

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: INSTANT BRANDS PENSION PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 04/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): INSTANT BRANDS HOLDINGS, INC.
2b Employer Identification Number (EIN): 16-1403318
2c Plan Sponsor's telephone number: 847-233-8600
2d Business code (see instructions): 339900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor CORELLE BRANDS HOLDINGS INC. BENEFITS COMMITTEE 3025 HIGHLAND PARKWAY SUITE 700 DOWNERS GROVE, IL 60515	3b Administrator's EIN 16-1403318 3c Administrator's telephone number 847-233-8530
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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
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5 Total number of participants at the beginning of the plan year	5	2990
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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	6a(1)	238
a(2) Total number of active participants at the end of the plan year	6a(2)	212
b Retired or separated participants receiving benefits.....	6b	1724
c Other retired or separated participants entitled to future benefits	6c	681
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2617
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	300
f Total. Add lines 6d and 6e	6f	2917
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1B 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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan INSTANT BRANDS PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 INSTANT BRANDS HOLDINGS, INC.		D Employer Identification Number (EIN) 16-1403318

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METLIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 8515A	2917	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	-40745
5	Current value of plan's interest under this contract in separate accounts at year end.....	5047083
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b -22387
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) -3196
	(4) Transferred from separate account	7c(4) 415026
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 411830
d	Total of balance and additions (add lines 7b and 7c(6))	7d 389443
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 402297
	(2) Administration charge made by carrier.....	7e(2) 15313
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ RISK AND FUND CHARGES AND WITHDRAWALS	7e(4) 12578
(5) Total deductions	7e(5) 430188	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f -40745

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>INSTANT BRANDS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INSTANT BRANDS HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>16-1403318</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 type="checkbox"/> 101-500 <input checked="" 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>102698730</u>
	b Actuarial value	2b	<u>105463463</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1982</u>	<u>74993404</u>
	b For terminated vested participants	<u>770</u>	<u>25257705</u>
	c For active participants	<u>238</u>	<u>7819752</u>
	d Total	<u>2990</u>	<u>108070861</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>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1100000</u>
	c Target normal cost	6c	<u>1100000</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>10/13/2025</u> Date
	<u>MURTAZA RAWAT</u> Type or print name of actuary	<u>23-08746</u> Most recent enrollment number
	<u>BUCK GLOBAL, LLC</u> Firm name	<u>972-366-2028</u> Telephone number (including area code)
	<u>231 S. BEMISTON SUITE 400 ST. LOUIS, MO 63105</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 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	964590
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	964590
10	Interest on line 9 using prior year's actual return of <u>8.71</u> %	0	84016
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5600684
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>5.17</u> %		289555
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		5890239
d	Portion of (c) to be added to prefunding balance		
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	1048606

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.37 %
15	Adjusted funding target attainment percentage	15	96.37 %
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	94.89 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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		
01/14/2025	254541	0					
09/10/2025	207456	0					
			Totals ▶	18(b)	461997	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	432778
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 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" 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 checked="" type="checkbox"/> Yes <input 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	1100000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3925022	381222	
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	1481222	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1048606	1048606
36 Additional cash requirement (line 34 minus line 35)	36	432616	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	432778	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	162	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	162	
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 checked="" type="checkbox"/> 2019 <input 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 INSTANT BRANDS PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 INSTANT BRANDS HOLDINGS, INC.	D Employer Identification Number (EIN) 16-1403318	

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

AON HEWITT GROUP TRUST

27-2436452

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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)

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(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?
15 50 62 64	NONE	205463	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(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?
17 28 50 51	NONE	161759	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)

BUCK GLOBAL, LLC

13-3954297

(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 50	NONE	145267	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)

JPMORGAN CHASE BANK, NA

13-4994650

(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?
24 28 27 50 51	NONE	47076	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)

METLIFE

13-5581829

(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?
28 49 50 51	NONE	42004	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)

COHNREZNICK LLP

22-1478099

(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 50	NONE	18700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>INSTANT BRANDS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INSTANT BRANDS HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>16-1403318</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PEN TR FD STRATEGIC PROP</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6782643</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-ASSET CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1299798</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-U.S. EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-044</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY</u>		
c EIN-PN <u>37-6543784-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT MI		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1368186
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 632		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1617167
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 417		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 771727
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 469		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 515133
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 135		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 926261
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 838		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208608
a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. INTERMEDIATE GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 INSTANT BRANDS PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 INSTANT BRANDS HOLDINGS, INC.	D Employer Identification Number (EIN) 16-1403318

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	599742	588285
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8515388	461997
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	85696	236439
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1051180	82585473
(2) U.S. Government securities	1c(2)	1556730	1663499
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	664369	349872
(B) All other	1c(3)(B)	680080	832809
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2362325	2570382
(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)	87320372	8082441
(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)	328839	357765
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	-22387	-40745
(15) Other	1c(15)	142715	105590

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	103285049	97793807
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	378822	704638
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	378822	704638
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	102906227	97089169

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)	461997	
(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)		461997
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	102249	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	-3196	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99053
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	2131522
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	373654
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-205293
d Total income. Add all income amounts in column (b) and enter total.....	2d	2860933

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7602128
(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)	7602128
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)	205463
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	18700
(5) Investment advisory and investment management fees	2i(5)	161759
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	145267
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	544674
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1075863
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	8677991

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-5817058
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: COHNREZNICK, LLP

(2) EIN: 22-1478099

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		10000000
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 554852.

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

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

A Name of plan <u>INSTANT BRANDS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INSTANT BRANDS HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>16-1403318</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-5581829 52-2206685

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		3
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 23.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 63.0 %
 High-Yield Debt: 4.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 1.0 % 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 _____.

Instant Brands Pension Plan

Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2024 and 2023

Instant Brands Pension Plan

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Independent Auditor's Report

To the Board of Trustees and Plan Administrator
Instant Brands Pension Plan

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

We have performed audits of the financial statements of Instant Brands 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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 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 significant 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 audits 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions in Excess of 5% of Current Plan Assets (Schedule H, Line 4j) as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

CohnReznick LLP

Chicago, Illinois
October 14, 2025

Instant Brands Pension Plan

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash	<u>\$ 588,284</u>	<u>\$ 599,742</u>
Investments, at fair value		
Mutual funds	82,585,474	1,051,180
Common/collective trusts	8,082,441	87,320,372
Metropolitan Life Insurance Company Group Annuity Contract #8515	<u>5,370,972</u>	<u>5,419,544</u>
Total investments	<u>96,038,887</u>	<u>93,791,096</u>
Employer contributions receivable	<u>461,997</u>	<u>8,515,388</u>
Net assets available for benefits	<u><u>\$ 97,089,168</u></u>	<u><u>\$ 102,906,226</u></u>

See Notes to Financial Statements.

Instant Brands Pension Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 2,325,330	\$ 7,789,412
Interest income	99,054	68,359
	2,424,384	7,857,771
Total investment income		
Contributions		
Employer contributions	461,997	8,215,945
Other contributions	32,271	12,695
	494,268	8,228,640
Total contributions		
Total additions	2,918,652	16,086,411
Deductions		
Benefits paid to participants	(7,634,399)	(7,922,299)
Administrative expenses	(1,101,311)	(1,551,617)
	(8,735,710)	(9,473,916)
Total deductions		
Increase (decrease) in net assets	(5,817,058)	6,612,495
Net assets available for benefits		
Beginning of year	102,906,226	96,293,731
End of year	\$ 97,089,168	\$ 102,906,226

See Notes to Financial Statements.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of the Instant Brands Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

On January 1, 2022, the Plan was amended to change the Plan name from Corelle Brands Pension Plan to Instant Brands Pension Plan.

General

Established on April 1, 1998, the Plan is a defined benefit pension plan providing retirement income benefits to eligible employees of Instant Brands Holdings Inc. and Subsidiaries (the "Company"). The Plan was amended and restated effective on January 1, 2013. The Plan is a tax qualified defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Benefits Committee determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Plan's Board of Trustees. As of December 31, 2001, benefits were frozen for all participants. No new eligible employees have become participants since that date.

Participation

The Plan covers all eligible U.S. employees of the Company. Certain collectively bargained employees were eligible to participate in the Plan on the first day of employment with the Company. As of August 7, 2006, no new employees may participate in the Plan.

Contributions

Contributions by the Company are based on actuarial estimates of the amounts necessary to provide benefits to eligible participants, assuming continued funding of the Plan in a systematic manner. The Company's contributions meet or exceed the minimum funding requirements of ERISA for both 2024 and 2023.

Prior to December 31, 2001, salaried participants hired before April 1, 1998, subject to certain restrictions, could have, on a voluntary basis, contributed 2% of total compensation to the Plan. Additionally, salaried employees hired subsequent to April 1, 1998, but before December 31, 2001, were required to contribute 2% of their eligible compensation in excess of the annual Social Security Wage Base. Effective January 1, 2002, contributions by participants are not permitted.

Vesting

A participant becomes fully vested after five years of credited service or 20% per year and is entitled to a benefit equivalent to the normal retirement benefit earned to the date of employment termination.

Administration

The Plan is administered by the Instant Brands Benefits Committee (the "Committee"), which is appointed by the Board of Directors of the Company. Effective April 1, 2004, the Committee entered into a trust agreement with John Hancock Trust Company LLC, as trustee, who receives contributions from the employer, administers the assets of the trust and distributes benefits to eligible employees as designated by the Committee.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates

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

Valuation of investments and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. Commingled funds are valued based on the net assets of the underlying pool of securities on the last business day of the Plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Metropolitan Life Insurance Company ("Metropolitan") is the custodian of the Metropolitan Life Insurance Company Group Annuity Contract #8515 (the "Contract"). The Contract is comprised of amounts held in separate fund accounts and a general account. These separate fund accounts and general account were recorded at unit value, which approximates fair value. Investment income represents the net increase in the value of the annuity, which is based on the fair value of the accounts and reflects income, realized gains, unrealized gains and losses and contingencies. If the Contract is terminated prior to Metropolitan fulfilling all of its duties and obligations, the separate accounts will be paid out at their fair values.

Administrative expenses

The Plan stipulates that administrative expenses may be paid by either the Plan or the Company.

Benefits

Employees who meet age and service requirements are eligible for a monthly pension benefit upon retirement. The monthly pension benefit is calculated based on one of the following methods depending on the schedule of benefits for which a participant is eligible as defined by union or nonunion status: the flat dollar multiple formula, the career average benefit formula or the final average benefit formula. If any participant's employment terminates on account of his or her death prior to commencement of his or her monthly benefit, the participant's spouse shall be eligible for a monthly pension benefit equal to 50% of the participant's calculated monthly benefit.

Benefits payments

Benefits payments to participants are recorded upon distribution.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Subsequent events

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

Note 3 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of benefit service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date (January 1) and the expected date of payment. The significant actuarial assumptions used in the valuation at January 1, 2024 for the Plan year ended December 31, 2024, was (a) life expectancy of participants for 2024 (based on PRI-2012 Total Employee and Retiree Mortality Tables with 21% load, projected with Mortality Improvement Scale MP-2021 for salaried locations, the PRI-2012 Blue Collar Employee and Retiree Mortality Tables with 21% load, projected with Mortality Improvement Scale MP-2021 for the hourly locations and the Pri-2012 Disabled Retiree Mortality Table with 21% load, projected with Mortality Improvement Scale MP-2021 for disabled annuitants) and (b) rates of retirement ages (retirement sample rates) for 2024:

<u>Attained age</u>	<u>Retirement rate</u>
55	10.0%
56-59	7.0%
60-61	10.0%
62	20.0%
63	10.0%
64	15.0%
65-69	25.0%
70 or older	100.0%

(c) discount rate (6.75% per annum as of January 1, 2024), and (d) withdrawal from service (termination sample rates) for 2024:

<u>Attained age</u>	<u>Withdrawal rate</u>	
	<u>Salaried</u>	<u>Hourly</u>
25-35	12.0%	8.0%
40	10.5%	6.5%
45	8.0%	5.0%
50-55	8.0%	3.8%

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Actuarial present value of total accumulated plan benefits at January 1, 2024 is as follows:

Vested benefits	
Participants currently receiving payments	\$ 63,182,020
Terminated vested and deferred disabled	20,670,397
Other participants	<u>6,221,520</u>
	90,073,937
Nonvested benefits	<u>204,389</u>
Total	<u>\$ 90,278,326</u>

The changes in actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 95,754,953</u>
Increase (decrease) attributable to	
Assumption changes	(3,778,257)
Interest	5,969,393
Benefits paid	(7,961,615)
Benefits accumulated and other plan experience	<u>293,852</u>
Net decrease	<u>(5,476,627)</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 90,278,326</u>

Assumption changes in actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 are (1) the interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1, (2) the mortality assumption used to compute lump sums was updated in 2024 according to the projection specified in Internal Revenue Service ("IRS") Notice 2023-73 and Revenue Ruling 2007-67 and (3) the retirement rates, marriage assumption, beneficiary age difference assumption, frequency of optional forms assumption, withdrawal rates and disability rates were updated based on an experience study that was performed in 2024.

Accumulated plan benefits include \$8,248 of employees' accumulated contributions at January 1, 2024, including interest credited at an interest rate of 4.62%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 4 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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 Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts and Contract #8515: Valued using the NAV. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the funds, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

The following tables summarize the valuation of the Plan's investments that are recorded at fair value according to the hierarchy levels at December 31, 2024 and 2023:

	Fair value at December 31, 2024	Level 1	Level 2	Level 3
Mutual funds	\$ 82,585,474	\$ 82,585,474	\$ -	\$ -
Investments measured at NAV (a)	13,453,413	-	-	-
Total	\$ 96,038,887	\$ 82,585,474	\$ -	\$ -
	Fair value at December 31, 2023	Level 1	Level 2	Level 3
Mutual funds	\$ 1,051,180	\$ 1,051,180	\$ -	\$ -
Investments measured at NAV (a)	92,739,916	-	-	-
Total	\$ 93,791,096	\$ 1,051,180	\$ -	\$ -

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

For years ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Fair value of investments in entities that use NAV

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024				
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	\$ 8,082,441	None	Monthly	Monthly
Contract #8515	\$ 5,370,972	None	Monthly	Monthly
December 31, 2023				
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	\$ 87,320,372	None	Monthly	Monthly
Contract #8515	\$ 5,419,544	None	Monthly	Monthly

Investment strategies for nondirect filing entities

MetLife Separate Account 287

The investment objective is to replicate the total return of the Russell 2000 Index, gross of fees.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

MetLife Separate Account 417

The investment objective is to outperform the Morgan Stanley Capital International All-Country World Index (excluding US) (MSCI ACW Index Ex-US) over a full market cycle and to outperform the median manager in an appropriate universe of international equity managers.

MetLife Separate Account 469

The investment objective is to track the performance of the S&P BMI U.S. REIT Index, gross of fees.

MetLife Separate Account 632

The investment objective is to provide a total return that exceeds the total return of the Bloomberg Barclays U.S. Long Government/Credit Index and rank within the top two quartiles of the peer universe over a three-to-five-year period.

MetLife Separate Account MI

The investment objective is to track the performance of the S&P 500 Index, gross of fees.

MetLife Separate Account 135

The investment objective is to outperform the Bloomberg Barclays U.S. Intermediate Government/Credit Bond Index, net of fees, over a full market cycle.

Note 5 - Contingent liability - allocated insurance Contract #5786

In September 1984, American Home Products Corporation ("AHPC") completed the sale of Ekco Housewares Division to the Ekco Group, Inc. As a result of the sale, the nonbargaining employees of the Ekco Housewares Division who were covered under the AHPC Retirement Plan were transferred to and covered under the Ekco Housewares, Inc. Retirement Plan, which was merged into the Plan effective October 1, 2001. Under an agreement to transfer the assets for the transferred annuitants from the AHPC Group Annuity Contract to Metropolitan, the benefits for the service prior to September 1984 will be provided by Metropolitan Life Insurance Company Group Annuity Contract #5786, a deposit administration contract. Under this agreement, Metropolitan guarantees retirement benefit payments to employees. The Plan is relieved of its obligation for retirement benefits except in the event of bankruptcy or insolvency of Metropolitan. Additionally, in the event that a participant of the Contract elects to receive a lump-sum distribution, the Plan will be required to contribute the difference between the amount actuarially determined under the Contract and the amount required to be paid under federal pension law. As of December 31, 2024 and 2023, the actuarial present value of the liability is \$116,893 and \$195,148, respectively.

Note 6 - Party-in-interest transactions

Certain Plan investments were invested in funds managed by Metropolitan, Aon Hewitt Investments Consulting (administrator of commingled funds) and John Hancock Trust Company LLC (the trustee), as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 7 - Income tax status

The IRS has determined and informed the Company by a letter dated October 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Risks and uncertainties

The Plan invests in various securities including commingled funds and separate accounts through the group annuity contract. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near-term and that those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent to the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 9 - Plan termination

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in the order of priority determined in accordance with ERISA and its applicable regulations and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's 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 at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 10 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023 and investment income for the years then ended that are disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by John Hancock Trust Company LLC, the trustee and custodian of the Plan.

Instant Brands Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 11 - Reconciliation of financial statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 97,089,168	\$ 102,906,226
Less receivables not reflected on Form 5500 Employer contributions	<u>-</u>	<u>-</u>
Net assets available for benefits per Form 5500, Schedule H	<u>\$ 97,089,168</u>	<u>\$ 102,906,226</u>

The following is a reconciliation of net increase (decrease) to net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in net assets available for benefits per the financial statements	\$ (5,817,058)	\$ 6,612,495
Change in employer contributions receivable not reflected on Form 5500	<u>-</u>	<u>299,443</u>
Total Net Income per Form 5500, Schedule H	<u>\$ (5,817,058)</u>	<u>\$ 6,911,938</u>

Employer contributions receivable are only recorded on Form 5500 if the contributions are paid prior to filing of Form 5500.

Supplementary Information

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	1	0	0	0	0	0	0	0
40 - 44	0	2	0	0	0	0	0	0	0	0
45 - 49	0	9	10	1	0	0	0	0	0	0
50 - 54	0	9	14	10	6	1	0	0	0	0
55 - 59	1	11	16	17	11	16	0	0	0	0
60 - 64	0	6	12	10	13	13	10	5	0	0
65 - 69	0	2	6	1	2	3	8	2	0	0
70 & up	0	2	2	3	0	0	0	2	0	1

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 (“ASOP 27”) provides guidance to actuaries when selecting or advising plan sponsors to select economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 (“ASOP 35”) provides guidance to actuaries when selecting or advising plan sponsors to select demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement that is not prescribed by law or regulation and that the actuary has selected or advised the plan sponsor to select, the actuary should disclose the information and analysis that led the actuary to select or advise the plan sponsor to select the assumption for the purpose of the measurement. For any assumption that the plan sponsor selected without the actuary’s advice, the ASOPs require the actuary to disclose the information and analysis used to support the actuary’s determination that the assumption does not significantly conflict with what, in the actuary’s professional judgment, is reasonable for the purpose of the measurement.

For funding, the actuary selected the expected return on plan assets and the retirement rates, withdrawal rates, and frequency of optional payment forms. The expected asset return assumption was determined as described in the Asset Valuation Method section below. The assumed retirement rates, withdrawal rates, and optional payment form frequency were based on an experience study performed in 2024 and are reasonable given historic gain and loss experience of the plan.

Use of Models

Actuarial Standard of Practice No. 56 (“ASOP 56”) provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under rules set out in the Internal Revenue Code and its regulations. Further, the model applies those rules and standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan is provided in Appendix D of this report.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.05%	5.17%
Funding Rates – Unconstrained**		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.41%	3.13%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback.

Mortality

IRS approved substitute mortality table specific to Instant Brands Pension Plan projected with MP-2021 Improvement Scale published by the Society of Actuaries (SOA) from the base year of 2016.

Mortality for purposes of calculating lump sums

2024 IRS 417(e) Applicable Mortality table.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Plan Name: Instant Brands Pension Plan

Plan Sponsor's Name: Instant Brands Holdings Inc.

EIN / PN: 16-1403318 / 004

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

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

Expenses

Expected plan related expenses of \$1,100,000 were added to the Target Normal Cost. The expense load of \$1,100,000 is the average of last three year's expenses (without PBGC premium) adjusted with inflation rate of 2.00% and expected current year's PBGC Premium, rounded to the nearest \$100,000.

Frequency of optional payment forms

Current year:

It is assumed that that 55% of current and future terminated vested participants will elect a single life annuity (with 6-year certain option, where applicable), 20% will elect a joint and 50% survivor annuity, and 25% will elect a joint and 100% survivor annuity. Active participants with a present value of benefits at termination under \$5,000 are assumed to receive an immediate lump sum payment. The frequency of optional payment form assumption was set based on an experience study in 2024.

Prior year:

It is assumed that that 50% of current and future terminated vested participants will elect a single life annuity (with 6-year certain option, where applicable), 25% will elect a joint and 50% survivor annuity, and 25% will elect a joint and 100% survivor annuity. Active participants with a present value of benefits at termination under \$5,000 are assumed to receive an immediate lump sum payment. The frequency of optional payment form assumption was set based on an experience study in 2013.

Marital percentage

Current year:

85% of male participants and 80% of female participants are assumed to be married at death. Participants are assumed to be 4 years older than their spouses.

Prior year:

87.5% of male participants and 75.0% of female participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Current year:

Age	Assumption
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

For terminated vested participants:

Age	Assumption
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	2.50%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	100.00%

The retirement rates assumption was set based on an experience study in 2024.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Prior year:

Age	Assumption
55	15.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	11.00%
62	25.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	100.00%

Terminated vested participants are assumed to retire at age 61.

The retirement rates assumption was set based on an experience study in 2014.

Disability rates

Current year:

Age	Salaried	Hourly
25	0.025%	0.030%
30	0.028%	0.033%
35	0.035%	0.045%
40	0.055%	0.065%
45	0.088%	0.110%
50	0.155%	0.193%
55	0.275%	0.338%
60	0.430%	0.530%
64	0.573%	0.705%

The disability rates assumption was set based on an experience study in 2024.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Prior year:

Age	Salaried	Hourly
25	0.045%	0.060%
30	0.055%	0.065%
35	0.070%	0.090%
40	0.110%	0.130%
45	0.175%	0.220%
50	0.310%	0.385%
55	0.550%	0.675%
60	0.860%	1.060%
64	1.145%	1.410%

The disability rates assumption was set based on an experience study in 2014.

Withdrawal rates for active participants not eligible for retirement

Current year sample rates:

Age	Salaried	Hourly
25	12.00%	8.00%
30	12.00%	8.00%
35	12.00%	8.00%
40	10.50%	6.50%
45	8.00%	5.00%
50	8.00%	3.80%
55	8.00%	3.80%

The withdrawal rates assumption was set based on an experience study in 2024.

Prior year:

Age	Salaried	Hourly
25	14.20%	11.70%
30	11.20%	8.70%
35	8.20%	6.30%
40	5.80%	4.30%
45	5.00%	3.50%
50	5.00%	3.50%
55	5.00%	3.50%

The withdrawal rates assumption was set based on an experience study in 2014.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

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

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over 24 months. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2024 Expected Return	6.75%	5.59%	5.59%
2023 Expected Return	6.50%	5.74%	5.74%
2022 Expected Return	6.50%	5.92%	5.92%

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

Summary of Changes from the January 1, 2023 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption used to compute lumps sums was updated according to the projection specified in IRS Notice 2023-73 and Revenue Ruling 2007-67.
- The retirement rates, marriage assumption, beneficiary age difference assumption, frequency of optional forms assumption, withdrawal rates, and disability rates were updated based on an experience study that was performed in 2024.
- All these changes above increased the plan's Funding Target by approximately \$0.9M.
- The expected return on plan assets rate changed from 6.50% for 2023 to 6.75% for 2024 (limited to the third segment rate). This change had no effect on the current valuation.

Instant Brands Pension Plan

**Schedule of Reportable Transactions in Excess of 5% of Current Plan Assets
(Schedule H, Line 4j)
Year Ended December 31, 2024**

(a) Identity of party	(b) Description of asset	Number of purchases	(c) Purchase price	Number of sales	(d) Selling price	(e) Current value of asset on transaction date	(f) Net gain/(loss)
Vanguard	Federal Money Market	-	-	6,000,000	6,000,000	6,000,000	-
Vanguard	Federal Money Market	8,515,388	8,515,388	-	-	8,515,388	-
Vanguard	Federal Money Market	80,900,300	80,900,300	-	-	80,900,300	-
Vanguard	Federal Money Market - 71 Series	-	-	13,224,599	13,224,599	13,224,599	-
Vanguard	Federal Money Market - 50 Series	94,758,893	94,758,893	-	-	94,758,893	-
Aon Hewitt	AON Global Equity I - 7 Series	-	-	247,692	3,451,263	6,609,933	3,158,670
Aon Hewitt	AON Mid Dur Long Credit Bd I - 2 Series	-	-	454,777	4,919,410	4,958,323	38,913
Aon Hewitt	AON Long Credit Bond I	-	-	3,869,292	38,488,667	32,811,593	(5,677,074)
Aon Hewitt	AON Long Credit Bond I - 2 Series	-	-	4,062,693	40,433,031	34,511,593	(5,921,438)
Aon Hewitt	AON US Intermediate Credit BD	-	-	878,456	8,916,856	9,033,614	116,758
Aon Hewitt	AON Large Cap Equity Index Fd	-	-	266,409	3,480,149	4,968,533	1,488,384
Aon Hewitt	AON Large Cap Equity Index Fd - 8 Series	-	-	454,683	5,362,497	8,318,533	2,956,036
Aon Hewitt	AON Non-US Equity Index Fund	-	-	406,133	4,319,055	5,267,548	948,493
Aon Hewitt	AON Non-US Equity Index Fund - 6 Series	-	-	554,623	5,803,758	7,292,548	1,488,790
Aon Hewitt	AON US Long Govt Bd Idx Fund	-	-	1,691,335	13,213,827	10,706,150	(2,507,677)
Aon Hewitt	AON US Long Govt Bd Idx Fund - 6 Series	-	-	2,329,324	18,307,264	14,906,150	(3,401,114)
Aon Hewitt	AON US Intermediate Govt Bd Id	-	-	1,151,235	11,239,787	11,109,419	(130,368)
Aon Hewitt	AON US Intermediate Govt Bd Id	610,376	6,000,000	-	-	6,000,000	-
Aon Hewitt	AON US Intermediate Govt Bd Id - 2 Series	-	-	1,151,235	11,239,787	11,109,419	(130,368)
Aon Hewitt	AON US Intermediate Govt Bd Id - 4 Series	911,289	8,900,000	-	-	8,900,000	-

Note: data taken directly from trust report, certified by John Hancock.



Independent Member of Nexia

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**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 INSTANT BRANDS PENSION PLAN		B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Instant BRANDS HOLDINGS, INC.		D Employer Identification Number (EIN) 16-1403318	
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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	102,698,730
b Actuarial value	2b	105,463,463

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	1,982	74,993,404	74,993,404
b For terminated vested participants	770	25,257,705	25,257,705
c For active participants	238	7,819,752	8,088,777
d Total	2,990	108,070,861	108,339,877

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.05%

6 Target normal cost

a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,100,000
c Target normal cost	6c	1,100,000

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	MURTAZA RAWAT <i>M.R</i>	<u>10/13/2025</u>
	Signature of actuary	Date
MURTAZA RAWAT	Type or print name of actuary	2308746
		Most recent enrollment number
Buck Global, LLC	Firm name	972-366-2028
		Telephone number (including area code)
231 S. Bemiston Suite 400 St. Louis MO 63105	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

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

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 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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	1,100,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,925,022	381,222	
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	1,481,222	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,048,606	1,048,606
36 Additional cash requirement (line 34 minus line 35).....	36	432,616	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	432,778	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	162	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	162	
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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	55.2856	0.1000	5.5286	304.0709
56	64.4022	0.0700	4.5082	252.4565
57	76.4208	0.0691	5.2795	300.9291
58	86.4730	0.0692	5.9863	347.2044
59	92.6627	0.0693	6.4226	378.9363
60	98.2680	0.0991	9.7400	584.4010
61	94.3902	0.1000	9.4390	575.7803
62	98.7811	0.2000	19.7562	1,224.8851
63	92.6557	0.1000	9.2656	583.7311
64	99.9802	0.1500	14.9970	959.8095
65	94.3302	0.2500	23.5825	1,532.8651
66	81.7472	0.2500	20.4368	1,348.8285
67	63.3640	0.2500	15.8410	1,061.3464
68	49.7292	0.2500	12.4323	845.3969
69	37.6180	0.2500	9.4045	648.9109
70	31.6580	1.0000	31.6580	2,216.0634
71	1.0000	1.0000	1.0000	71.0000
72	3.0000	1.0000	3.0000	216.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	1.0000	1.0000	<u>1.0000</u>	<u>81.0000</u>
Total			212.2781	13,756.6152
Weighted Average Retirement Age = 13756.6152 / 212.2781				64.80
Rounded Weighted Average Retirement Age				65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Plan Name: Instant Brands Pension Plan

Plan Sponsor's Name: Instant Brands Holdings Inc.

EIN / PN: 16-1403318 / 004

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 96,490	\$ 1,307,206	\$ 7,442,374	\$ 8,846,070
2025	\$ 184,593	\$ 1,364,113	\$ 7,239,012	\$ 8,787,718
2026	\$ 270,919	\$ 1,425,406	\$ 7,024,449	\$ 8,720,774
2027	\$ 349,885	\$ 1,513,330	\$ 6,790,983	\$ 8,654,198
2028	\$ 427,776	\$ 1,607,406	\$ 6,554,597	\$ 8,589,779
2029	\$ 493,396	\$ 1,692,242	\$ 6,311,873	\$ 8,497,511
2030	\$ 542,044	\$ 1,733,261	\$ 6,064,591	\$ 8,339,896
2031	\$ 582,546	\$ 1,790,497	\$ 5,807,944	\$ 8,180,987
2032	\$ 611,354	\$ 1,819,584	\$ 5,544,831	\$ 7,975,769
2033	\$ 630,289	\$ 1,849,141	\$ 5,273,931	\$ 7,753,361
2034	\$ 646,372	\$ 1,858,792	\$ 4,997,712	\$ 7,502,876
2035	\$ 657,514	\$ 1,863,622	\$ 4,717,679	\$ 7,238,815
2036	\$ 664,072	\$ 1,838,195	\$ 4,433,794	\$ 6,936,061
2037	\$ 666,404	\$ 1,807,489	\$ 4,148,897	\$ 6,622,790
2038	\$ 664,788	\$ 1,770,812	\$ 3,863,526	\$ 6,299,126
2039	\$ 659,654	\$ 1,729,813	\$ 3,577,931	\$ 5,967,398
2040	\$ 651,032	\$ 1,679,571	\$ 3,292,232	\$ 5,622,835
2041	\$ 639,954	\$ 1,623,868	\$ 3,012,730	\$ 5,276,552
2042	\$ 627,298	\$ 1,568,619	\$ 2,739,075	\$ 4,934,992
2043	\$ 613,114	\$ 1,514,128	\$ 2,474,506	\$ 4,601,748
2044	\$ 595,738	\$ 1,453,882	\$ 2,219,483	\$ 4,269,103
2045	\$ 576,486	\$ 1,392,682	\$ 1,975,723	\$ 3,944,891
2046	\$ 555,431	\$ 1,327,850	\$ 1,744,833	\$ 3,628,114
2047	\$ 532,772	\$ 1,261,404	\$ 1,528,249	\$ 3,322,425
2048	\$ 508,620	\$ 1,193,060	\$ 1,327,186	\$ 3,028,866
2049	\$ 483,066	\$ 1,123,325	\$ 1,142,593	\$ 2,748,984
2050	\$ 456,499	\$ 1,051,107	\$ 975,088	\$ 2,482,694
2051	\$ 428,950	\$ 978,420	\$ 824,929	\$ 2,232,299
2052	\$ 400,649	\$ 905,703	\$ 692,011	\$ 1,998,363
2053	\$ 371,856	\$ 833,438	\$ 575,854	\$ 1,781,148
2054	\$ 342,838	\$ 762,146	\$ 475,653	\$ 1,580,637
2055	\$ 313,974	\$ 692,358	\$ 390,321	\$ 1,396,653
2056	\$ 285,399	\$ 624,605	\$ 318,549	\$ 1,228,553
2057	\$ 257,508	\$ 559,398	\$ 258,901	\$ 1,075,807
2058	\$ 230,573	\$ 498,680	\$ 209,882	\$ 939,135
2059	\$ 204,838	\$ 440,666	\$ 170,011	\$ 815,515
2060	\$ 180,511	\$ 385,746	\$ 137,874	\$ 704,131
2061	\$ 157,759	\$ 334,941	\$ 112,165	\$ 604,865
2062	\$ 136,721	\$ 288,449	\$ 91,715	\$ 516,885
2063	\$ 117,472	\$ 246,374	\$ 75,507	\$ 439,353
2064	\$ 100,042	\$ 208,720	\$ 62,678	\$ 371,440
2065	\$ 84,425	\$ 175,400	\$ 52,509	\$ 312,334
2066	\$ 70,577	\$ 146,246	\$ 44,415	\$ 261,238
2067	\$ 58,426	\$ 121,023	\$ 37,934	\$ 217,383
2068	\$ 47,881	\$ 99,438	\$ 32,704	\$ 180,023
2069	\$ 38,834	\$ 81,164	\$ 28,443	\$ 148,441
2070	\$ 31,162	\$ 65,851	\$ 24,931	\$ 121,944
2071	\$ 24,730	\$ 53,138	\$ 22,000	\$ 99,868
2072	\$ 19,403	\$ 42,670	\$ 19,524	\$ 81,597
2073	\$ 15,047	\$ 34,113	\$ 17,407	\$ 66,567

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions

CCPC Component

Effective Date

April 1, 1998.

Covered Employees

All full-time employees. Employees represented by a union for purposes of collective bargaining with the company shall participate only when such participation results as a term and condition of the collective bargaining agreement.

Eligibility for Participation

Date of employment.

Service

All employment with the Company, determined on an elapsed time basis for Salaried employees, and on an hours basis for Hourly employees.

Credited Service

Service, with adjustments for year of hire and year of termination, and with exceptions for certain acquisitions. Charleroi

No service credit for 2003, consequently no service credits for 2004.

Compensation

Beginning with 1989, in no event will the plan recognize annual compensation in excess of the limits of Section 401(a)(17).

Actuarial Equivalent

Equality in value of the aggregate amounts expected to be received under different forms of payment based on the Applicable Mortality Table, together with 7% interest. For lump sum distributions and for conversion of Participant's Contributions with Interest to an annuity, the interest rate shall be the Applicable Interest Rate.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

Basic Monthly Benefit

For Salaried Participants:

The annual pension is equal to 1.5% of pensionable earnings plus .5% of pensionable earnings which contributions have been made. Effective January 1, 2002, benefits for those employees who had not attained age 50 with at least 15 years of service and all highly compensated employees were frozen. For those non-highly compensated employees over age 50 with at least 15 years of service, benefits will continue to accrue through December 31, 2006. The benefit formula will be based on the participant's contribution election as of December 31, 2001. Future accruals for these participants will be offset to reflect, on an actuarially equivalent basis, amounts that would have been contributed to the Plan by the participant, as well as actual non-matching employer contributions made to the WKI Savings Plan for these participants.

For Hourly Participants:

The annual pension is equal to a multiplier times years of service by location according to the following schedule:

(1) Waynesboro Plant Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	\$25.00
January 1, 1999	\$26.00

Effective January 1, 2002, benefits for these employees were frozen.

(2) Pressware Employees:

Last day of Employment on or after	Multiplier
April 1, 2000	\$25.00
January 1, 1999	\$26.00
January 1, 2000	\$27.00
January 1, 2001	\$28.00
January 1, 2002	\$29.00
July 1, 2003	\$30.00
January 1, 2004	\$31.00
January 1, 2005	\$37.00
January 1, 2007	\$36.00

Effective June 30, 2003, benefits for employees with less than 15 years of service were frozen (at the \$29 level). The January 1, 2005 and later multiplier increases are based on future service only. All benefits were frozen as of December 31, 2009 with no benefits further accrued.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

(3) Charleroi Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	\$25.00
January 1, 1999	\$26.00
February 1, 2000	\$32.00
March 1, 2001	\$38.00
March 1, 2002	\$44.00
March 1, 2003	\$45.00
March 1, 2004	\$45.50
March 1, 2005	\$46.00

Service earned between January 1, 2010 through December 31, 2010, the benefit multiplier is \$40. Service prior to 2000 includes only service accrued after April 1, 1998. After 1999, service includes service prior to April 1, 1998, but the benefit is offset for benefits accrued under the Coming Inc. Plan (at the \$26 level). Per the current collective bargaining agreement, accruals will cease after December 31, 2010. Also new hires after June 30, 2006 are not eligible for plan participation.

(4) Martinsburg Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	\$25.00
January 1, 1999	\$26.00
January 1, 2000	\$29.00
January 1, 2001	\$32.00
January 1, 2002	\$35.00

(5) Greencastle Employees:

Last day of Employment on or after	Multiplier
April 1, 1998	\$25.00
January 1, 1999	\$26.00
January 1, 2000	\$29.00
January 1, 2001	\$32.00
January 1, 2002	\$37.00
January 1, 2005	\$38.00
January 1, 2006	\$39.00

Benefit accruals for Greencastle union employees cease effective July 31, 2007. Also, new hires after July 31, 2006 are not eligible for plan participation.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

Early Retirement Pension

Eligibility

A participant who has attained age 55 may retire at any time prior to normal retirement date (and after completion of 5 years of service for non-contributory benefits).

Benefit

The annual pension calculated as in Normal Retirement Pension is payable unreduced at age 55 with 30 years of continuous service or, at the employee's election, in a reduced amount at any time prior to age 60. Such reduction is equal to 1/3 of 1% for each month that the selected pension commencement date precedes the employee's 60th birthday.

Disability Retirement Pension

Eligibility

A participant who becomes totally and permanently disabled, and who has completed 10 years of service may be retired on an early disability benefit.

Benefit

The annual pension calculated as in Normal Retirement Pension accrued to the date of disability retirement. Any periodic payments under Workers' Compensation Laws or any other disability pension (except that payable under Title II of the Social Security Act) may be offset against the pension.

Deferred Vested Pension

Eligibility

5 years of service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55.

Spouse's Benefit

(1) Eligibility

10 or more years of service or who has attained age 55 with 5 years of vesting service.

Benefit

50% of the annual pension reduced by 2.4% for each year the spouse is more than 5 years younger than the employee.

(2) Eligibility

5 but less than 10 years of service and has not attained age 55.

Benefit

50% of the annual pension deferred to when the employee would have reached age 55.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

CCPC Component (continued)

Postretirement Death Benefit

Eligibility

A retiree dies within 6 years of commencement of benefits or attainment of age 70, or if an active employee dies after age 70 with 5 years of service.

Benefit

The pension is equal to the amount the retiree was entitled to payable for 72 months less the number of months elapsed since the employee's retirement date or the date he attained age 70, whichever is earlier.

Normal Form of Payment

Single

6 year Certain and Life annuity.

Married

A reduced qualified joint and 50% survivor annuity.

Optional Forms of Payment

- (1) Life annuity.
- (2) 50% joint and survivor annuity.
- (3) 75% joint and survivor annuity.
- (4) 100% joint and survivor annuity.
- (5) Level Income Option.

Contributions

Participant contributions:

Salaried employees contribute 2% of pensionable earnings which are above the Social Security wage base and may elect to contribute 2% of pensionable earnings which are below the Social Security wage base. Hourly employees are not permitted to contribute under any circumstances. Effective January 1, 2002, employee contributions cease.

Company contributions:

The Company contributes all costs over and above those paid by the employee.

Other Benefits on Death or Withdrawal for Salaried Participant:

If an employee terminated employment before retirement and he has not completed the eligibility requirements for a terminated-vested benefit, his contributions with interest are returned to him.

If an employee dies before retirement and no spouse's benefit is payable, his contributions with interest are paid to his beneficiary.

If an employee dies after retirement and no spouse's benefit is payable, the excess if any, of his contributions with interest are paid to his beneficiary.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Revere Ware Component

Covered Employees

All full-time hourly employees of the Revere Ware Corporation are covered by the Plan.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

Monthly Benefit Amount per Year of Credited Service:

Effective Date of Benefit	First 15 years	Next 15 years	Services in excess of 30 years
April 1, 1995 - March 31, 1998	\$18.75	\$20.75	\$22.75
April 1, 1998 - March 31, 1999	\$19.75	\$21.75	\$23.75
April 1, 1999 - March 31, 2000	\$20.25	\$22.25	\$24.25
On or after April 1, 2000	\$20.75	\$22.75	\$24.75

Early Retirement Pension

Eligibility

A participant who has attained age 55 and completed 10 years of credited service may retire any time prior to normal retirement date.

Benefit

The early retirement pension is a pension commencing immediately which is equal to the full accrued normal pension if the employee had attained age 60 and completed 30 years of service at retirement or if retirement results from a permanent plant shut down, age 55 and 75 points or any age if points equal 80. Otherwise, the pension is reduced by 4% for each year of the first five years of age below age 65 and 3% for each of the next 5 years.

In addition, an employee retiring with 60/30 retirement receives a supplemental pension of \$500 per month until attainment of age 62.

Disability Retirement Pension

Eligibility

Any participant who has 10 years or more of credited service and is totally and permanently disabled may retire on a disability retirement pension provided that the employee has not then attained age 65.

Benefit

The early disability retirement pension is equal to the normal pension accrued to the date of early disability retirement. In addition, a temporary supplement equal to the normal pension accrued is paid from the date of early disability retirement until the employee is eligible for Primary Insurance Benefit. Any periodic payments under Workers' Compensation Laws or any other disability pension may be offset against the pension.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Revere Ware Component (continued)

Deferred Vested Pension

Eligibility

Any participant who has completed 5 or more years of credited service and whose employment is terminated other than by death or other retirement under the Plan is entitled to an early vested retirement pension.

Benefit

The early vested retirement pension is a pension commencing at age 65, equal to the normal pension accrued to the date of severance of employment. An employee who has attained age 60 may elect a pension commencing immediately which is equal to the benefit payable at age 65 reduced by 5/9 of 1% for each month below age 65.

Also, an employee may elect after he has attained age 55 but before he has reached 60, a pension commencing immediately which is equal to the benefit payable at age 65 reduced, on the basis of age last birthday, in accordance with the following table:

Age at Commencement of Payment of Pension	Percentage of Full Pension Payable
59	57.4%
58	52.8%
57	48.6%
56	44.9%
55	41.5%

Spouse's Benefit

(1) Eligibility

10 or more years of credited service.

Benefit

One-half the employee's full accrued pension to the date of death starting in the month following the month in which the employee died.

(2) Eligibility

5 but less than 10 years of credited service.

Benefit

Employee's full accrued pension to the date of death starting when the employee would have reached age 65 and based on a deferred vested pension starting at age 65 and with a 50% contingent annuitant benefit election.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component

Covered Employees

All full-time employees.

Eligibility for Participation

January 1st or July 1st after he first fulfills the following requirements:

- (1) completion of one year of credited service, and
- (2) reaches age 21. However, a former employee of the Chicago Cutlery, Inc. will become a participant at an earlier date as follows:
 - (a) A participant in the Chicago Cutlery, Inc. Employees' Profit-Sharing Plan and Trust on June 30, 1991 who becomes an employee on July 1, 1991 shall become a participant on July 1, 1991.
 - (b) The eligibility service requirement for an employee of Chicago Cutlery, Inc. on June 30, 1991, shall be six consecutive months of credited service (completed prior to July 1, 1992) instead of one year of credited service.

Employees represented by a union for purposes of collective bargaining with the company shall participate only when such participation results as a term and condition of the collective bargaining agreement.

Credited Service

A full year of service is credited to a participant who works 1,000 hours during the plan year. No service is credited to a participant who works fewer than 1,000 hours during the plan year. For purposes of plan participation, the initial computation period shall commence on the employment commencement date with subsequent computation periods on a plan year basis, beginning with the plan year that includes the first employment anniversary.

An employee of Chicago Cutlery, Inc. shall be credited with a year of service for benefit accrual purposes if he completes at least 500 hours of service during the period beginning July 1, 1991 and ending December 31, 1991.

An employee of Chicago Cutlery, Inc. shall not be credited with any benefit accrual service prior to January 1, 1994.

An employee of General Housewares facilities located in Sydney, Ohio as of July 31, 1996, and who is an employee of Wagnerware Corporation as of August 1, 1996, shall be credited with 833 hours of service for the period beginning August 1, 1996, and ending December 31, 1996.

Any period for which the employee preserves his right of reemployment in accordance with the Selective Service law shall be treated as a year of service, if the employee complied with the requirements of such law and is entitled to reemployment.

Compensation

Basic compensation includes overtime, shift premiums, production incentives, commissions regularly paid, bonuses received and sick pay under the employer's sick leave policy and salary continuation policy and prior to any reduction pursuant to the employer's profit-sharing plan averaged on a monthly basis over the highest five years within the final ten years. Compensation shall not include pay for fringe benefits or any amounts contributed by the employer to any employee benefit plan. Annual compensation shall not exceed \$150,000 as adjusted.

Covered Compensation is the average (without indexing) of the taxable wage bases for the 35 calendar years ending with the year a participant attains Social Security retirement age.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
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Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component (continued)

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 (or 5 years of service, if later).

Basic Monthly Benefit

Effective January 1, 2002, benefits for those employees who had not attained age 50 with at least 15 years of service and all highly compensated employees were frozen. For those non-highly compensated employees over age 50 with at least 15 years of service, benefits will continue to accrue through December 31, 2006. Future accruals for these participants will be offset to reflect actual non-matching employer contributions made to the WKI Savings Plan for these participants.

Upon normal retirement, an employee receives a monthly pension based on his credited service and compensation at his normal retirement date. The benefit is the greater of:

1. the sum of 1.47% of compensation times credited service at normal retirement date (to a maximum of 25 years) PLUS 0.45% of compensation in excess of covered compensation times credited service at normal retirement date (to a maximum of 25 years), or
2. for an employee terminating on or after January 1, 1996, \$20.00 times credited service.

Early Retirement Pension

Eligibility

A participant who has attained age 55 and completed 5 years of credited service may retire any time prior to normal retirement date.

Benefit

The early retirement pension is equal to the accrued retirement benefit reduced 1/180 per month for the 1st 60 months and 1/360 per month for the next 60 months by which a participant's Early Retirement Date precedes his Normal Retirement Date.

Disability Retirement Pension

Eligibility

Any participant who has 5 years or more of credited service and qualifies for and receives Social Security disability payments and is totally and permanently disabled may retire on a disability retirement pension.

Benefit

The disability retirement pension is equal to the normal pension accrued as if the participant had continued working to his date of retirement.

Deferred Vested Pension

Eligibility

Any participant who has completed 5 or more years of credited service and whose employment is terminated other than by death or other retirement under the Plan is entitled to a vested retirement pension.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55. For any employee of Colonial Candle Giftware Group and any other employee who terminated as a result of the sale of Colonial Candle Giftware Group of Cape Cod, or the relocation of the employer's corporate offices shall be entitled to 100% of his accrued benefit determined as of April 19, 1990.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

General Housewares Component (continued)

Spouse's Benefit

Eligibility

5 years of credited service.

Benefit

50% of the annual pension deferred to when the employee would have reached age 55.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Canton Component

Effective Date

The effective date of the Plan is May 8, 1973. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Each person regularly employed at the Canton Plant of EKCO Housewares, Inc. and member of the bargaining unit.

Eligibility for Participation

After one year of continuous service.

Credited Service

A year of credited service is earned if the participant is credited with 1,600 hours in a plan year, with 1/10 of a year of service granted for each full 160 hours up to 1,600 hours. Credited service will be limited to the last 35 years of covered employment.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

The monthly Normal Retirement Benefit is based on the following benefit levels for varying periods of credited services after January 1, 1961.

Effective Dates	Multiplier
1/1/61 to 1/1/77	\$ 5.00
1/1/77 to 1/1/80	\$ 7.00
1/1/80 to 1/1/82	\$ 8.00
1/1/82 to 1/1/83	\$ 10.00
1/1/83 to 1/1/85	\$ 11.00
1/1/85 to 1/1/86	\$ 12.00
1/1/86 to 1/1/87	\$ 13.00
1/1/87 and later	\$ 14.00 ¹

¹ For retirement and vested terminations on or after 2/28/87.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Canton Component (continued)

Early Retirement Pension

Eligibility

Any Participant may choose to retire early on the first day of any month after attaining age 60 and completing 15 years of Credited Service.

Benefit

The Participant's Early Retirement Benefit will be accrued monthly vested pension, but it will be reduced actuarially if benefits commence prior to age 65. The actuarial basis for this purpose is as follows:

- (a) Interest: 7.5%
- (b) Mortality: UP-1984 Mortality Table with male ages set forward one year and female ages set back four years, with the assumption that 80% of annuitants will be male.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 60.

Spouse's Benefit

(1) Eligibility

Age 60 with 15 or more years of credited service.

Benefit

In the event of the participant's death after meeting the requirements for Early Retirement, if he has elected the spouse's benefit, the surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 years of vesting service.

Benefit

The surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time. The benefits otherwise payable will be reduced for each month of protection.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Massillon Component

Effective Date

The effective date of the Plan is July 1, 1962. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Each person regularly employed at the Massillon Plan or EKCO Housewares, Inc. and who is a member of the bargaining unit as of October 8, 2001.

Eligibility for Participation

After one year of continuous service.

Credited Service

A year of Credited Service is earned if the participant is credited with 1,600 hours in a plan year, with 1/10 of a year of service granted for each full 160 hours up to 1,600 hours. Effective September 28, 1998, Credited Service shall no longer be limited to the last 35 years of covered employment.

Normal Retirement Pension

Eligibility

A participant's normal retirement date is the first of the month following age 65 after 5 years of credited service.

Basic Monthly Benefit

The monthly Normal Retirement Benefit is based on the following benefit levels for varying periods of Credited Services.

Effective Dates	Multiplier
9/1/1943	\$ 6.00
1/1/1974	\$ 10.50
1/1/1984	\$ 13.50
1/1/1990	\$ 15.00
1/1/1993	\$ 16.00
1/1/1998	\$ 18.00
1/1/1999	\$ 19.00
1/1/2000	\$ 20.00
1/1/2001	\$ 21.00

Early Retirement Pension

Eligibility

Any Participant may choose to retire early on the first day of any month after attaining age 60 and completing 15 years of Credited Service.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Massillon Component (continued)

Benefit

The Participant's Early Retirement Benefit will be accrued monthly vested pension, but it will be reduced actuarially if benefits commence prior to age 65. The actuarial basis for this purpose is as follows:

- (a) Interest: 7.5%
- (b) Mortality: UP-1984 Mortality Table with male ages set forward one year and female ages set back four years, with the assumption that 80% of annuitants will be male.

Effective September 28, 1998, any participant who has attained age 60 and has completed 30 years of Credited Service is eligible to receive an early retirement benefit equal to the accrued monthly vested pension unreduced for commencement prior to age 65.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 60.

Spouse's Benefit

(1) Eligibility

Age 60 with 15 or more years of Service.

Benefit

In the event of the participant's death after meeting the requirements for Early Retirement, if he has elected the spouse's benefit, the surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 years of vesting service.

Benefit

The surviving spouse shall receive for life a pension equal to the Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time. The benefits otherwise payable will be reduced for each month of protection.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component

Effective Date

The effective date of the Plan is September 7, 1984. The plan has been subsequently amended to comply with government regulations.

Covered Employees

All Salaried employees.

Eligibility for Participation

The later of January 1, 1985 or the first day of the month following the date that he attains age 21 and completes one year of service.

Normal Retirement Pension

Eligibility

The Normal Retirement Date is the first day of the month coinciding with or next following the attainment of age 65.

Basic Monthly Benefit

1. For credited service before January 1, 1986:

For participants of the Plan on September 7, 1984, the normal retirement benefit is equal to the greatest of (a), (b) or (c) described below:

- a. 2% of Final Ten-Year Average Pay times credited service after attainment of age 35 and completion of age 65 multiplied by the ratio of credited service to 60.
- b. 1.5 % of Final Ten-Year Average Pay times credited service after attainment of age 25 and completion of one year of service, less the Social Security Benefit at age 65 multiplied by the ratio of credited service to 80.
- c. The benefit accrual for each year of credited service is a flat dollar amount depending on the calendar year of accrual. The accrual for 1985 was \$222.

In no event will the accrued benefits be less than the benefits under the following formula.

- a. For Participants who were active before October 1, 1981:
 - i. 2.67% of annual pay for each year of credited service after the later of January 1, 1987 and the attainment of age 35 and completion of one year of service, plus a frozen past service benefit for service prior to 1978, less the Social Security Benefit at age 65 multiplied by the ratio of credited service to 60.
 - ii. 2% of annual pay for each year of credited service after January 1, 1978 and the attainment of age 25 and completion of one year of service, plus a frozen past service benefit for service after 1976 at age 65 multiplied by the ratio of credited service at 80.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component (continued)

- b. For Participants who were active before September 1, 1974:
 - i. 1.5% of annual pay less .7% of annual pay under \$3,000 for each year of credited service after attainment of age 35 and completion of one year of service.
 - ii. 1.125% of annual pay less .525% of annual pay under \$3,000 for each year of credited service after the later of January 1, 1976 and the attainment of age 25 and completion of one year of service.
- 2. For credited service after December 31, 1985:

For each Participant who joined the plan after September 7, 1984, the normal retirement benefit is equal to one percent (1%) of his basic rate of pay on January 1st, plus one-half percent (1/2%) of such basic rate of pay in excess of the Social Security Wage Base, of each year of credited service in the plan.

 - a. The normal retirement benefit based on years of service and compensation through December 31, 1988; plus
 - b. One-third of one percent (1/3%) of the Participant's compensation for the plan year ending December 31, 1988 provided that, if a Participant terminates employment after December 31, 1988 and prior to April 30, 1989, such amount shall be prorated by multiplying it by a fraction. The numerator of this fraction will be date of termination, and the denominator will be 120.

Early Retirement Pension

Eligibility

Any Participant, with the consent of the Employer, may choose to retire early on the first day of any month within the 10-year period before his Normal Retirement Date.

Benefit

The Participant's Early Retirement Benefit will be the accrued monthly vested pension, but it will be reduced by 3% per year for each year benefits commence prior to age 65.

Disability Retirement Pension

Eligibility

If a Participant becomes totally and permanently disabled and has completed 10 years as of the date of disability, he will be eligible to receive disability benefits under the Plan. His benefits will begin on his Disability Retirement Date, which will be the first day of the sixth month on or after the date he retires from service as a result of disability.

Benefit

The amount of disability pension will be a scheduled dollar amount for each calendar year of service. The minimum benefit will be \$270 a month, payable until age 65. The benefit is then equal to the normal retirement benefit accrued to the date of disability.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Salaried Component (continued)

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension. At the employee's option, an actuarially equivalent benefit may be elected commencing at age 55.

Spouse's Benefit

(1) Eligibility

Any Participant, with the consent of the Employer, may choose to retire early on the first day of any month within the 10-year period before his Normal Retirement Date.

Benefit

Joint and 50% Survivor Benefit determined under the assumption that the Participant had elected Early Retirement commencing on the first day of the month coinciding with or next following the month in which death occurred.

(2) Eligibility

5 but less than 10 years of Service and has not attained age 55.

Benefit

Joint and 50% Survivor Benefit, based on his vested accrued benefit and determined under the assumption that the Participant had elected Early Retirement commencing on the first of the month in which he would have first become eligible for Early Retirement had he been alive at that time.

Contributions

Noncontributory.

Summary of Changes from the January 1, 2023 Valuation

None.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Kellogg Component

Effective Date

The effective date of the Plan is July 1, 1962. The plan has been subsequently amended to comply with government regulations and benefit changes.

Covered Employees

Covered by a collective bargaining agreement with Local 1051.

Vesting Service

A Participant will be credited with Vesting Service for each Plan Year based on the number of hours worked as follow:

Hours Worked	Years of Vesting Service
Less than 180	0 years
180 – 359	1/10 year
360 – 539	2/10 year
540 – 719	3/10 year
720 – 899	4/10 year
900 – 999	5/10 year
1,000 or more	1 year

Credited Service

A Participant will be credited with Benefit Service for each Plan Year based on the number of hours worked as follows:

Hours Worked	Years of Credited Service
Less than 180	0 years
180 – 359	1/10 year
360 – 539	2/10 year
540 – 719	3/10 year
720 – 899	4/10 year
900 – 1,079	5/10 year
1,080 – 1,259	6/10 year
1,260 – 1,439	7/10 year
1,440 – 1,619	8/10 year
1,620 – 1,799	9/10 year
1,800 or more	1 year

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

EKCO-Kellogg Component (continued)

Normal Retirement Pension

Eligibility

The first day of the month coinciding with or next following the Participant's 65th birthday.

Basic Monthly Benefit

\$13.00 per month times years of Benefit Service

Early Retirement Pension

Eligibility

Age 55 with 10 or more years of Vesting Service.

Benefit

Benefit equals Normal retirement benefit accrued to early retirement date, reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement Pension

Eligibility

Age 50 with 15 years of Benefit Service.

Benefit

Accrued benefit.

Deferred Vested Pension

Eligibility

5 years of vesting service.

Benefit

An annual pension is payable to the employee commencing at normal retirement date equal to the accrued pension.

Spouse's Benefit

Eligibility

5 years of vesting service.

Benefit

Life annuity to spouse commencing at the earliest date the employee could have retired, equal to 50% of accrued benefit reduced for early retirement and for 50% joint and survivor option, and further reduced by 0.05% for each month during which the coverage as in force.

Contributions

Noncontributory.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Changes from the January 1, 2023 Valuation

None.

Instant Brands Pension Plan

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	<u><i>Mutual funds</i></u>			
		Vanguard Fed Money Market	\$ 82,585,474	\$ 82,585,474
	<u><i>Allocated annuity contract</i></u>			
*	Metropolitan Life Insurance Company Group	Annuity Contract #8515	5,370,972	5,370,972
	<u><i>Common/collective trusts</i></u>			
*	AON Multi-Asset Credit Fund		1,299,798	1,299,798
	JP Morgan Strategic Property		6,782,643	6,782,643
	Subtotal		8,082,441	8,082,441
	Total		\$ 96,038,887	\$ 96,038,887
*	Party-in-interest.			

See Independent Auditor's Report.

Plan Name: Instant Brands Pension Plan
Plan Sponsor's Name: Instant Brands Holdings Inc.
EIN / PN: 16-1403318 / 004

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2023	Shortfall	14	\$ 515,922	\$ 5,405,564
January 1, 2024	Shortfall	15	<u>(134,700)</u>	<u>(1,480,542)</u>
Total			\$ 381,222	\$ 3,925,022

Plan Name: Instant Brands Pension Plan

Plan Sponsor's Name: Instant Brands Holdings Inc.

EIN / PN: 16-1403318 / 004

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The retirement rates, marriage assumption, beneficiary age difference assumption, frequency of optional forms assumption, withdrawal rates, and disability rates were updated based on an experience study that was performed in 2024.
- The expected return on plan assets rate changed from 6.50% for 2023 to 6.75% for 2024 (limited to the third segment rate).

Plan Name: Instant Brands Pension Plan

Plan Sponsor's Name: Instant Brands Holdings Inc.

EIN / PN: 16-1403318 / 004

Schedule SB, Line 23 – Information on Use of Substitute Mortality Tables

The substitute mortality tables apply to all plan participants for the 2024 plan year. The mortality ratios used to develop the tables are 1.367103 for all plan participants. The tables are based on a 40.0919% Credibility Weighting Factor. The substitute mortality tables have been approved beginning with the plan year commencing January 1, 2021 and ending with the plan year commencing January 1, 2030.