96		0.03%
294.597 Units Bought On 04/30/2024	14.84000100	0.00	4,371.82	4,371.82		0.03%
304.547 Units Bought On 05/31/2024	15.06998900	0.00	4,589.52	4,589.52		0.04%
300.858 Units Bought On 06/28/2024	15.11001800	0.00	4,545.97	4,545.97		0.03%
299.569 Units Bought On 07/31/2024	15.38997600	0.00	4,610.36	4,610.36		0.04%
76,945.443 Units Sold On 08/27/2024	15.66999900	0.00	465,234.50	1,205,735.09	740,500.59	9.25%
455.429 Units Sold On 03/05/2024	15.22999100	0.00	2,559.51	6,936.18	4,376.67	0.05%
				1,247,638.15	744,877.26	9.57%
<i>FDIC Bank Deposit Fund</i>						
1,399,772.28 Units Bought In 26 Transactions	100.00000000		1,399,772.28	1,399,772.28		10.74%
1,396,083.8 Units Sold In 27 Transactions	100.00000000		1,396,083.80	1,396,083.80	0.00	10.71%
				2,795,856.08	0.00	21.45%
<i>Ishares Barclays Aggregate Bond Fund ETF</i>						
123 Units Sold On 03/05/2024	97.71065000	0.00	11,652.49	12,018.41	365.92	0.09%
20,381 Units Sold On 11/06/2024	97.61748500	0.00	1,928,617.08	1,989,541.98	60,924.90	15.26%
				2,001,560.39	61,290.82	15.35%
<i>Ishares Bitcoin Shs Ben Int</i>						
91,000 Units Bought On 11/07/2024	43.80210000	0.00	3,985,991.10	3,985,991.10		30.58%
81,000 Units Bought On 12/17/2024	61.47091100	9,000.00	4,979,143.80	4,979,143.80		38.20%
91,000 Units Sold On 11/21/2024	56.04963900	6,370.00	3,985,991.10	5,100,517.22	1,114,526.12	39.13%
				14,065,652.12	1,114,526.12	107.90%
<i>iShares MSCI Japan ETF</i>						

See independent auditor's report and accompanying notes.

Consolidation: Shaklee- Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
2,951 Units Bought On 03/27/2024	71.38909800	0.00	210,669.23	210,669.23		1.62%
26 Units Sold On 03/05/2024	70.37615300	0.00	1,420.15	1,829.78	409.63	0.01%
7,282 Units Sold On 12/02/2024	70.42814100	0.00	461,453.40	512,857.73	51,404.33	3.93%
				725,356.74	51,813.96	5.56%
<i>Lord Abbett Short Duration Income C I I</i>						
756.84 Units Bought On 11/29/2024	3.86999800	0.00	2,928.97	2,928.97		0.02%
915.32 Units Bought On 08/30/2024	3.87999800	0.00	3,551.44	3,551.44		0.03%
912.149 Units Bought On 09/30/2024	3.89999800	0.00	3,557.38	3,557.38		0.03%
922.096 Units Bought On 10/31/2024	3.86999800	0.00	3,568.51	3,568.51		0.03%
914.566 Units Bought On 07/31/2024	3.86999900	0.00	3,539.37	3,539.37		0.03%
914.047 Units Bought On 06/28/2024	3.83999900	0.00	3,509.94	3,509.94		0.03%
901.513 Units Bought On 03/28/2024	3.84000000	0.00	3,461.81	3,461.81		0.03%
910.977 Units Bought On 05/31/2024	3.83999800	0.00	3,498.15	3,498.15		0.03%
898.812 Units Bought On 04/30/2024	3.81999700	0.00	3,433.46	3,433.46		0.03%
207,253.886 Units Bought On 01/11/2024	3.86000000	0.00	800,000.00	800,000.00		6.14%
586.22 Units Bought On 01/31/2024	3.86000100	0.00	2,262.81	2,262.81		0.02%
837.74 Units Bought On 02/29/2024	3.83999800	0.00	3,216.92	3,216.92		0.02%
1,258.135 Units Sold On 03/05/2024	3.84000100	0.00	4,856.40	4,831.24	-25.16	0.04%
51,813.472 Units Sold On 11/06/2024	3.85999900	0.00	200,000.00	200,000.00	0.00	1.53%
				1,041,360.00	-25.16	7.99%
<i>Lord Abbett Total Return I</i>						
1,168.393 Units Bought On 11/29/2024	8.82999900	0.00	10,316.91	10,316.91		0.08%
736.932 Units Bought On 06/28/2024	8.64999700	0.00	6,374.46	6,374.46		0.05%
739.115 Units Bought On 07/31/2024	8.80999500	0.00	6,511.60	6,511.60		0.05%
744.267 Units Bought On 05/31/2024	8.60000500	0.00	6,400.70	6,400.70		0.05%
134,804.978 Units Bought On 08/27/2024	8.94999900	0.00	1,206,504.55	1,206,504.55		9.26%

See independent auditor's report and accompanying notes.

Consolidation: Shaklee- Statement Cons

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
1,278.138 Units Bought On 10/31/2024	8.76000000	0.00	11,196.49	11,196.49		0.09%
1,241.772 Units Bought On 09/30/2024	9.00000100	0.00	11,175.95	11,175.95		0.09%
799.629 Units Bought On 08/30/2024	8.90999400	0.00	7,124.69	7,124.69		0.05%
708.412 Units Bought On 02/29/2024	8.68000500	0.00	6,149.02	6,149.02		0.05%
706.863 Units Bought On 01/31/2024	8.80999500	0.00	6,227.46	6,227.46		0.05%
713.654 Units Bought On 12/29/2023	8.83999800	0.00	6,308.70	6,308.70		0.05%
722.21 Units Bought On 03/28/2024	8.71999800	0.00	6,297.67	6,297.67		0.05%
743.742 Units Bought On 04/30/2024	8.50000400	0.00	6,321.81	6,321.81		0.05%
1,046.512 Units Sold On 03/05/2024	8.73000000	0.00	9,481.40	9,136.05	-345.35	0.07%
28,702.641 Units Sold On 11/06/2024	8.70999900	0.00	260,045.93	250,000.00	-10,045.93	1.92%
				1,556,046.06	-10,391.28	11.94%
<i>Morgan Stanley Bank Deposit</i>						
10,912,082.86 Units Bought In 70 Transactions	100.00000000	0.00	10,912,082.86	10,912,082.86		83.71%
10,598,765.55 Units Sold In 15 Transactions	100.00000000	0.00	10,598,765.55	10,598,765.55	0.00	81.31%
				21,510,848.41	0.00	165.02%
<i>United States Treas Nts 2.5000% 05/31/24</i>						
1,700,000 Units Bought On 01/11/2024	98.96870000	0.00	1,682,468.75	1,682,468.75		12.91%
500,000 Units Sold On 03/27/2024	99.50000000	0.00	494,843.75	497,500.00	2,656.25	3.82%
70,000 Units Sold On 03/25/2024	99.48430000	0.00	69,278.13	69,639.06	360.93	0.53%
480,000 Units Sold On 05/13/2024	99.87100000	0.00	475,050.00	479,381.25	4,331.25	3.68%
75,000 Units Sold On 05/29/2024	99.98820000	0.00	74,226.56	74,991.21	764.65	0.58%
575,000 Units Sold On 06/06/2024	100.00000000	0.00	569,070.31	575,000.00	5,929.69	4.41%
				3,378,980.27	14,042.77	25.92%
<i>United States Treas Nts 4.2500% 12/31/24</i>						
5,500,000 Units Bought On 12/02/2024	99.98040000	0.00	5,498,925.74	5,498,925.74		42.18%
4,930,000 Units Sold On 12/17/2024	99.99210000	0.00	4,929,037.07	4,929,614.82	577.75	37.82%

See independent auditor's report and accompanying notes.

01/01/2024-12/31/2024

Consolidation: Shaklee- Statement Cons

					10,428,540.56	577.75	80.00%
United States Treas Nts 4.5000% 11/30/24							
900,000 Units Sold On 03/27/2024	99.53120000	0.00	891,457.03	895,781.25	4,324.22	6.87%	
				895,781.25	4,324.22	6.87%	
United States Treas Nts 4.0000% 12/15/25							
583,000 Units Bought On 06/12/2024	98.76170000	0.00	575,780.82	575,780.82		4.42%	
52,000 Units Sold On 06/20/2024	98.69920000	0.00	51,014.84	51,323.59	308.75	0.39%	
49,800 Units Sold On 09/25/2024	100.26950000	0.00	48,856.52	49,934.23	1,077.71	0.38%	
60,000 Units Sold On 08/30/2024	99.75780000	0.00	58,863.28	59,854.69	991.41	0.46%	
1,003,000 Units Sold On 11/06/2024	99.61320000	0.00	983,997.85	999,121.21	15,123.36	7.66%	
				1,736,014.54	17,501.23	13.32%	

NOTE : TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 13,035,615.97

(5 % = 651,780.80)

Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2024 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2024 valuation date are not reflected in this valuation except as noted in this report.

<u>EIN/PN</u>	94-3389365/002
<u>Effective Date</u>	May 27, 2004; restated effective January 1, 2008.
<u>Plan Year</u>	January 1 to December 31.
<u>Eligibility</u>	Every participant transferred from the Yamanouchi Consumer Inc. Employees' Pension Plan as of the Effective Date shall be a participant of the plan on the Effective Date. Any employees hired after May 27, 2004 are excluded from participation in the Plan. Eligible employees hired prior to May 27, 2004, who had not met the eligibility requirements at that time will enter the Plan on January 1 or July 1 following one-year of service and completing at least 1,000 Hours of Service.
<u>Legacy Employee</u>	An employee who had attained age 40 or completed 5 or more years of vesting service as of December 31, 2001.
<u>Non-Legacy Employee</u>	An employee who was under age 40 and had less than 5 years of vesting service as of December 31, 2001.
<u>Vesting Service</u>	(a) <u>For service before January 1, 2002:</u> One Year of Vesting Service will be credited for each 12 months of elapsed service. For employees who transferred from Bear Creek, one Year of Vesting Service will be credited for each Plan Year in which they complete 1,000 or more Hours of Service for the period prior to their transfer. (b) <u>For service after December 31, 2001:</u> Employees as of December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours, subject to a minimum of credited

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

service calculated using elapsed time during this period of employment.

Employees hired after December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours.

Credited Service

(a) For service before January 1, 2002:

Elapsed service under ERISA rules.

For employees who transferred from Bear Creek, one Year of Credited Service will be credited for each Plan Year in which they complete 1,000 or more Hours of Service for the period prior to their transfer.

(b) For service after December 31, 2001:

Employees as of December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours, subject to a minimum of credited service calculated using elapsed time during this period of employment.

Employees hired after December 31, 2001 will be credited with one year of service for each calendar (plan) year in which they work at least 1,000 hours.

Credited Service is frozen as of May 27, 2007.

Compensation

Compensation shall include base pay and overtime. Final average compensation shall also include regular bonuses and cash profit sharing. For any calendar year, Compensation is limited as required under Section 401(a)(17), as amended by EGTRRA.

Compensation earned after May 27, 2007 will not be recognized in computing plan benefits.

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

Final Average Compensation

a) For Non-Legacy Employees:

For benefits accrued prior to January 1, 2002:

Final average monthly compensation is determined as of December 31, 2001 as the total of three components:

(i) The average of the highest 60 consecutive months of compensation (base pay and overtime).

(ii) The average of the highest 60 consecutive months of management bonuses.

(iii) The average of the highest 60 consecutive months of profit sharing/performance sharing awards.

For benefits accrued after December 31, 2001:

Final average monthly compensation is determined as of termination employment as the average of the highest 60 consecutive months of compensation (including management bonuses and profit sharing/performance sharing awards).

(b) For Legacy Employees:

Final average monthly compensation is determined as of termination employment as the total of three components:

(i) The average of the highest 60 consecutive months of compensation (base pay and overtime).

(ii) The average of the highest 60 consecutive months of management bonuses.

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

(iii) The average of the highest 60 consecutive months of profit sharing/performance sharing awards.

Normal Retirement Benefit

Monthly Benefit: 1.6% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of the Social Security Covered Compensation multiplied by years of participation service up to a maximum of 30 years.

The Normal Retirement Benefit is frozen as of May 27, 2007.

Payment Form

The Normal Form is a single life annuity for unmarried participants and qualified joint and 50% survivor annuity for married participants. The qualified joint and 50% survivor annuity is unreduced for Legacy participants and for benefits accrued prior to January 1, 2002 for Non-Legacy participants.

Optional forms are available, including a lump sum payment for benefits accrued before January 1, 2002 for all participants. Lump sum options for benefits accrued after December 31, 2001 are for Legacy participants only.

Normal Retirement Date

First of the month on or following the participant's 65th birthday.

Early Retirement Benefit

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

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

(ii) Monthly Benefit: Benefit calculated as of early retirement date using the normal retirement benefit formula, multiplied by an early retirement factor due to earlier commencement of payments.

(a) For Legacy Employees (all benefits) and Non-Legacy Employees (benefits accrued prior to January 1, 2002):

<u>Age</u>	<u>Early Retirement Factor</u>
55	65.0%
56	70.0%
57	75.0%
58	80.0%
59	85.0%
60	90.0%
61	95.0%
62+	100.0%

(b) For Non-Legacy Employees (benefits accrued after December 31, 2001):

<u>Age</u>	<u>Early Retirement Factor</u>
55	50.0%
56	55.0%
57	60.0%
58	65.0%
59	70.0%
60	75.0%
61	80.0%
62	85.0%
63	90.0%
64	95.0%
65+	100.0%

Termination Benefit

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant can commence as early as age 55 but is subject to an actuarial reduction of 0.5% for each month earlier than age 65 that the benefit commences.

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

Pre-retirement Death Benefit

Eligibility: Vested

(a) For benefits accrued prior to January 1, 2002:

The death benefit payable to the beneficiary shall be the lump sum value of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death and elected a lump sum payment. If the beneficiary is the surviving spouse, then a monthly annuity payment option will be made available.

(b) For benefits accrued after December 31, 2001:

The death benefit payable to the beneficiary of a Legacy participant shall be the lump sum value of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death and elected a lump sum payment. If the beneficiary is the surviving spouse, then a monthly annuity payment option will be made available.

The death benefit payable to the beneficiary of a participant who is not a Legacy participant shall be survivor's portion of the 100% Joint and Survivor Annuity of the accrued benefit at the time of death, determined as though the participant terminated or retired on the date of death.

Minimum Benefit

The participant's total accrued benefit will never be less than the greater of the following:

- (i) Participant's accrued benefit as of September 30, 1989;
- (ii) Participant's accrued benefit as of September 30, 1994; or
- (iii) Participant's accrued benefit as of December 31, 2001; or

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

- (iv) \$1,200 per year for participant who has a Period of Participation at any time after September 30, 1998 and before January 1, 2002; or
- (v) The minimum benefit as specified in Supplement A of the Shaklee Plan.

Basis for Calculating Lump Sum

Effective January 1, 2008, the basis for calculating lump sum is as follows:

- (a) For benefits accrued prior to January 1, 2002:

The lump sum interest rate is 80% of the 30-year Treasury rate for the month of November prior to the calendar year in which the lump sum is payable phased in over five years (2008 - 2012) to 80% of the PPA spot segment rates for the month of November prior to the calendar year in which the lump sum is payable and the mortality table is the Applicable Mortality Table under PPA.

- (b) For benefits accrued after December 31, 2001:

To calculate the lump sums with respect to benefits accrued after December 31, 2001, the lump sum basis used are the same as described in (a), but “100%” of the interest rates will be used instead of “80%”.

Change in Control

The YCI Plan was amended effective February 6, 2004, to reflect vesting enhancements related to a Change in Control for YCI. As a result of the amendment, all eligible Shaklee employees who were participants or were to become participants in the Plan upon completing the eligibility requirements will be fully vested in their accrued benefits. Such a change in control occurred on May 27, 2004. All Shaklee Employees became fully vested on that date.

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Shaklee Corporation Pension Plan
Plan Sponsor: Shaklee Corporation
EIN / PN: 94-3389365 / 002

Schedule SB, Part V – Summary of Plan Provisions (Cont'd)

Change in Plan Provisions since the Last Actuarial Valuation

There have been no changes in benefits valued since since the last valuation.

Shaklee Corporation Pension Plan
EIN: 94-3389365 PLAN: 002
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
FDIC Bank Deposit Fund	Interest-bearing Cash	\$ 4,827	\$ 4,827	
Morgan Stanley Bank Deposit	Interest-bearing Cash	617,891	617,891	
Lord Abbett Short Duration Income CI I	Mutual Fund	634,372	634,399	
Lord Abbett Total Return I	Mutual Fund	2,591,162	2,501,399	
Consumer Staples SPDR	Exchange-Traded Fund	153,685	171,999	
Energy Select Sector SPDR	Exchange-Traded Fund	260,062	240,105	
Health Care Select Sector SPDR	Exchange-Traded Fund	271,115	355,481	
Industrial Select SPDR	Exchange-Traded Fund	259,889	273,797	
Invesco Aerospace & Defense	Exchange-Traded Fund	259,379	284,186	
Invesco S&P 500 Equal Weight ETF	Exchange-Traded Fund	649,861	679,367	
iShares Bitcoin Shs Ben Int	Exchange-Traded Fund	4,979,144	4,297,050	
iShares Core MSCI Emerging	Exchange-Traded Fund	327,129	336,506	
iShares Russell 2000 Growth ETF	Exchange-Traded Fund	109,449	138,154	
iShares Russell Midcap Grwth	Exchange-Traded Fund	73,336	105,202	
iShares Russell Midcap Value	Exchange-Traded Fund	209,120	340,164	
iShares S&P 500 Growth Index ETF	Exchange-Traded Fund	199,665	330,379	
iShares S&P 500 Value Index ETF	Exchange-Traded Fund	368,100	607,380	
iShares Tr Russell 2000 Value Indx Fd	Exchange-Traded Fund	169,494	269,895	
Utilities Select Sector	Exchange-Traded Fund	259,298	275,360	
Vanguard European ETF	Exchange-Traded Fund	225,528	264,226	
United States Treasury Nts	U.S. Treasury Security	754,529	763,825	
		<u>\$ 13,377,035</u>	<u>\$ 13,491,592</u>	

See independent auditor's report and accompanying notes.

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Shaklee Corporation Pension Plan
Plan Sponsor: Shaklee Corporation
EIN / PN: 94-3389365 / 002

Schedule SB, line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Remaining Installments</u>	<u>Date Created</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2020 Shortfall	\$2,266,564	1/1/2020	11	\$258,131
2021 Shortfall	974,831	1/1/2021	12	104,000
2022 Shortfall	105,557	1/1/2022	13	10,621
2023 Shortfall	1,480,793	1/1/2023	14	141,331
2024 Shortfall	<u>379,327</u>	1/1/2024	15	<u>34,511</u>
Total Shortfall	\$ 5,207,072			\$ 548,594

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Shaklee Corporation Pension Plan
Plan Sponsor: Shaklee Corporation
EIN / PN: 94-3389365 / 002

Schedule SB, line 24 – Change in Actuarial Assumptions

Change in non-prescribed actuarial assumptions:

Assumed administrative expenses were changed from \$280,000 to \$310,000 to reflect expected expenses for the 2024 plan year.

The assumed lump sum interest rates were changed from November 2022 segment rates of 5.09%, 5.60% and 5.41% in 2023 to the November 2023 segment rates of 5.50%, 5.76% and 5.83% in 2024.

The assumed asset return rate has been updated from 7.00% for 2023 to 6.25% for 2024 to reflect current asset allocation for investments.

No other change in non-prescribed actuarial assumptions has been made for this valuation since the 2024 valuation.