

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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 AS AMERICA BRANDS, INC. PENSION PLAN 1b Three-digit plan number (PN) 003 1c Effective date of plan 01/01/1984 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AS AMERICA, INC. 865 CENTENNIAL AVENUE PISCATAWAY, NJ 08854 2b Employer Identification Number (EIN) 26-0887443 2c Plan Sponsor's telephone number 732-980-3000 2d Business code (see instructions) 327100

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

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>AS AMERICA, INC.</p> <p>865 CENTENNIAL AVENUE PISCATAWAY, NJ 08854</p>	<p><b>3b</b> Administrator's EIN 26-0887443</p> <p><b>3c</b> Administrator's telephone number 732-980-3000</p>																				
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 1072</p>																				
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>6a(1)</b></td><td>23</td></tr> <tr><td><b>6a(2)</b></td><td>22</td></tr> <tr><td><b>6b</b></td><td>587</td></tr> <tr><td><b>6c</b></td><td>221</td></tr> <tr><td><b>6d</b></td><td>830</td></tr> <tr><td><b>6e</b></td><td>204</td></tr> <tr><td><b>6f</b></td><td>1034</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td>0</td></tr> </table>	<b>6a(1)</b>	23	<b>6a(2)</b>	22	<b>6b</b>	587	<b>6c</b>	221	<b>6d</b>	830	<b>6e</b>	204	<b>6f</b>	1034	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	23																				
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<b>6f</b>	1034																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 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:

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

<b>A</b> Name of plan <u>AS AMERICA BRANDS, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AS AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>26-0887443</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>35408958</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>38518493</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>792</u>	<u>30757016</u>
	<b>b</b> For terminated vested participants .....	<u>260</u>	<u>5130701</u>
	<b>c</b> For active participants .....	<u>23</u>	<u>1145778</u>
	<b>d</b> Total .....	<u>1075</u>	<u>37033495</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.06 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>757080</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>757080</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.

<b>SIGN HERE</b>  _____ Signature of actuary  <u>GREGORY E. SMITH</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>MSC# 17834</u> <u>PO BOX 7505</u> <u>FORT WASHINGTON, PA 19034</u>  _____ Address of the firm	<u>09/19/2025</u> Date  <u>23-08383</u> Most recent enrollment number  <u>203-852-1100</u> Telephone number (including area code)
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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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	786
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	786
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.17</u> % .....	0	88
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		289
<b>b(1)</b>	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>5.18</u> % .....		15
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		304
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	874

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	104.00 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	89.61 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>				
(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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 2
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b>	757080
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	757080
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....			<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b>	0

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

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

<b>A</b> Name of plan <b>AS AMERICA BRANDS, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AS AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-0887443</b>	

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	353136	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)

AON HEWITT INVESTMENT CONSULTANT

27-2436452

(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	84730	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)

PRINCIPAL BANK

510 N VALLEY MILLS DRIVE  
SUITE 400  
WACO, TX 76710-6075

(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?
21 50	NONE	33636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>AS AMERICA BRANDS, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AS AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>26-0887443</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD PLUS BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111064</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>194723</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17622626</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAPITAL EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3110916</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>506098</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-U.S. EQUITY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1889947</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>20+ YEARS U.S TREASURY STRIPS INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u>		
<b>c</b> EIN-PN <u>27-2436452-012</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1109316</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

<b>c</b> EIN-PN 27-2436452-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 944401
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

<b>c</b> EIN-PN 27-2436452-011	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2915191
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

<b>c</b> EIN-PN 37-6543784-037	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2080979
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIAB DRIVEN INVEST FD

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

<b>c</b> EIN-PN 37-6543784-048	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1612744
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AS AMERICA BRANDS, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AS AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-0887443</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1219576	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2584	2071
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	661975	435305
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	33558559	32098004
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	35442694	32535380
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	35442694	32535380

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	39546	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		39546
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1080512
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1120058

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3370807	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3370807
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	353136	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	33636	
(7) Actuarial fees .....	<b>2i(7)</b>	84730	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	185063	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		656565
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4027372

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2907314
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: KRUGGEL, LAWTON AND CO. LLC

(2) EIN: 35-1307701

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558038.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AS AMERICA BRANDS, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AS AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>26-0887443</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 42-1520346

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	4
--	---	---

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

**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.**

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

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

**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

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

**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:

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 100.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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# *American Standard*

## **AS America Brands, Inc. Pension Plan**

ANNUAL REPORT  
December 31, 2024



Knoxville, Tennessee

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# AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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## ANNUAL REPORT

December 31, 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the  
AS America Brands, Inc. Pension Plan  
Piscataway, New Jersey

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

We have performed audits of the financial statements of the AS America Brands, Inc. Pension Plan (formerly the Grohe America, Inc. Pension Plan and Trust) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements (Financial Statements).

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 these Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Financial Statements.

In performing an audit in accordance with GAAS, we:

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

Our 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) as of December 31, 2024, and Schedule of Reportable Transactions 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Respectfully submitted,



Certified Public Accountants

Knoxville, Tennessee  
October 9, 2025

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**AS America Brands, Inc. Pension Plan**Piscataway, New Jersey

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**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Investments, at fair value	32,533,309	34,220,534
Receivables		
Accrued income	2,071	2,584
Employer contributions	0	1,219,576
Total receivables	2,071	1,222,160
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>32,535,380</b>	<b>35,442,694</b>

*The Notes to Financial Statements are an integral part of this statement.*

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**AS America Brands, Inc. Pension Plan**Piscataway, New Jersey

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

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS:		
Investment income		
Net appreciation in fair value of investments	1,080,512	3,620,318
Dividend and interest income	39,546	20,736
Total investment income	1,120,058	3,641,054
Contributions		
Employer	0	1,219,576
Total additions	1,120,058	4,860,630
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	3,370,807	3,016,919
Administrative expenses	656,565	916,501
Total deductions	4,027,372	3,933,420
NET INCREASE/(DECREASE)	(2,907,314)	927,210
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	35,442,694	34,515,484
End of year	32,535,380	35,442,694

*The Notes to Financial Statements are an integral part of this statement.*

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**AS America Brands, Inc. Pension Plan**Piscataway, New Jersey

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**STATEMENTS OF ACCUMULATED PLAN BENEFITS**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits		
Participants currently receiving payments	28,542,317	31,491,917
Other participants	5,736,811	6,801,874
Total vested benefits	<u>34,279,128</u>	<u>38,293,791</u>
Total actuarial present value of accumulated plan benefits	<u>34,279,128</u>	<u>38,293,791</u>

*The Notes to Financial Statements are an integral part of this statement.*

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**AS America Brands, Inc. Pension Plan**Piscataway, New Jersey

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**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS**

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Beginning of year	38,293,791	38,961,727
DECREASE DURING THE YEAR ATTRIBUTABLE TO:		
Benefits paid	(3,370,807)	(3,016,919)
Increase for interest	1,763,434	1,873,583
Other changes	(381,567)	(177,403)
Change in actuarial assumptions	(2,025,723)	652,803
Net decrease	(4,014,663)	(667,936)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
End of year	34,279,128	38,293,791

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*The Notes to Financial Statements are an integral part of this statement.*

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

#### NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the AS America Brands, Inc. Pension Plan, formerly the Grohe America, Inc. Pension Plan and Trust (the "Plan"), is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### GENERAL

The Plan, established on January 1, 1984, is a defined benefit pension plan covering employees of Grohe America, Inc. who were age twenty one and who had completed six months of service until the Plan was frozen as of December 1, 2009. Effective April 1, 2017, as a result of a corporate acquisition, the employees of Grohe America, Inc. became employees of AS America, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2022, the AS America, Inc. Pension Plan ("Legacy Plan") was merged with and into the Grohe America, Inc. Pension Plan and Trust ("Grohe Plan"). As such, all assets and accumulated plan benefits of the Legacy Plan were transferred to the Grohe Plan effective December 31, 2022. Effective January 1, 2023, the Grohe Plan was amended, restated and renamed the AS America Brands, Inc. Pension Plan. Per the merger agreement, the benefit provisions of the merged plans have not changed. No provisions of the Plan shall be construed to reduce the accrued benefit of any individual who was a participant in the Legacy Plan or the Grohe Plan immediately prior to the merger.

The Legacy Plan, established on October 31, 2007, was a defined benefit pension plan covering all hourly employees covered by the collective bargaining agreements at the following facilities of AS America, Inc. (the "Company" or the "Employer"): the Tiffin, Ohio plant, the Paintsville, Kentucky plants and the Salem, Ohio plant. Effective January 1, 2010, the following Plans were merged into the AS America, Inc. Pension Plan: a) Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan; b) Crane Plumbing, LLC Retirement Plan; and c) Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan.

#### ELIGIBILITY

Former Grohe Plan - Effective December 1, 2009, future eligibility and future benefit accruals were frozen. Each participant who has satisfied the eligibility requirement as December 1, 2009, shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Effective April 15, 2010, all benefit accruals were frozen.

Former AS America, Inc. Pension Plan - Effective May 5, 2007, future eligibility and future benefit accruals for the Salem, Ohio employees were frozen. Each participant who has satisfied the eligibility requirement as of May 5, 2007, shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Both the Tiffin, Ohio plant and the Paintsville, Kentucky plant locations were closed on December 21, 2007, and October 31, 2008, respectively.

Former Crane Plumbing, LLC Retirement Plan - Effective July 1, 2006, the Crane Plumbing, LLC Retirement Plan (Retirement Plan) was frozen for new plan participation and future benefit accruals for the Nevada, Missouri location participants included in the Plan. Effective February 1, 2008, the Retirement Plan was frozen for new plan participation and future benefit accruals for the Mansfield, Ohio location participants included in the Retirement Plan. Both the Ferguson, Kentucky and Somerset, Pennsylvania locations were closed on February 15, 2006 and September 23, 2005, respectively. The Nevada, Missouri location was closed on June 30, 2015.

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Effective May 31, 2004, the Non-Bargaining Employees' Retirement Plan benefits were frozen and there are to be no new entrants to the Plan and no more benefits will accrue.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Effective August 1, 2005, the Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan was frozen for future eligibility and future benefit accruals.

#### FUNDING POLICY

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024, no contributions were required to meet the minimum funding requirements of ERISA and none were made. In 2023, \$1,219,576 in employer contributions were made into the Plan. The 2023 contributions were required to meet the minimum funding requirements of ERISA.

#### PENSION BENEFITS

Former Grohe Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on a retirement benefit formula equal to 2% of the participants' average monthly compensation multiplied by the participants' total number of plan years of service (up to a maximum of 40 years). No benefits accrue after April 15, 2010.

Former AS America, Inc. Pension Plan - For eligible employees of the Tiffin, Ohio and Paintsville, Kentucky plants, upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service and average monthly earnings. For eligible employees of the Salem, Ohio plant, benefits are based on the benefits earned at May 5, 2007, when all benefits were frozen.

Former Crane Plumbing, LLC Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between \$15.00 and \$24.00 per month for every year of service, with the maximum of 35 years of service.

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit equal to the following formula: the sum of (1) participants' monthly accrued benefit determined under the terms of the Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan on December 31, 1988 and (2) for each plan year beginning on or after January 1, 1989, an amount equal to one and one quarter of one percent (1.25%) of his or her average monthly compensation for such plan year.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between \$14.00 and \$25.00 per month for every year of service.

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

#### RETIREMENT AND DEATH BENEFITS

A participant with benefits from the Grohe America, Inc. Pension Plan and Trust may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight-life annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (10 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 75% or 100% of such annuity for the lifetime of the named beneficiary; and d) as a single lump sum payment.

A participant with benefits from the legacy AS America, Inc. Pension Plan may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight life-annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (5, 10 or 20 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66-2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary; d) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 75% or 100% with a pop-up option; and e) as a single lump sum payment.

A participant with benefits from the former Crane Plumbing, LLC Retirement Plan, the Crane Plumbing, LLC Retirement Plan and the Crane Plumbing, LLC Non-Bargaining Employees' (Texas) Retirement Plan may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment which are as follows: a) a straight life-annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (5, 10 or 15 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66-2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary; and d) as a single lump sum payment.

A participant may elect to receive early retirement benefits at the completion of 10 years of vesting service and attainment of age 55. The amount of early retirement benefit is determined using the participant's accrued benefit at the normal retirement date reduced by a percentage for each year the early retirement date precedes the participant's normal retirement date.

If a vested participant dies before pension benefits have commenced, the participant's beneficiary shall receive a percentage of the monthly retirement benefit which would have been received if the participant had retired on the day coinciding with the date of his or her death with a qualified joint survivor pension.

#### VESTING

Participants are fully vested after five years of credited service. Participants who attain the age of 65 or meet the requirements for early retirement become fully vested as well. Vesting service is determined on an elapsed time basis.

#### INVESTMENT MANAGEMENT EXPENSES

Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

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## **AS America Brands, Inc. Pension Plan**

Piscataway, New Jersey

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### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2024 and 2023

#### **NOTE 2 - SUMMARY OF ACCOUNTING POLICIES**

##### **BASIS OF ACCOUNTING**

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

##### **ESTIMATES**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Accordingly, actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

##### **INVESTMENT VALUATION AND INCOME RECOGNITION**

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 exit price). See Note 9 for discussion of fair value measurements.

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

##### **PAYMENT OF BENEFITS**

Benefits are recorded when paid.

##### **ADMINISTRATIVE EXPENSES**

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation/(depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

#### **NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions 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. The accumulated plan benefits for active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that 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 death, withdrawal or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 and at December 31, 2023 are as follows:

A. Discount rate: 5.47% and 4.81% for 2024 and December 31, 2024, respectively

B. Average retirement age: Age 65 except for participants from the former Crane Plumbing, LLC. Non-Bargaining Employees' Retirement Plan:

<u>Age</u>	<u>Rate</u>
55	5 %
56-59	3 %
60	5 %
61	3 %
62	7 %
63-64	3 %
65	100 %

C. Mortality:

Pre- and post-retirement

2024: Pri-2012 Generational with Scale MP-2021

December 31, 2024: Pri-2012 Generational with Scale MP-2021

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

#### NOTE 4 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and investment income for the year ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank ("Principal"), a qualified institution. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedules.

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

#### NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. The Plan held investments managed by Aon Trust Company, a related entity of the actuary of the Plan, and therefore, these transactions qualify as a party-in-interest transaction. Certain professional fees for the administration and audit of the Plan were paid by the Company. The Plan paid administrative fees to Aon Hewitt Investment Consultant, Kruggel, Lawton and Co., LLC, Aon Consulting, Principal Consulting, and JP Morgan Chase Bank for the years ended December 31, 2024 and 2023, which qualify as party-in-interest transactions.

#### NOTE 6 - PLAN TERMINATION

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. 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 their 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 those 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 then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

#### NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 31, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, plan management believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

#### NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, political uncertainty, pandemic environmental risks, cyber security and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect 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, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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 - 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 820-10 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 the following:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

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

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

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

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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

- *Interest bearing cash.* Valued at the cash value held in a bank demand deposit account. Interest bearing cash is maintained as a low-risk cash option with no restrictions to/from the account. The accounts receives interest daily.
- *Collective trusts.* Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trustee or custodian of the collective trust, 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.

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

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

Investment Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	435,305	0	0	435,305
Total assets in the fair value hierarchy	435,305	0	0	435,305
Investments measured at net asset value *	0	0	0	32,098,004
Total investment assets at fair value	435,305	0	0	32,533,309

Investment Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Interest bearing cash	661,975	0	0	661,975
Total assets in the fair value hierarchy	661,975	0	0	661,975
Investments measured at net asset value *	0	0	0	33,558,559
Total investment assets at fair value	661,975	0	0	34,220,534

\*In accordance with FASB Subtopic 820-10, certain investments that were measured at net asset value 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.

#### Fair Value of Investments that Calculate Net Asset Value

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

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## AS America Brands, Inc. Pension Plan

Piscataway, New Jersey

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### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
December 31, 2024: Collective trusts	32,098,004	N/A	Daily	None
December 31, 2023: Collective trusts	33,558,559	N/A	Daily	None

#### NOTE 11 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued. No events or transactions occurred through October 9, 2025, requiring recognition or disclosure in the financial statements.

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**AS America Brands, Inc. Pension Plan**

Piscataway, New Jersey

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2024

EIN : 26-0887443 PLAN NUMBER : 003

<u>(a)</u>	<u>(b)</u> Identity of Issue, Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
		<u>Interest Bearing Cash:</u>		
	Wells Fargo Bank, N.A.	Short Term Investment Fund A	435,305	435,305
		<u>Collective Trusts:</u>		
*	Aon Trust	Global Real Estate - Class I	213,068	194,723
*	Aon Trust	High Yield Plus	101,139	111,064
*	Aon Trust	Large Cap Equity	2,218,882	3,110,916
*	Aon Trust	Long Credit Bond Fund	21,550,219	17,622,625
*	Aon Trust	Non-US Equity Index Fund	1,863,718	1,889,947
*	Aon Trust	Small Cap Equity Index Fund	468,609	506,098
*	Aon Trust	20+ Year US Treasury ST	1,717,623	1,109,316
*	Aon Trust	Core Real Estate Fund	2,292,091	2,080,979
*	Aon Trust	Enhanced Liability Driven Investment Fund	1,500,000	1,612,744
*	Aon Trust	GLB Equity Class I	2,338,794	2,915,191
*	Aon Trust	Multi-Asset Credit	852,063	944,401
	<b>Total</b>			<b>32,533,309</b>

\* Denotes party-in-interest

**AS America Brands, Inc. Pension Plan**

Piscataway, New Jersey

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

For the Year Ended December 31, 2024

Name of Plan Sponsor: AS America, Inc.  
 Employer Identification Number: 26-0887443  
 Three Digit Plan Number: 003

(a) Identity of Party <u>Involved</u>	(b) <u>Description of Asset</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense Included w/ <u>Transactions</u>	(g) Cost <u>of Asset</u>	(h) Current Value on Transaction <u>Date</u>	(i) Net Gain <u>(Loss)</u>
<u>Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:</u>								
Wells Fargo Bank, N.A.	Short Term Investment Fund A	3,930,913	-	-	-	3,930,913	3,930,913	-
		-	4,157,585	-	-	4,157,585	4,157,585	-
Aon Trust	Long Credit Bond Fund	-	2,025,000	-	-	2,478,755	2,025,000	(453,755)

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of  
January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44						1				
45-49						4				
50-54					1	2				
55-59					1	1		1	1	
60-64					1	1	2	1	1	1
65-69					1					2
70+										

N-23

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a two-month lookback (as of November 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a two-month lookback (as of November 2023), without regard to interest rate stabilization.
1st Segment Rate	4.02%.
2nd Segment Rate	4.73%.
3rd Segment Rate	4.75%.
<b>Optional Payment Form Election Percentage</b>	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
<b>Retirement Age</b>	
Active Participants (legacy Grohe)	Age 65.
Active Participants (legacy Ferguson/Nevada)	Later of age 65 or 5 years of vesting service.
Active Participants (legacy Non-Bargaining)	See Table 1.
Terminated Vested Participants	Age 65.
<b>Healthy and Disabled Mortality Rates</b>	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
<b>Withdrawal Rates</b>	None assumed for legacy Grohe. See Tables 2–3 for legacy Ferguson/Nevada and Non-Bargaining.
<b>Disability Rates</b>	None assumed for legacy Grohe. See Table 4 for legacy Ferguson/Nevada and Non-Bargaining.
<b>Decrement Timing</b>	Middle of year decrements, with 100% retirement occurring at beginning of year.
<b>Surviving Spouse Benefit</b>	It is assumed that 100% of legacy Grohe participants and 80% of legacy ASA participants have an eligible spouse, and that males are the same age as their spouses.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of the fair market value.

**Trust Expenses Included in Target Normal Cost**

Expected PBGC premiums (flat and variable) plus estimated other administrative expenses equal to actual non-PBGC expenses in the prior year (\$757,080 for 2024).

**Actuarial Method**

Standard unit credit cost method.

**Valuation Date**

January 1, 2024.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Table 1

**Retirement Rates — Legacy Non-Bargaining Plan**

Age	Rate
55	5.0%
56-59	3.0%
60	5.0%
61	3.0%
62	7.0%
63-64	3.0%
65	100.0%

Table 2

**Termination Rates — Legacy Ferguson/Nevada Plan**

Age	Rate
20	10.0%
25	8.6%
30	7.1%
35	5.7%
40	4.3%
45	2.9%
50	1.4%
55	0.0%

Table 3

**Termination Rates — Legacy Non-Bargaining Plan**

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Table 4

**Disability Rates**

Age	Rate	Age	Rate
15	0.097%	40	0.202%
16	0.097%	41	0.202%
17	0.097%	42	0.202%
18	0.097%	43	0.202%
19	0.097%	44	0.202%
20	0.097%	45	0.361%
21	0.097%	46	0.361%
22	0.097%	47	0.361%
23	0.097%	48	0.361%
24	0.097%	49	0.361%
25	0.097%	50	0.626%
26	0.097%	51	0.626%
27	0.097%	52	0.626%
28	0.097%	53	0.626%
29	0.097%	54	0.626%
30	0.097%	55	1.063%
31	0.097%	56	1.063%
32	0.097%	57	1.063%
33	0.097%	58	1.063%
34	0.097%	59	1.063%
35	0.097%	60+	1.505%
36	0.097%		
37	0.097%		
38	0.097%		
39	0.097%		

**AS America Brands, Inc. Pension Plan**

Piscataway, New Jersey

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

For the Year Ended December 31, 2024

Name of Plan Sponsor: AS America, Inc.  
 Employer Identification Number: 26-0887443  
 Three Digit Plan Number: 003

(a) Identity of Party <u>Involved</u>	(b) <u>Description of Asset</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense Included w/ <u>Transactions</u>	(g) Cost <u>of Asset</u>	(h) Current Value on Transaction <u>Date</u>	(i) Net Gain <u>(Loss)</u>
<u>Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:</u>								
Wells Fargo Bank, N.A.	Short Term Investment Fund A	3,930,913	-	-	-	3,930,913	3,930,913	-
		-	4,157,585	-	-	4,157,585	4,157,585	-
Aon Trust	Long Credit Bond Fund	-	2,025,000	-	-	2,478,755	2,025,000	(453,755)

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

<b>A</b> Name of plan AS AMERICA BRANDS, INC. PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AS AMERICA, INC.	<b>D</b> Employer Identification Number (EIN) 26-0887443	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	35,408,958	
<b>b</b> Actuarial value .....	<b>2b</b>	38,518,493	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	792	30,757,016	30,757,016
<b>b</b> For terminated vested participants .....	260	5,130,701	5,130,701
<b>c</b> For active participants .....	23	1,145,778	1,146,048
<b>d</b> Total .....	1,075	37,033,495	37,033,765
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.06%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	757,080	
<b>c</b> Target normal cost .....	<b>6c</b>	757,080	

**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.

<b>SIGN HERE</b>	GREGORY E. SMITH <i>GES</i>	09/19/2025
	Signature of actuary	Date
	GREGORY E. SMITH	2308383
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	203-852-1100
	Firm name	Telephone number (including area code)
	MSC# 17834 PO BOX 7505 FORT WASHINGTON PA 19034	
	Address of the firm	

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



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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 2

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  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. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	757,080
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	757,080

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	3.00%	0.9500	1.61
57.5	3.00%	0.9215	1.59
58.5	3.00%	0.8939	1.57
59.5	3.00%	0.8670	1.55
60.5	5.00%	0.8410	2.54
61.5	3.00%	0.7990	1.47
62.5	7.00%	0.7750	3.39
63.5	3.00%	0.7208	1.37
64.5	3.00%	0.6991	1.35
65	100.00%	0.6782	44.08
<b>Weighted Average</b>			<b>63.30</b>

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
			Receiving Payments	
2024	14,580	0	3,089,834	3,104,414
2025	15,670	31,456	3,007,886	3,055,012
2026	18,868	69,578	2,911,223	2,999,669
2027	20,620	122,208	2,810,024	2,952,852
2028	37,789	169,129	2,708,787	2,915,705
2029	59,674	225,311	2,607,141	2,892,126
2030	62,163	264,192	2,502,084	2,828,439
2031	91,516	306,487	2,393,636	2,791,639
2032	91,904	326,827	2,281,964	2,700,695
2033	91,208	346,055	2,167,343	2,604,606
2034	90,448	366,754	2,050,062	2,507,264
2035	99,672	382,849	1,930,573	2,413,094
2036	98,727	421,865	1,808,642	2,329,234
2037	99,649	458,512	1,686,036	2,244,197
2038	98,464	482,839	1,563,443	2,144,746
2039	97,832	488,172	1,441,361	2,027,365
2040	102,435	494,447	1,320,665	1,917,547
2041	100,721	494,830	1,202,285	1,797,836
2042	99,993	504,895	1,087,171	1,692,059
2043	97,869	498,324	976,257	1,572,450
2044	95,522	489,741	870,427	1,455,690
2045	93,576	484,490	770,460	1,348,526
2046	90,733	470,591	677,013	1,238,337
2047	87,632	457,311	590,582	1,135,525
2048	84,266	440,379	511,488	1,036,133
2049	80,632	422,139	439,875	942,646
2050	76,736	402,855	375,705	855,296
2051	72,587	382,573	318,780	773,940
2052	69,871	361,377	268,769	700,017
2053	65,263	339,392	225,249	629,904
2054	60,479	316,793	187,732	565,004
2055	55,570	293,799	155,676	505,045
2056	50,601	270,656	128,517	449,774
2057	45,650	247,623	105,688	398,961
2058	40,800	224,954	86,636	352,390
2059	36,125	202,885	70,842	309,852
2060	31,697	181,621	57,825	271,143
2061	27,572	161,339	47,144	236,055
2062	23,789	142,189	38,415	204,393
2063	20,372	124,296	31,303	175,971
2064	17,325	107,753	25,527	150,605
2065	14,639	92,619	20,847	128,105
2066	12,300	78,918	17,059	108,277
2067	10,284	66,647	13,993	90,924
2068	8,563	55,774	11,510	75,847

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2069	7,105	46,242	9,496	62,843
2070	5,879	37,971	7,860	51,710
2071	4,855	30,866	6,527	42,248
2072	4,005	24,828	5,438	34,271
2073	3,304	19,750	4,547	27,601

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

On December 31, 2009, the AS America, Inc. Hourly Employees Pension Plan (“AS Hourly Plan”), the Crane Plumbing, L.L.C. Ferguson/Nevada Retirement Plan (“Ferguson/Nevada Plan”), the Crane Plumbing, L.L.C. Bargaining Employees’ (Texas) Pension Plan (“Texas Plan”), and the Crane Plumbing, L.L.C. Non-Bargaining Employees’ Retirement Plan (“Non-Bargaining Plan”) merged, forming the AS America, Inc. Pension Plan.

On December 31, 2022, the AS America, Inc. Pension Plan merged into the Grohe America, Inc. Pension Plan (“Grohe Plan”) and the merged plan was renamed the AS America Brands, Inc. Pension Plan effective January 1, 2023.

This section summarizes the plan provisions of each legacy plan.

Overview of Legacy Plans

Legacy Plan	Plant	Eligibility Freeze Date	Benefit Accrual Freeze Date	Remaining Active Participants
<b>Grohe Plan</b>	Grohe	December 1, 2009	April 15, 2010	9
<b>AS Hourly Plan</b>	Tiffin	May 5, 2007	N/A	0
	Paintsville	N/A	N/A	0
	Salem <sup>1</sup>	N/A	N/A	39
<b>Ferguson/Nevada Plan</b>	Ferguson	N/A	N/A	0
	Nevada	July 1, 2006	July 1, 2006	0
	Artesian	February 1, 2008	February 1, 2008	6
	Somerset	N/A	N/A	0
<b>Texas Plan</b>	Hearne	August 1, 2005	August 1, 2005	0
<b>Non-Bargaining Plan</b>	Ferguson	June 1, 2004	June 1, 2004	0
	Nevada	June 1, 2004	June 1, 2004	0
	Artesian	June 1, 2004	June 1, 2004	8
	Somerset	June 1, 2004	June 1, 2004	0

<sup>1</sup> Salem participants only benefit upon plant shutdown.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Grohe Plan)

<b>Participation</b>	Age 21 and 6 months of service. Entry into the Plan was frozen as of December 1, 2009.
<b>Benefit and Vesting Service</b>	One year of service for 1,000 or more hours in a calendar year.
<b>Final Average Compensation</b>	Highest 3 consecutive years during entire period of Benefit Service.
<b>Accrued Benefit</b>	2.00% of Final Average Compensation times Years of Benefit Service. Benefits were frozen as of April 15, 2010.
<b>Eligibility for Benefits</b>	
Normal Retirement	First day of the month following attainment of age 65.
Early Retirement	First day of the month following attainment of age 55 and completion of 10 years of Vesting Service.
Postponed Retirement	Employment beyond normal retirement age.
Vested	Completion of at least 5 years of Vesting Service.
Disability	Total and permanent disability.
Death	Death of participant in active service.
<b>Amount of Benefits</b>	
Normal Retirement	Accrued benefit earned at normal retirement date.
Early Retirement	Actuarial equivalent of accrued benefit earned at early retirement date.
Postponed Retirement	Accrued benefit earned at actual retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Accrued benefit earned at date of termination with an actuarial reduction if payments begin before normal retirement date. ASC 715 Market-Related Value of Assets
Disability	Actuarial equivalent of accrued benefit earned at disability date.
Death	Actuarial equivalent of accrued benefit earned at date of death.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Normal Form of Payment**

Married participants: 50% joint and survivor annuity.

Unmarried participants: Life annuity actuarially equivalent to 50% joint and survivor annuity.

**Optional Forms of Payment**

Life annuity, 10 year certain and life annuity, 100%, 75%, or 50% joint and survivor annuity, and single lump sum payment.

**Optional Form Factors**

For annuities, conversions use the 1983 Individual Annuity Mortality Table for Males and an interest rate of 8.00%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy AS Hourly Plan)

<b>Participation</b>	Immediate entry for all hourly employees covered by the collective bargaining agreement and employed prior to May 5, 2007. Currently, there are no active participants at the Paintsville or Tiffin locations.
<b>Benefit Service</b>	Paintsville and Tiffin Participants:  Employment with the company on or after October 31, 2007; or Employment with a specified employer on or after October 31, 2007, if such employment is designated by the company as being in its interest, but only for the period covered by such designation.  Salem Participants: None.
<b>Eligibility for Benefits</b>	
Normal	Age 65.
Unreduced Early	Age 62 with 10 years of service or age 58 with 30 years of service (Paintsville and Tiffin participants only).  Those who meet the rule of 75/80 upon a plant shutdown (all participants).
Reduced Early	Age 55 with 10 years of service (Paintsville and Tiffin participants only).
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
<b>Amount of Benefits</b>	
Normal	Tiffin Participants: \$3.00 x Months of Benefit Service.  Paintsville Participants: \$2.50 x Months of Benefit Service.  Salem Participants: No Normal Retirement Benefit.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Unreduced Early

Tiffin: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x  $\frac{1}{3}$  x 1% x Months until Age 65.

Paintsville: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x  $\frac{1}{4}$  x 1% x Months until Age 65.

Salem (only upon plant closure): American Standard Normal Retirement Benefit x  $\frac{1}{2}$  x 1% x Months until Age 65.

The American Standard Normal Retirement Benefit is the normal retirement benefit calculated as of October 31, 2007, under the prior American Standard Pension Plan. These benefit amounts are listed by participant in the appendix of the AS America, Inc. Pension Plan document.

Reduced Early

Tiffin: AS Hourly Accrued Benefit x  $\frac{1}{3}$  x 1% x Months until Age 65.

Paintsville: AS Hourly Accrued Benefit x  $\frac{1}{4}$  x 1% x Months until Age 65.

Salem: No Reduced Early Retirement Benefit.

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit service through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

The difference between the American Standard Accrued Benefit and the American Standard Disability Benefit. In addition, Tiffin and Paintsville participants receive the greater of the AS Hourly Accrued Benefit and \$225.

Death

50% of the participant's AS Hourly Accrued Benefit. No death benefit for Salem participants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Normal Form of Payment**

Single life annuity.

**Optional Forms of Payment**

50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 50%, 75%, or 100% joint and survivor pop-up annuity; 5, 10, or 20-year certain and life annuity; Level income option.

**Optional Form Factors**

For annuities, conversions use the 1983 Group Annuity Mortality table projected to 1988 with Scale H, for males and an interest rate of 7.50%.

For lump sums and level income option, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Ferguson/Nevada Plan)

**Participation**

Earliest date that an employee becomes an Eligible Employee. "Eligible Employee" is any employee of the company (i) who is employed at Ferguson or Nevada Ceramics Plant and whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its local Union No. 334 or its Local Union 372; (ii) whose employment is governed by a collective bargaining agreement with the International Union of Electronic and Electrical Salaried Machine and Furniture workers, AFL-CIO, and its Local Union No. 719-Mansfield, Ohio; or (iii) effective April 1, 1998, employees whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its Local Union No. 313 (Somerset, Pennsylvania). "Eligible Employee" shall also include employees previously covered under the Ferguson Salaried Bargaining Agreement.

**Accrual Service**

Total of an employee's periods of service expressed as whole years and fractional parts of a year on the basis that 365 days equals one year. Rounded to four decimal places.

**Eligibility for Benefits**

Normal

Later of age 65 or the fifth anniversary of the date of participation.

Age 65 for employees of Artesian Limited Partnership hired prior to August 18, 1992 and at least 60 on August 18, 1992.

Age 65 for employees of Somerset Limited Partnership hired prior to April 1, 1998 and at least 60 on April 1, 1998.

Early

Age 60 and vested.

Postponed

Actual retirement subsequent to normal retirement eligibility.

Vested

Five years of service.

Disability

Ten years of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Amount of Benefits**

Normal

Single life annuity equal to product of (1) and (2) below:

(1) An amount equal to:

<b>For Ferguson/Nevada Employees</b>	
Prior to January 1, 1990	15.00
On or after February 1, 1990	16.00
On or after February 1, 1991	17.00
On or after February 1, 1992	17.50
On or after February 1, 1993	18.00
On or after February 1, 1994	18.50
On or after February 1, 1995	19.50
On or after February 1, 1996	20.50
On or after February 1, 1997	21.50
On or after January 31, 2001	22.00
On or after February 1, 2002	22.50
On or after February 1, 2003	23.00
On or after February 1, 2004	23.50
On or after February 1, 2005	24.00
<b>For Artesian Employees</b>	
On or after August 18, 1992	16.00
On or after January 1, 1996	16.50
On or after January 1, 1997	17.00
On or after January 1, 1998	17.50
<b>For Somerset Employees</b>	
Prior to April 1, 2001	19.50
On or after April 1, 2001	20.50
On or after April 1, 2002	21.00
On or after April 1, 2003	21.50
On or after April 1, 2004	22.00
On or after April 1, 2005	22.50

(2) Participant's accrual service at retirement not to exceed 35 years for Ferguson, Nevada, and Artesian employees. Service was frozen July 1, 2006 for Nevada employees and February 1, 2008 for Artesian employees.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
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Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

<b>Number of Years Early Retirement Precedes Normal Retirement</b>	<b>Early Retirement Factor</b>
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he attains age 70½, his accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

Accrued benefit payable beginning the date of disability and continuing through the earlier of participant's date of retirement, date of death, or death participant is no longer totally and permanently disabled.

# Schedule SB Attachment (Form 5500) — 2024 Plan Year

## AS America Brands, Inc. Pension Plan

EIN: 26-0887443 PN: 003

### Death

50% of the benefit the participant would have been entitled to receive if he had terminated on the date of his death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he would have first been eligible to receive a retirement benefit had he lived to that date.

Benefit commences on the later of participant's death or the participant's attainment of early retirement age and continues for the remaining lifetime of the surviving spouse.

Participant must be vested at the time of his death and continuously married for the one-year period ending on the date of death.

### Normal Form of Payment

- (1) Unmarried participants — single life annuity.
- (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity.
- (3) Lump sums less than \$5,000 are paid automatically to participants. Lump sums greater than \$5,000 are not payable.

### Optional Forms of Payment

50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.

### Optional Form Factors

For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Texas Plan)

<b>Participation</b>	Completion of one year of service.  An employee is eligible if he/she is represented by Glass, Pottery, Plastics and Allied Workers at Hearne, Texas.  No employee can become a participant after August 1, 2005.
<b>Accrual Service</b>	Credited from date of hire on the basis three hundred sixty-five days equals one year. No service is accrued after August 1, 2005.
<b>Vesting Service</b>	Credited only after November 1, 1985 on the basis three hundred sixty-five days equals one year.
<b>Eligibility for Benefits</b>	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 10 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of vesting service.
Disability	There are no disability benefits under this plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Amount of Benefits**

Normal

Single life annuity equal to product of (1) and (2) below:

(1) An amount equal to:

- \$18.75 on or after May 1, 1996, but before May 2, 1997
- \$21.50 on or after May 2, 1997, but before May 1, 1998
- \$22.00 on or after May 1, 1998, but before May 1, 1999
- \$22.50 on or after May 1, 1999, but before May 1, 2000
- \$23.00 on or after May 1, 2000, but before May 1, 2001
- \$23.50 on or after May 1, 2001, but before May 1, 2002
- \$24.00 on or after May 1, 2002, but before May 1, 2003
- \$24.50 on or after May 1, 2003, but before May 1, 2004
- \$25.00 on or after May 1, 2004

(2) Accrual service on such date.

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

<b>Number of Years Early Retirement Precedes Normal Retirement</b>	<b>Early Retirement Factor</b>
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667
6	0.6333
7	0.6000
8	0.5667
9	0.5333
10	0.5000

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Postponed

Equal to the greater of (a) the accrued benefit calculated using the normal retirement formula but continuing to credit participant with accrual service through his/her postponed retirement date, or (b) the accrued benefit calculated at normal retirement multiplied by the factor shown below:

<b>Number of Years Postponed Retirement Exceeds Normal Retirement</b>	<b>Postponed Retirement Factor</b>
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.58
9	1.67
10	1.67

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Normal Form of Payment**

- (1) Unmarried participants — single life annuity.
- (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity.
- (3) Lump sums less than \$5,000 are paid automatically to participants. Lump sums greater than \$5,000 are not payable.

**Optional Forms of Payment**

50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.

**Optional Form Factors**

For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Summary of Plan Provisions (Legacy Non-Bargaining Plan)

<b>Participation</b>	January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.
<b>Eligibility for Benefits</b>	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 5 years of service. If the sum of age and service is greater than or equal to 65, age 50 with 5 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service. No service prior to age 18 is recognized for this purpose.
Disability	Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.
<b>Amount of Benefits</b>	
Normal	Single life annuity equal to sum of (1) and (2) below:  (1) The participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988;  (2) 1.25% of the employee's average monthly compensation or each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004.  The participant will accrue no additional benefit beginning June 1, 2004

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	0.9333
2	0.8667
3	0.8000
4	0.7333
5	0.6667
6	0.6002
7	0.5414
8	0.4893
9	0.4430
10	0.4018
11	0.3649
12	0.3319
13	0.3024
14	0.2758
15	0.2518

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
EIN: 26-0887443 PN: 003

**Normal Form of Payment**

- (1) Unmarried participants — single life annuity.
- (2) Married participants — joint and 50% survivor annuity actuarially equivalent to single life annuity.
- (3) Lump sums less than \$5,000 are paid automatically to participants. Lump sums greater than \$5,000 are not payable.

**Optional Forms of Payment**

50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.

**Optional Form Factors**

For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%.

For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

**Changes in Plan Provisions in the Prior Five Years**

The 2023 funding valuation reflected the following plan changes:

- On December 31, 2022, the AS America, Inc. Pension Plan merged into the Grohe America, Inc. Pension Plan and the merged plan was renamed the AS America Brands, Inc. Pension Plan effective January 1, 2023.

The 2020 - 2022 and 2024 funding valuations did not reflect any plan changes.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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**AS America Brands, Inc. Pension Plan**

Piscataway, New Jersey

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**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

December 31, 2024

EIN : 26-0887443 PLAN NUMBER : 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		<u>Interest Bearing Cash:</u>		
	Wells Fargo Bank, N.A.	Short Term Investment Fund A	435,305	435,305
		<u>Collective Trusts:</u>		
*	Aon Trust	Global Real Estate - Class I	213,068	194,723
*	Aon Trust	High Yield Plus	101,139	111,064
*	Aon Trust	Large Cap Equity	2,218,882	3,110,916
*	Aon Trust	Long Credit Bond Fund	21,550,219	17,622,625
*	Aon Trust	Non-US Equity Index Fund	1,863,718	1,889,947
*	Aon Trust	Small Cap Equity Index Fund	468,609	506,098
*	Aon Trust	20+ Year US Treasury ST	1,717,623	1,109,316
*	Aon Trust	Core Real Estate Fund	2,292,091	2,080,979
*	Aon Trust	Enhanced Liability Driven Investment Fund	1,500,000	1,612,744
*	Aon Trust	GLB Equity Class I	2,338,794	2,915,191
*	Aon Trust	Multi-Asset Credit	852,063	944,401
	Total			32,533,309

\* Denotes party-in-interest

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
AS America Brands, Inc. Pension Plan  
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Schedule SB, line 25 — Change in Method

The funding valuation reflects the following method change:

- A change in the asset valuation method to the smoothed fair market value of assets over the current and prior two years.

This change meets the conditions for automatic approval provided in IRS Rev. Proc. 2017-56.