

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [x] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1
1b Three-digit plan number (PN): 003
1c Effective date of plan: 02/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): TAKARA BELMONT USA, INC.
2b Employer Identification Number (EIN): 13-1843773
2c Plan Sponsor's telephone number: 732-469-5000
2d Business code (see instructions): 337000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	89
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	52
	6a(2)	45
	6b	0
	6c	18
	6d	63
	6e	0
	6f	63
	6g(1)	124
6g(2)	59	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input checked="" type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input checked="" type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TAKARA BELMONT USA, INC.</p>	<p>D Employer Identification Number (EIN) 13-1843773</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP 760AD	59	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 65377</p>	<p>(b) Total amount of fees paid 15843</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MML INS AGCY LLC
1 FNCL PLZ - ATTN KELLY
1414 MAIN ST
SPRINGFIELD, MA 01103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65377		SERVICE	4

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

STEIDLE PENSION SOLUTIONS LLC
1225 ROUTE 31 BUILDING C
LEBANON, NJ 08833

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15843		SERVICE ADMIN FEES	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	462706
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6421851

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VAR ANNUITY WITH GUAR FUND

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	22860
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	5741
(4) Transferred from separate account	7c(4)	34725
(5) Other (specify below).....	7c(5)	588669

▶ MAY INCL LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS

(6) Total additions **7c(6)** 651995

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 651995

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	1125
(3) Transferred to separate account	7e(3)	188160
(4) Other (specify below).....	7e(4)	4

▶ MAY INCL LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS

(5) Total deductions **7e(5)** 189289

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 462706

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TAKARA BELMONT USA, INC.	D Employer Identification Number (EIN) 13-1843773	

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

LINCOLN NATIONAL CORPORATION	1301 S HARRISON STREET FORT WAYNE, IN 46801-2248
35-1140070	

(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)

STADION MONEY MANAGEMENT

58-2099805

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

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

STEIDLE PENSION SOLUTIONS LLC

02-0794802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	230	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	SERVICE PROVIDER	22738	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

LINCOLN NATIONAL CORPORATION

1301 S HARRISON STREET
FORT WAYNE, IN 46801

02-0794802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	15196	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ADP INC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 99	SERVICE PROVIDER	1600	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TAKARA BELMONT USA, INC.</u>	D Employer Identification Number (EIN) <u>13-1843773</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LINCOLN LIFE SEPERATE ACCOUNT 4K</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6421852</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TAKARA BELMONT USA, INC.	D Employer Identification Number (EIN) 13-1843773

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20307	0
(2) Participant contributions	1b(2)	22611	0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	109815	48258
(9) Value of interest in common/collective trusts	1c(9)	750776	0
(10) Value of interest in pooled separate accounts	1c(10)		6421851
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8788333	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		462706
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9691842	6932815
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9691842	6932815

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	357140	
(B) Participants.....	2a(1)(B)	417401	
(C) Others (including rollovers).....	2a(1)(C)	294657	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1069198
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	7103	
(F) Other.....	2b(1)(F)	5741	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12844
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	40299	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40299
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	9164
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	303347
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	819170
c Other income	2c	18315
d Total income. Add all income amounts in column (b) and enter total	2d	2272337

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	873967
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	873967
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	39813
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	39813
j Total expenses. Add all expense amounts in column (b) and enter total	2j	913780

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1358557
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	4117584

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: **MAILLIE**

(2) EIN: **23-1518888**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 2	13-1843773	004

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TAKARA BELMONT USA, INC. 401(K) RETIREMENT PLAN 1</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TAKARA BELMONT USA, INC.</u>	D Employer Identification Number (EIN) <u>13-1843773</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 35-0472300

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729A.

**TAKARA BELMONT USA, INC. 401(k)
RETIREMENT PLAN 1**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

Year Ended December 31, 2024

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

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YEAR ENDED DECEMBER 31, 2024

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Independent Auditors' Report

To the Plan Administrator
Takara Belmont USA, Inc.
401(k) Retirement Plan 1
Somerset, New Jersey

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

We have performed audits of the financial statements of Takara Belmont USA, Inc. 401(k) Retirement Plan 1, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Takara Belmont USA, Inc. 401(k) Retirement Plan 1'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 qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C 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 Auditors' 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 the qualified institutions 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).

To the Plan Administrator
Takara Belmont USA, Inc.
401(k) Retirement Plan 1
Somerset, New Jersey

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Takara Belmont USA, Inc. 401(k) Retirement Plan 1 and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Takara Belmont USA, Inc. 401(k) Retirement Plan 1's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 judgement made by a reasonable user based on the financial statements.

To the Plan Administrator
Takara Belmont USA, Inc.
401(k) Retirement Plan 1
Somerset, New Jersey

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 Takara Belmont USA, Inc. 401(k) Retirement Plan 1'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 Takara Belmont USA, Inc. 401(k) Retirement Plan 1'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 certifications, 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.

To the Plan Administrator
Takara Belmont USA, Inc.
401(k) Retirement Plan 1
Somerset, New Jersey

Other Matter- Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by the qualified institutions 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).



Limerick, Pennsylvania
March 11, 2026

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Common/collective trust, at fair value	\$ -	\$ 750,776
Mutual funds, at fair value	-	8,788,333
Guaranteed account, at contract value	462,706	-
Pooled separate accounts, at net asset value	6,421,851	-
Participant loans	48,258	109,815
Contributions receivable	-	42,918
	<u> </u>	<u> </u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,932,815</u>	<u>\$ 9,691,842</u>

See the independent auditors' report and accompanying notes.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS	
Contributions	
Employer	\$ 357,140
Participants	417,401
Rollovers	294,657
TOTAL CONTRIBUTIONS	<u>1,069,198</u>
Interest income, participant loans	7,103
Other income	18,315
TOTAL ADDITIONS	<u>1,094,616</u>
DEDUCTIONS FROM NET ASSETS	
Administrative fees	39,813
Benefits paid directly to participants	873,967
TOTAL DEDUCTIONS	<u>913,780</u>
INVESTMENT INCOME	
Interest and dividend income	40,299
Net investment gain common/collective trust	9,164
Net appreciation in value of guaranteed account	5,741
Net appreciation in fair value of mutual funds	819,170
Net appreciation in fair value of pooled separate accounts	303,347
TOTAL INVESTMENT INCOME	<u>1,177,721</u>
NET INCREASE IN ASSETS PRIOR TO TRANSFER	1,358,557
ASSETS TRANSFERRED FROM THE PLAN	<u>(4,117,584)</u>
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(2,759,027)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>9,691,842</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 6,932,815</u>

See the independent auditors' report and accompanying notes.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE A - DESCRIPTION OF PLAN

The following description of the Takara Belmont USA, Inc. 401(k) Retirement Plan 1 (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. During the year end December 31, 2024, the Plan name changed from Takara Belmont USA, Inc. 401(k) Retirement Plan to Takara Belmont USA, Inc. 401(k) Retirement Plan 1.

General

The Plan is a defined contribution plan covering all full-time employees of Takara Belmont USA, Inc. and affiliates ("Takara"). Employees are eligible to participate in the Plan following completion of six months of service and attainment of twenty-one years of age. Employees must not be represented for collective bargaining purpose by any bargaining unit. Eligible participants are automatically enrolled in the Plan with a 3% deferral that will increase by 1% each year up to a maximum of 4%. Effective February 1, 2018, the deferral will increase by 1% each year up to a maximum of 8%. Effective February 1, 2019, the deferral will increase by 1% each year up to a maximum of 10%.

The Plan commenced February 1, 1992. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute up to 90% of their pretax annual compensation, up to statutory limits as prescribed by the Internal Revenue Code, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Takara may make a matching contribution equal to a discretionary percentage of participants' salary deferrals. The percentage will be determined each year. Effective February 1, 2018, Takara contributed 100% of contributions, up to the first 8% of compensation that a participant contributed to the Plan. Effective February 1, 2019, Takara contributed 100% of contributions, up to the first 10% of compensation that a participant contributed to the Plan. Matching contributions are determined each payroll period. Takara may choose to make an employer discretionary contribution to the Plan in which all eligible employees will receive a portion of the contribution. Contributions are subject to certain limitations. Participants' contributions were \$417,401 for the year ended December 31, 2024. The Company contributions were \$357,140 for the year ended December 31, 2024.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of Plan earnings (losses) and Takara's matching contribution. Allocations of Plan earnings (losses) are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants may direct the investment of their accounts into various funds specified by the Plan.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE A - DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately 100% vested in their own contributions to the Plan plus actual earnings thereon. Vesting in the Plan's matching contribution is as follows:

One year of service	50%
Two years or more of service	100%

Participant Loans

Participants may borrow from their fund accounts. The minimum borrowing is \$500, up to 50% of their vested account balance to a maximum of \$50,000. However, the \$50,000 amount is reduced by the highest outstanding loan balance during the previous one-year period. Participants must repay any outstanding loan before a new loan can be made. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant note fund. Principal and interest are paid ratably through monthly payroll deductions within five years, unless the loan is made for the purchase of a primary residence which may be repaid within a period of no more than 30 years. The loans are secured by the balance in the participant's account and bear interest at the prevailing prime rate plus two percentage points at the time the loan is approved.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or installments or defer receiving payments until age 70 ½.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Takara may use all or any portion of the forfeitures to pay the Plan's administrative expenses and any excess is used to reduce Takara's matching contribution. The total forfeiture account balances at December 31, 2024 and 2023 were \$1,837 and \$3,970, respectively. During 2024, the forfeited amount of \$5,392 was used to reduce employer match contributions.

Plan Termination

Although it has not expressed any intent to do so, Takara has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would be 100% vested in their employer contributions.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Plan Amendments

On December 29, 2022, the "Setting Every Community Up for Retirement Enhancement (SECURE) 2.0 Act" was signed into law in the United States. The Secure 2.0 Act is an expansion of the Secure Act passed during 2019. The Act includes several mandatory and optional provisions that will become effective across several years. The Secure 2.0 Act aims to expand retirement access, increase retirement savings, and simplify plan administration. Plans may choose to operationally implement the provisions of the Secure 2.0 Act; however, plan administrators have until December 31, 2026, to officially amend the plan document to reflect the provisions adopted by the plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Plan investments in mutual funds (registered investment companies) are stated at fair value. Shares of registered investment companies are valued at quoted market prices. The Plan's investment in a common collective trust is stated at fair value using net asset value, as a practical expedient, as reported by the trustee which includes a mix of mutual funds and managed accounts. The Plans investments in pooled separate accounts are stated at net asset value as reported by the custodian which includes a mix of mutual funds and managed accounts. Net appreciation or depreciation of investments is reported on the statement of changes in net assets available for benefits and consists of realized gains and losses and the unrealized appreciation or depreciation of these investments. All underlying investments options are valued daily. This daily price is considered the selling price for transfers and withdrawals and is calculated each day the principal market is open and available to any participant in the Plan.

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

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Loans

Participant loans are measured at their unpaid principal balance plus any accrued but not paid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Takara. Investment and recordkeeping expenses are paid by the Plan and/or the participants to the extent that such expenses are not paid by Takara. Any investment expenses associated with the Plan's investments are netted with earnings/(losses) by The Lincoln National Life Insurance Company, the Plan's custodian, and reported to the Plan as a net amount. Distribution administration fees paid by participants, in combination with administrative fees totaling \$39,813 for the year ended December 31, 2024, are reflected on the Plan's statement of changes in net assets available for benefits.

Date of Management's Review

Management has evaluated subsequent events through March 11, 2026, the date which the financial statements were available to be issued.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE C - RELIANCE ON TRUSTEE'S/CUSTODIAN'S REPORT

The administrator of the Plan chose the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Under that section, no auditing procedures are required to be performed with respect to the investment information certified by the trustee of the Plan, Reliance Trust Company, during the period January 1, 2024 – June 28, 2024 and certified by the custodian of the Plan, The Lincoln National Life Insurance Company, during the period June 25, 2024 to December 31, 2024, other than comparing such information to that contained in the financial statements and schedule. The information certified by the trustee/custodian, which was relied upon in the preparation of these financial statements and schedule, includes:

	<u>2024</u>	<u>2023</u>
INVESTMENTS		
Common/collective trust	\$ -	\$ 750,776
Mutual funds	-	8,788,333
Guaranteed account	462,706	-
Pooled separate accounts	6,421,851	-
PARTICIPANT LOANS	-	109,815
INVESTMENT INCOME		
Interest and dividend income	40,299	*
Net investment gain common/collective trust	9,164	*
Net appreciation in value of guaranteed account	5,741	*
Net appreciation in fair value of mutual funds	819,170	*
Net appreciation in fair value of pooled separate accounts	303,347	*

*2023 investment income was not presented in the financial statements.

NOTE D - TAX STATUS

The Plan is a prototype non-standardized profit-sharing plan with CODA sponsored by Datar Employee Benefit Systems Inc received an opinion letter dated June 30, 2020 stating that the Plan document as then designed was in accordance with applicable Internal Revenue Code ("IRC") requirements. Although the Plan has been amended since receiving the opinion letter, management of the Plan believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes.

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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE E - RISKS AND UNCERTAINTIES

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

NOTE F - FAIR VALUE MEASUREMENTS

FASB ASC 820-10 (formerly SFAS No. 157, *Fair Value Measurements*) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. FASB ASC 820-10 also provides guidelines regarding disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements.

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. *Level 2* inputs are other than quoted prices that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. *Level 3* inputs are unobservable inputs based on the Plan's assumptions used to measure assets and liabilities at fair value.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts: Valued at the net asset value (NAV) of units held by the Plan at year end. The NAV, as provided by The Lincoln National Life Insurance Company, is used as a practical expedient to estimate fair value.

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.

Mutual funds have quoted prices for identical assets in active markets; therefore, the investments are measured at fair value using those readily available Level 1 inputs. Common collective trusts are stated at net asset value per share as a practical expedient.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

The assets of the Plan for which fair values are determined on a recurring basis are summarized as follows:

	2024			Net Asset Value (a)
	Level 1	Level 2	Level 3	
Pooled separate accounts	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>6,421,851</u>
	2023			
	Level 1	Level 2	Level 3	Net Asset Value (a)
Mutual funds	\$ 8,788,333	\$ -	\$ -	\$ -
Common/collective trust	<u>-</u>	<u>-</u>	<u>-</u>	<u>750,776</u>
	\$ <u>8,788,333</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>750,776</u>

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been categorized 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 amounts presented in the statement of net assets available for benefits.

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

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE G - FIXED INCOME GUARANTEED INVESTMENT

The Lincoln National Guaranteed Account is a benefit-responsive group annuity contract issued by The Lincoln National Life Insurance Company. The methodology for calculating the interest is defined in Article III of the contract. Under the terms of the existing contract, the interest rates will be declared semi-annually and made available reasonably in advance and will not be less than the Guaranteed Minimum Interest Rate.

The Lincoln National Guaranteed Account is a single group annuity contract with a fixed rate of interest. It is not a portfolio of contracts whose yields are based on changes in fair value of underlying assets as would be found in a stable value fund. As a result, the average yield earned by the Plan is the yield earned (i.e., interest credited) on the group annuity contract.

The Composite Crediting Rate history based on actual earnings and based on interest rate credited to participants for the contract is as follows:

<u>Time Period</u>	<u>Rate</u>
January 1, 2024 to December 31, 2024	1.24%

The interest rate history summarized above is prior to any plan-level recordkeeping expenses being deducted. Any difference between the above summarized interest rates and the actual earned crediting rates for each Plan participant would be due to the Rate Level Service Fee. The Rate Level Service Fee is a direct offset to the interest rates summarized above. See Article II of the Service Agreement for more information regarding the Rate Level Service Fee.

By definition, the Lincoln National Guaranteed Account group annuity contract is an insurance contract. As a result, the Plan may transact according to the terms defined in the contract at any time. The terms and methods under which the contract may transact are defined in Article II (General Provisions), Article III (Funding & Withdrawals), Article IV (Contract Termination), and Article V (Annuity Benefits) in the contract.

The Plan sponsor should assess the probability of the occurrence of the above-referenced events, which may limit the Plan's ability to transact at contract value with participants.

Article IV of the contract defines the circumstances and amounts for which the contract may be terminated by the Plan. The issuer, The Lincoln National Life Insurance Company, has the right to no longer receive deposits under Article III. However, the circumstances for termination of the contract are still subject to Article IV.

See the independent auditors' report.

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE H - PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments represent shares in pooled separate accounts and guaranteed account administered by the custodian. Participant loans are secured by the balances in the participant accounts and qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments.

NOTE I - ASSETS TRANSFERRED FROM THE PLAN

As a result of a plan split, a group of employees were transferred out of the plan into another plan on June 28, 2024. Assets totaling \$4,117,584 have been transferred out of the Plan.

NOTE J - SUBSEQUENT EVENT

Effective January 1, 2025, the plan was amended to update the vesting schedules to be 100% vested after three years of service.

See the independent auditors' report.

SUPPLEMENTAL SCHEDULE

TAKARA BELMONT USA, INC. 401(k) RETIREMENT PLAN 1

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS

(HELD AT END OF YEAR)

DECEMBER 31, 2024

Plan EIN #13-1843773, Plan 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	LINCOLN NATIONAL LIFE - DIRECTOR			
*	AmerFunds Perspective	Pooled Separate Account	\$	336,868
*	SS Rsl Lrg Cap Grw NL	Pooled Separate Account		736,426
*	SS Rsl Sml Cap Val NL	Pooled Separate Account		54,730
*	VG Emerging Mkt Stk Admrl	Pooled Separate Account		67,809
*	VG Inflation Protected Sec	Pooled Separate Account		9,666
*	VG Int Grw Admrl Shares	Pooled Separate Account		13,166
*	VG Life Strat Mod Grw	Pooled Separate Account		551,596
*	VG Mid Cap Grw Idx Admrl	Pooled Separate Account		390,291
*	VG Mid Cap Val Idx Admrl	Pooled Separate Account		384,644
*	VG REI Fund Admiral Shrs	Pooled Separate Account		18,568
*	VG Dev Markets Idx Admrl	Pooled Separate Account		193,576
*	Vanguard Sm Cap Grwth Ind	Pooled Separate Account		233,730
*	Baird Aggregate Bond Inst	Pooled Separate Account		320,901
*	Baird Core Plus Bond Inst	Pooled Separate Account		148,062
*	YourPath Passive 2010 Mod	Pooled Separate Account		483,205
*	YourPath Passive 2020 Mod	Pooled Separate Account		133,086
*	YourPath Passive 2025 Con	Pooled Separate Account		228
*	YourPath Passive 2025 Mod	Pooled Separate Account		39,813
*	YourPath Passive 2025 Agg	Pooled Separate Account		113
*	YourPath Passive 2030 Mod	Pooled Separate Account		69,361
*	YourPath Passive 2030 Agg	Pooled Separate Account		113
*	YourPath Passive 2035 Mod	Pooled Separate Account		442,455
*	YourPath Passive 2035 Agg	Pooled Separate Account		113
*	YourPath Passive 2040 Mod	Pooled Separate Account		163,053
*	YourPath Passive 2045 Mod	Pooled Separate Account		165,413
*	YourPath Passive 2050 Mod	Pooled Separate Account		129,010
*	YourPath Passive 2055 Mod	Pooled Separate Account		113,673
*	YourPath Passive 2060 Mod	Pooled Separate Account		33,191
*	YourPath Passive 2065 Agg	Pooled Separate Account		9,517
*	Fidelity 500 Index Fund	Pooled Separate Account		760,852
*	Putnam Large Cap Value	Pooled Separate Account		418,622
*	Guaranteed Stable Value	Guaranteed Account		462,706
*	Participant loans	Interest Rates 9.75% to 10.50%, maturing through November 2028		48,258
			\$	<u>6,932,815</u>

*Party-in-interest

**Cost not required for participant directed funds of a single employer plan

See the independent auditors' report and accompanying notes.

TAKARA BELMONT USA INC

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 13 1843773 **IRS Plan #** 003
As of Plan Year End 12/31/2024
Contract #: 760AD

(A)	(B)	(C)	(D)	(E)
Identity of Issue		Description of Investment	Historical Cost ¹	Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Perspective SA6H	323,637.90	336,867.93
*	LINCOLN NAT'L LIFE - DIRECTOR	SS Rsl Lrg Cap Grw NL SAA7	689,763.79	736,426.33
*	LINCOLN NAT'L LIFE - DIRECTOR	SS Rsl Sml Cap Val NL SAAA	54,946.54	54,729.68
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Emgng Mkt Stk Admrl SAAS	69,338.66	67,809.01
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Inflation Protectd Sec SAAW	9,851.92	9,666.50
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Int Grw Admrl Shares SAAX	12,961.93	13,166.21
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Mod Grw SAB2	528,980.45	551,595.82
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	390,697.41	390,290.76
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Mid Cap Val Idx Admrl SAB4	360,822.58	384,643.78
*	LINCOLN NAT'L LIFE - DIRECTOR	VG REI Fund Admiral Shrs SAB5	19,196.13	18,568.49
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Dev Markets Idx Admrl SACH	199,330.80	193,575.74
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	233,965.72	233,729.69
*	LINCOLN NAT'L LIFE - DIRECTOR	Baird Aggregate Bond Inst SAEJ	312,863.55	320,901.26
*	LINCOLN NAT'L LIFE - DIRECTOR	Baird Core Plus Bond Inst SAEK	144,905.14	148,062.46
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2010 Mod SAG8	466,071.18	483,205.66
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2020 Mod SAGE	128,660.15	133,086.44
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Con SAGG	229.79	227.76
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Mod SAGH	38,449.16	39,812.87
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Agg SAGI	114.95	113.24
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	66,999.82	69,360.93
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Agg SAGL	114.95	112.95
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Mod SAGN	424,377.54	442,454.94
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Agg SAGO	114.85	112.64
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	156,257.58	163,052.98
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	157,934.74	165,412.88
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2050 Mod SAGW	123,312.57	129,010.21
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	108,066.00	113,672.71
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	32,020.09	33,190.97
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2065 Agg SAH7	9,305.57	9,517.04
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	462,705.54	462,705.54
*	LINCOLN NAT'L LIFE - DIRECTOR	Fidelity 500 Index Fund SAWQ	712,827.22	760,852.01
*	LINCOLN NAT'L LIFE - DIRECTOR	Putnam Large Cap Value AABN	402,858.36	418,621.91
	Participant Loans	Various Maturities & Interest Rates		48,258.13
Total			6,641,682.58	6,932,815.47

¹ The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.

TAKARA BELMONT USA INC

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 13 1843773 **IRS Plan #** 003
As of Plan Year End 12/31/2024
Contract #: 760AD

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	AmerFunds Perspective SA6H	323,763.72	0.00	N/A	N/A	323,763.72	323,763.72	0.00
LNL-DIRECTOR	AmerFunds Perspective SA6H	0.00	731.24	N/A	N/A	709.65	0.00	21.59
LNL-DIRECTOR	AmerFunds Perspective SA6H	583.83	0.00	N/A	N/A	583.83	583.83	0.00
LNL-DIRECTOR	SS Rsl Lrg Cap Grw NL SAA7	864,602.91	0.00	N/A	N/A	864,602.91	864,602.91	0.00
LNL-DIRECTOR	SS Rsl Lrg Cap Grw NL SAA7	0.00	180,325.93	N/A	N/A	176,864.02	0.00	3,461.91
LNL-DIRECTOR	SS Rsl Lrg Cap Grw NL SAA7	2,024.90	0.00	N/A	N/A	2,024.90	2,024.90	0.00
LNL-DIRECTOR	SS Rsl Sml Cap Val NL SAAA	220,364.42	0.00	N/A	N/A	220,364.42	220,364.42	0.00
LNL-DIRECTOR	SS Rsl Sml Cap Val NL SAAA	0.00	170,639.94	N/A	N/A	166,180.47	0.00	4,459.47
LNL-DIRECTOR	SS Rsl Sml Cap Val NL SAAA	762.59	0.00	N/A	N/A	762.59	762.59	0.00
LNL-DIRECTOR	VG Emngng Mkt Stk Admrl SAAS	152,049.68	0.00	N/A	N/A	152,049.68	152,049.68	0.00
LNL-DIRECTOR	VG Emngng Mkt Stk Admrl SAAS	0.00	83,253.54	N/A	N/A	83,811.04	0.00	-557.50
LNL-DIRECTOR	VG Emngng Mkt Stk Admrl SAAS	1,100.02	0.00	N/A	N/A	1,100.02	1,100.02	0.00
LNL-DIRECTOR	VG Inflation Protectd Sec SAAW	10,376.84	0.00	N/A	N/A	10,376.84	10,376.84	0.00
LNL-DIRECTOR	VG Inflation Protectd Sec SAAW	0.00	540.25	N/A	N/A	524.92	0.00	15.33
LNL-DIRECTOR	VG Int Grw Admrl Shares SAAX	14,146.87	0.00	N/A	N/A	14,146.87	14,146.87	0.00
LNL-DIRECTOR	VG Int Grw Admrl Shares SAAX	0.00	1,205.56	N/A	N/A	1,184.94	0.00	20.62
LNL-DIRECTOR	VG LifeStrat Mod Grw SAB2	640,117.92	0.00	N/A	N/A	640,117.92	640,117.92	0.00
LNL-DIRECTOR	VG LifeStrat Mod Grw SAB2	0.00	118,243.00	N/A	N/A	111,352.02	0.00	6,890.98
LNL-DIRECTOR	VG LifeStrat Mod Grw SAB2	214.55	0.00	N/A	N/A	214.55	214.55	0.00
LNL-DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	436,211.02	0.00	N/A	N/A	436,211.02	436,211.02	0.00
LNL-DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	0.00	50,423.78	N/A	N/A	47,417.80	0.00	3,005.98
LNL-DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	1,904.19	0.00	N/A	N/A	1,904.19	1,904.19	0.00
LNL-DIRECTOR	VG Mid Cap Val Idx Admrl SAB4	464,399.00	0.00	N/A	N/A	464,399.00	464,399.00	0.00
LNL-DIRECTOR	VG Mid Cap Val Idx Admrl SAB4	0.00	116,956.77	N/A	N/A	103,793.34	0.00	13,163.43
LNL-DIRECTOR	VG Mid Cap Val Idx Admrl SAB4	216.92	0.00	N/A	N/A	216.92	216.92	0.00
LNL-DIRECTOR	VG REI Fund Admiral Shrs SAB5	125,746.99	0.00	N/A	N/A	125,746.99	125,746.99	0.00
LNL-DIRECTOR	VG REI Fund Admiral Shrs SAB5	0.00	108,895.17	N/A	N/A	107,596.65	0.00	1,298.52
LNL-DIRECTOR	VG REI Fund Admiral Shrs SAB5	1,045.79	0.00	N/A	N/A	1,045.79	1,045.79	0.00
LNL-DIRECTOR	VG Dev Markets Idx Admrl SACH	231,971.26	0.00	N/A	N/A	231,971.26	231,971.26	0.00
LNL-DIRECTOR	VG Dev Markets Idx Admrl SACH	0.00	34,875.98	N/A	N/A	34,425.45	0.00	450.53
LNL-DIRECTOR	VG Dev Markets Idx Admrl SACH	1,784.99	0.00	N/A	N/A	1,784.99	1,784.99	0.00
LNL-DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	295,947.63	0.00	N/A	N/A	295,947.63	295,947.63	0.00

LNL-DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	0.00	66,215.11	N/A	N/A	62,081.73	0.00	4,133.38
LNL-DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	99.82	0.00	N/A	N/A	99.82	99.82	0.00
LNL-DIRECTOR	Baird Aggregate Bond Inst SAEJ	313,768.17	0.00	N/A	N/A	313,768.17	313,768.17	0.00
LNL-DIRECTOR	Baird Aggregate Bond Inst SAEJ	0.00	3,036.07	N/A	N/A	2,970.70	0.00	65.37
LNL-DIRECTOR	Baird Aggregate Bond Inst SAEJ	2,066.08	0.00	N/A	N/A	2,066.08	2,066.08	0.00
LNL-DIRECTOR	Baird Core Plus Bond Inst SAEK	143,917.06	0.00	N/A	N/A	143,917.06	143,917.06	0.00
LNL-DIRECTOR	Baird Core Plus Bond Inst SAEK	0.00	830.57	N/A	N/A	790.63	0.00	39.94
LNL-DIRECTOR	Baird Core Plus Bond Inst SAEK	1,778.71	0.00	N/A	N/A	1,778.71	1,778.71	0.00
LNL-DIRECTOR	YourPath Passive 2010 Mod SAG8	466,694.87	0.00	N/A	N/A	466,694.87	466,694.87	0.00
LNL-DIRECTOR	YourPath Passive 2010 Mod SAG8	0.00	1,099.15	N/A	N/A	1,068.37	0.00	30.78
LNL-DIRECTOR	YourPath Passive 2010 Mod SAG8	444.68	0.00	N/A	N/A	444.68	444.68	0.00
LNL-DIRECTOR	YourPath Passive 2020 Mod SAGE	128,880.18	0.00	N/A	N/A	128,880.18	128,880.18	0.00
LNL-DIRECTOR	YourPath Passive 2020 Mod SAGE	0.00	271.45	N/A	N/A	262.94	0.00	8.51
LNL-DIRECTOR	YourPath Passive 2020 Mod SAGE	42.91	0.00	N/A	N/A	42.91	42.91	0.00
LNL-DIRECTOR	YourPath Passive 2025 Con SAGG	229.82	0.00	N/A	N/A	229.82	229.82	0.00
LNL-DIRECTOR	YourPath Passive 2025 Con SAGG	0.00	0.03	N/A	N/A	0.03	0.00	0.00
LNL-DIRECTOR	YourPath Passive 2025 Mod SAGH	37,788.53	0.00	N/A	N/A	37,788.53	37,788.53	0.00
LNL-DIRECTOR	YourPath Passive 2025 Mod SAGH	0.00	83.18	N/A	N/A	80.49	0.00	2.69
LNL-DIRECTOR	YourPath Passive 2025 Mod SAGH	741.12	0.00	N/A	N/A	741.12	741.12	0.00
LNL-DIRECTOR	YourPath Passive 2025 Agg SAGI	114.96	0.00	N/A	N/A	114.96	114.96	0.00
LNL-DIRECTOR	YourPath Passive 2025 Agg SAGI	0.00	0.01	N/A	N/A	0.01	0.00	0.00
LNL-DIRECTOR	YourPath Passive 2030 Mod SAGK	67,135.32	0.00	N/A	N/A	67,135.32	67,135.32	0.00
LNL-DIRECTOR	YourPath Passive 2030 Mod SAGK	0.00	140.28	N/A	N/A	135.50	0.00	4.78
LNL-DIRECTOR	YourPath Passive 2030 Agg SAGL	114.96	0.00	N/A	N/A	114.96	114.96	0.00
LNL-DIRECTOR	YourPath Passive 2030 Agg SAGL	0.00	0.01	N/A	N/A	0.01	0.00	0.00
LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	427,684.79	0.00	N/A	N/A	427,684.79	427,684.79	0.00
LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	0.00	5,153.98	N/A	N/A	5,005.05	0.00	148.93
LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	1,697.80	0.00	N/A	N/A	1,697.80	1,697.80	0.00
LNL-DIRECTOR	YourPath Passive 2035 Agg SAGO	114.86	0.00	N/A	N/A	114.86	114.86	0.00
LNL-DIRECTOR	YourPath Passive 2035 Agg SAGO	0.00	0.01	N/A	N/A	0.01	0.00	0.00
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	318,812.42	0.00	N/A	N/A	318,812.42	318,812.42	0.00
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	0.00	170,198.90	N/A	N/A	164,679.45	0.00	5,519.45
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	2,124.61	0.00	N/A	N/A	2,124.61	2,124.61	0.00
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	164,250.34	0.00	N/A	N/A	164,250.34	164,250.34	0.00
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	0.00	7,813.69	N/A	N/A	7,609.76	0.00	203.93
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	1,294.16	0.00	N/A	N/A	1,294.16	1,294.16	0.00
LNL-DIRECTOR	YourPath Passive 2050 Mod SAGW	123,576.57	0.00	N/A	N/A	123,576.57	123,576.57	0.00
LNL-DIRECTOR	YourPath Passive 2050 Mod SAGW	0.00	276.24	N/A	N/A	264.00	0.00	12.24
LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	111,083.39	0.00	N/A	N/A	111,083.39	111,083.39	0.00
LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	0.00	3,103.80	N/A	N/A	3,017.39	0.00	86.41
LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	32,440.39	0.00	N/A	N/A	32,440.39	32,440.39	0.00
LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	0.00	448.89	N/A	N/A	420.30	0.00	28.59

LNL-DIRECTOR	YourPath Passive 2065 Agg SAH7	9,322.63	0.00	N/A	N/A	9,322.63	9,322.63	0.00
LNL-DIRECTOR	YourPath Passive 2065 Agg SAH7	0.00	17.60	N/A	N/A	17.06	0.00	0.54
LNL-DIRECTOR	Guaranteed Stable Val	650,512.78	0.00	N/A	N/A	650,512.78	650,512.78	0.00
LNL-DIRECTOR	Guaranteed Stable Val	0.00	189,289.52	N/A	N/A	189,289.52	0.00	0.00
LNL-DIRECTOR	Guaranteed Stable Val	1,482.28	0.00	N/A	N/A	1,482.28	1,482.28	0.00
LNL-DIRECTOR	Fidelity 500 Index Fund SAWQ	882,163.23	0.00	N/A	N/A	882,163.23	882,163.23	0.00
LNL-DIRECTOR	Fidelity 500 Index Fund SAWQ	0.00	182,151.96	N/A	N/A	171,572.41	0.00	10,579.55
LNL-DIRECTOR	Fidelity 500 Index Fund SAWQ	2,236.40	0.00	N/A	N/A	2,236.40	2,236.40	0.00
LNL-DIRECTOR	Putnam Large Cap Value AABN	479,874.24	0.00	N/A	N/A	479,874.24	479,874.24	0.00
LNL-DIRECTOR	Putnam Large Cap Value AABN	0.00	84,392.12	N/A	N/A	77,015.88	0.00	7,376.24